

STATE OF

COUNTY OF

SS:

In the matter of *Heinrichs Claim # 414,690 of*
Florence A. Walker minors of *Thomas B.*
Walker Put. les. E. 6. Tesh. Suf.

Personally came before me, a _____ in and for said
 County and State, *Howard McC. Walker*, aged _____ years,
 whose post-office address is *Chicago* _____
 County of *Premont* State of *Iowa*, well known
 to me to be reputable and entitled to credit, and who, being duly sworn, declares in
 relation to the aforesaid case as follows:

I am a brother of
the claimant above named and
my address is as given above

Howard McC. Walker
 full name sign here
Need not be sworn to

(SIGN ON THE OTHER SIDE.)

Claimant OK

The person or persons making this affidavit must fill it up fully, giving a full and complete statement of the facts in the case. State how the disability is and how it has been affecting the applicant while under your observation. Describe as fully and clearly as possible the physical condition thereof, and state how it has continued while under your observation. If the applicant is disabled from labor, state how much of the time he loses. The officer before whom this affidavit is taken should carefully read over, to each party, the contents of the affidavit and fully explain the matter to them. The affiant should, if practicable, write out the statement, he should also make how he came to know the facts to which he testifies.

DEWEAT AFFIDAVIT