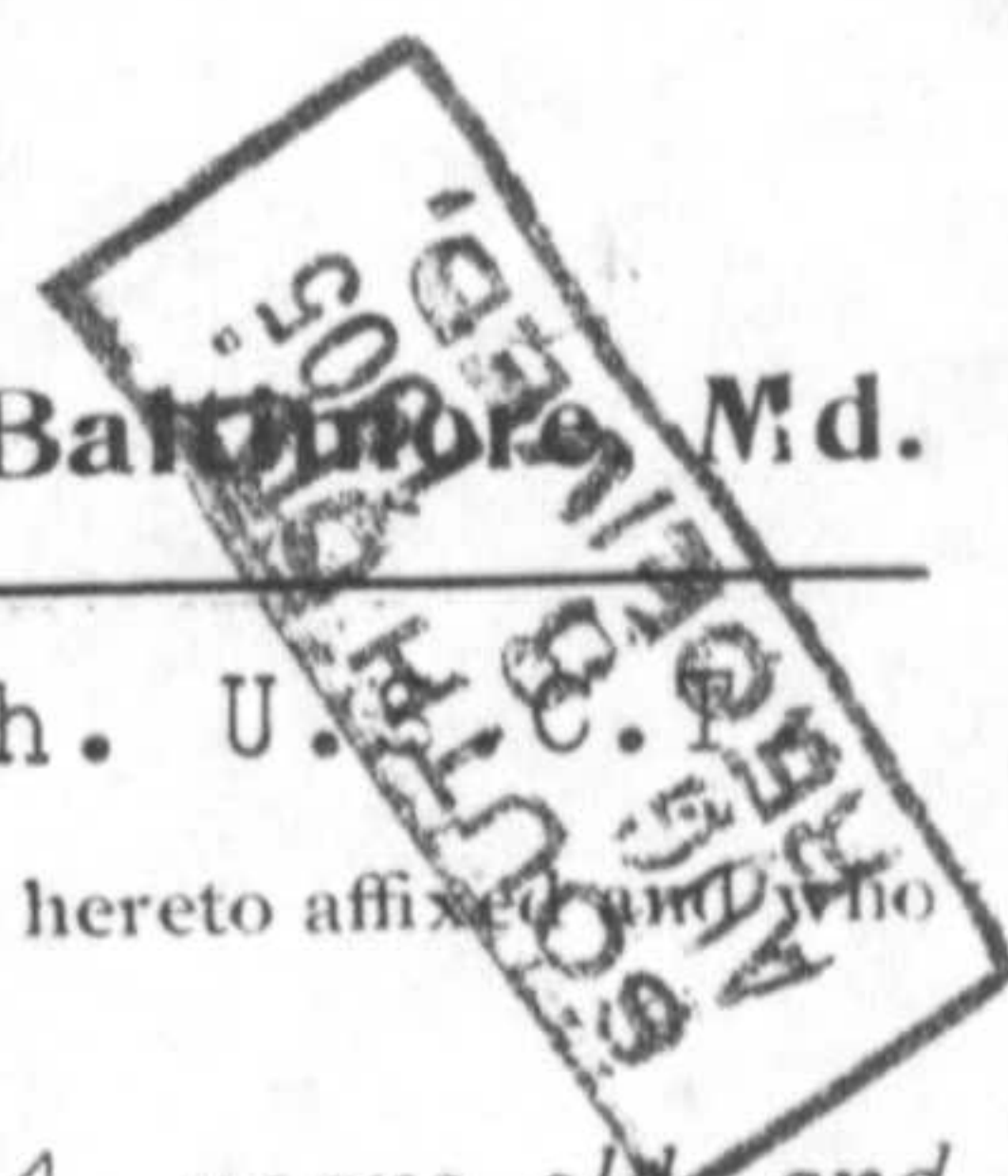


PHYSICIAN'S AFFIDAVIT.

(TO BE IN THE HANDWRITING OF THE DOCTOR)

Law Office of A. PARLETT LLOYD, S. E. Cor. St. Paul & Saratoga Sts., Baltimore, Md.

Claim No. 535350 Of James D. Erooks Co. " B " Reg't. 9th. U.



On this day and date below written, personally appeared the affiant whose signature is hereto affixed and who being duly sworn according to law testified as follows:

My name is William S. Smith, I am 44 years old, and I reside in Baltimore, Md. at No. 528 Hanover Street. I have been a practitioner of medicine for 22 years and have been acquainted with the soldier James D. Erooks for about ----- years, and that

After a careful examination I find said soldier is suffering from the following complaints:

Chronic rheumatism- Defective vision- Lumbago- Vertigo- and Organic heart disease.

These ailments are permanent, not due to vicious habits, are of a progressively increasing character and are such as to incapacitate him for the performance of manual labor completely and entirely.

This statement has been typewritten by my own hand.

The doctor will please give full diagnosis of soldier's disabilities and state for what period treatment has been given, whether his disabilities are due to vicious habits and if of permanent character. The doctor should state extent soldier has been disabled or earning a support by manual labor, whether 1/4, 1/2 or 3/4, as case may be, and give history of case so far as known to him.

IN WIDOW'S CASES. The attending physician, should give a full clinical history of the soldier's last illness, showing the duration thereof; the remote and immediate cause, as well as the date, of death; whether there were any complications or contributory causes, and, if so, their nature, and to what extent they were factors in the fatal result.



I have no interest in this claim.

William S. Smith, M.D. (Physician sign here.)

STATE OF MARYLAND CITY OF BALTIMORE, ss. Sworn to and subscribed before me this day by the above name affiant, and I certify that said affidavit was read to said affiant including the words ----- erased, and the words ----- added

and I acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case nor am I concerned in its prosecution, and that said affiant is known to me as a reputable physician and* personally known to me as a credible person, this 31st day of July, 1905

Charles Revord, J. D. (Official Signature)

Notary Public.

* If witness is personally known to the Magistrate or Notary as a credible person, he should so certify in his own handwriting.

PHYSICIAN'S AFFIDAVIT.