

3

Also appeared Serena Sterling and Cecelia Norris

who, being duly sworn, make the following statement, each for himself, that they know the claimant herein and that their answers to the following questions are true:

- 1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? No
- 2. When did the pensioner die? November 20, 1926
- 3. Did pensioner leave any property? If so, state its character and value No.
- 4. Our means of knowledge of the above statements made by us are: We knew the deceased pensioner for 40 years and 60 yrs. being personally acquainted.

Name Serena Sterling Name Cecelia Norris
 P. O. Address 1607 E. Lombard St. P. O. Address 1500 Gough St.

Subscribed and sworn to before me, this 14th day of December A. D. 1926
 and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is genuine.

[L. S.]

Shan J. Stanley
 (Signature)
Notary Public
 (Official Character)
#1509 Jefferson St.
 (P. O. address)

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full Sidney Harris
 Give date of commencement of pensioner's last sickness March 24, 1926
 Give date of pensioner's death November 20, 1926
 From what date did the pensioner require the regular and daily attendance of another person constantly until death? August 29, 1926
 During what period did you attend the pensioner? Feb 4, 1926
 State nature of disease from which pensioner died Diabetes Mellitus - Gaugrene
 Give name of any other physician who attended the pensioner in last sickness City Hospital Baltimore Maryland
 Does your bill include a charge for all medicine furnished the pensioner during last sickness? No
 Has your bill been paid; if so, by whom? No

Give the name of each person who acted as nurse, and mention any other facts within your knowledge which would be helpful in adjusting this claim for reimbursement: Mrs. Carrie Stern - She patient was confined to bed entire time I was in attendance and was physically helpless.

I certify that the foregoing statement is correct.
 _____, 19____
 _____, 19____

Bernard Harris M.D.
 Attending Physician.

 Attending Physician.

