

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

I have lost more than half my hearing
by reason of joint deafness. It
is now almost impossible for me to
get about

W. B. ...
E. E. ...
(Two witnesses who can write, sign here.)

James H. Brooks
(Signature of Claimant)

STATE OF *MD*, COUNTY OF *Balto*, ss.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words ... erased, and the words ... added and acquainted ... with its contents before ... 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 ... personally known to me and that ... credible person.

W. B. ...
(Official Signature.)

[L. S.] ... (Official Character.)

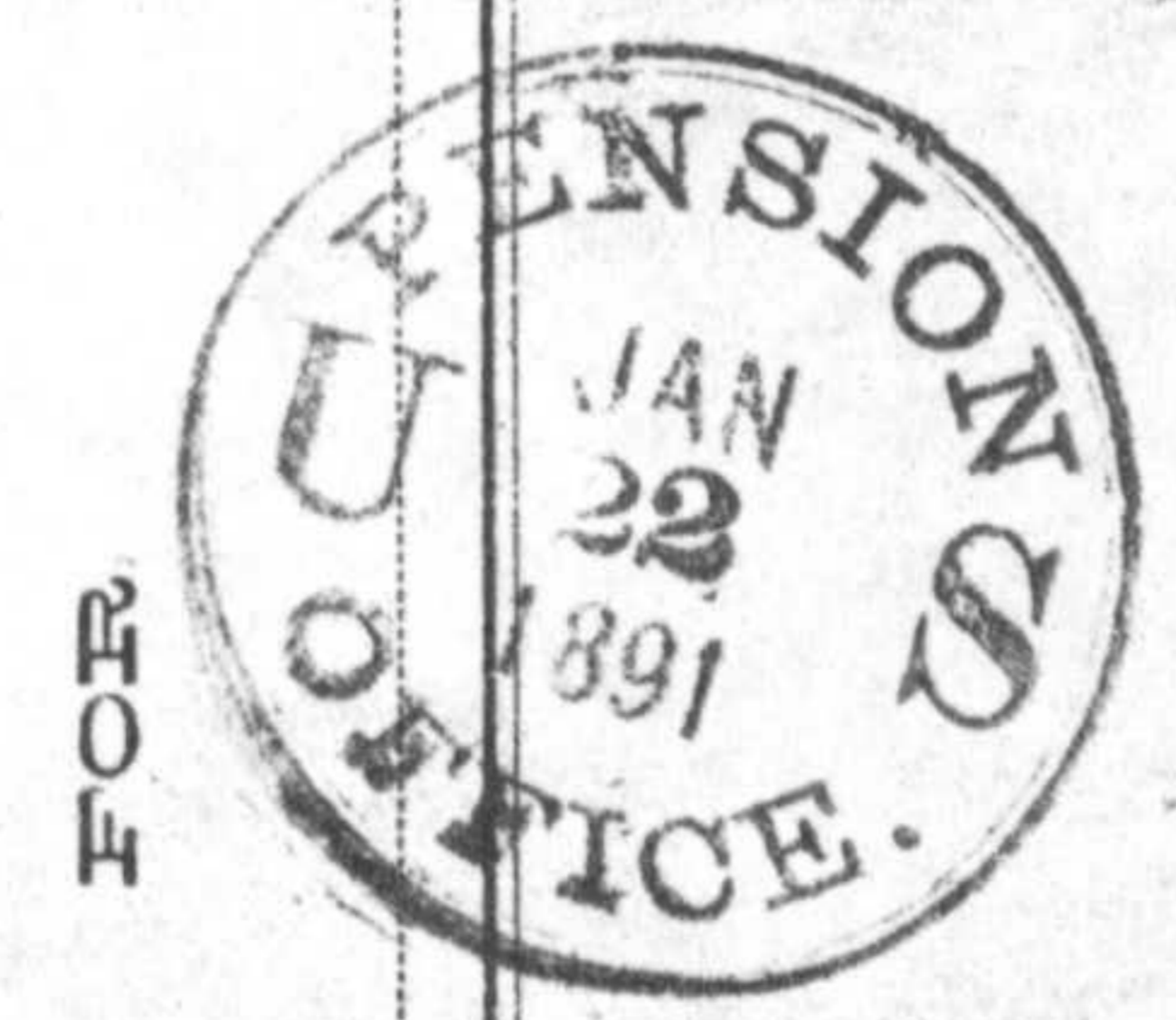
I, ... Clerk of the County Court in and for aforesaid County and State, do certify that ... Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing ... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

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

[L. S.] ... Clerk of the ...

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.

History of Claimant's Disability.
No. *27874/10*
CLAIM OF
James Brooks



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