

History of Claimant's Disability.

No. 779478

CLAIMANT OF *James M. Parrnell*

FOR

Filed by

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NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

[L. S.]

Clerk of the

Witness my hand and seal of office, this _____ day of _____, 18____.

that his signature thereunto is genuine.

for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and

foregoing declaration and affidavit was at the time of so doing _____ in and

and State, do certify that _____, Esq., who has signed his name to the

I, _____ Clerk of the County Court in and for aforesaid County

[L. S.]

(Official Character.)

(Official Signature.)

[Handwritten signature]

to me and that _____ credible person.

nowise interested in said case, nor am I concerned in its prosecution; and that said affiant _____ personally known

and acquainted _____ with its contents before _____ executed the same. I further certify that I am in

added _____

affiant, including the words _____ erased, and the words

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said

STATE OF _____ COUNTY OF _____

(Two witnesses who can write, sign here.)

[Handwritten witness signature]

(Signature of Claimant.)

[Handwritten signature]

And during all of the said time my physical condition and ability to perform manual labor has been as follows:

(State whether you have performed any manual labor since your discharge, and if so, what kind, and whether at any time and for what period or

periods, giving dates as nearly as possible, you have been prevented from following your usual occupation.)

*I was unable to work for 12 months
for the first year after the loss. Then
I was quite recovered for 6 or 7 months
and then I was*

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