

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? *No*
14. Did the deceased pensioner leave any money, real estate, or personal property? *No*
15. If so, state the character and value of all such property _____
16. What was the assessed value (last assessment) of the real estate? _____
17. How was the pensioner's property disposed of? _____
18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) *No*
19. What was your relation to the deceased pensioner? *Granddaughter*
20. Are you married? (Answer yes or no.) *Yes*
21. What was the cause of pensioner's death? *Diabetes & gangrene*
22. When did the pensioner's last sickness begin? *March 24, 1926*
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? *August 29, 1926*
24. Give the name and post office address of each physician who attended the pensioner during last sickness
Dr. Bernard Harris #32 S. Caroline St, Baltimore, Md.
25. State the names of the persons by whom the pensioner was nursed during the last sickness *Harris & Stern (granddaughter)*
26. Where did the pensioner live during last sickness? *#825 N. Spring St*
27. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, county, or municipal corporation? (Answer yes or no.) *No*

The following is a complete statement of all the expenses of the last sickness and burial of said deceased pensioner:

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered. If no charge was made for any item, that fact should be indicated.)

NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT
<i>Dr. Bernard Harris</i>	Physician	<i>Unpaid</i>	<i>28 00</i>
<i>Alfred Laporaille</i>	Medicine	<i>Paid</i>	
<i>Carrie E. Stern</i>	Nursing and care <i>2 months</i>	<i>Unpaid</i>	<i>80 00</i>
<i>Joe J. H. Rochester</i>	Undertaker <i>part paid</i>	<i>-</i>	<i>139 50</i>
	Livery		
	Cemetery		
	Other expenses and their nature:		
TOTAL			<i>* 247 50</i>

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items:
** 70.00 on account of funeral.*

Mrs. Carrie Stern
(Claimant's signature in full)
825 N. Spring St.
(P. O. address)
Baltimore Md.

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be received to her in her own name.)