



unable to perform manual labor, & can
do little job. I am pick up. attending home
re,

Benjamin H. Henry
(Signature of Claimant.)
more

E. D. Warner
(Official Signature.)

(Official Character.)

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

Clerk of the

History of Claimant's Disability.

No.

CLAIM OF

Ben Treby

FOR

Filed by

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