

APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

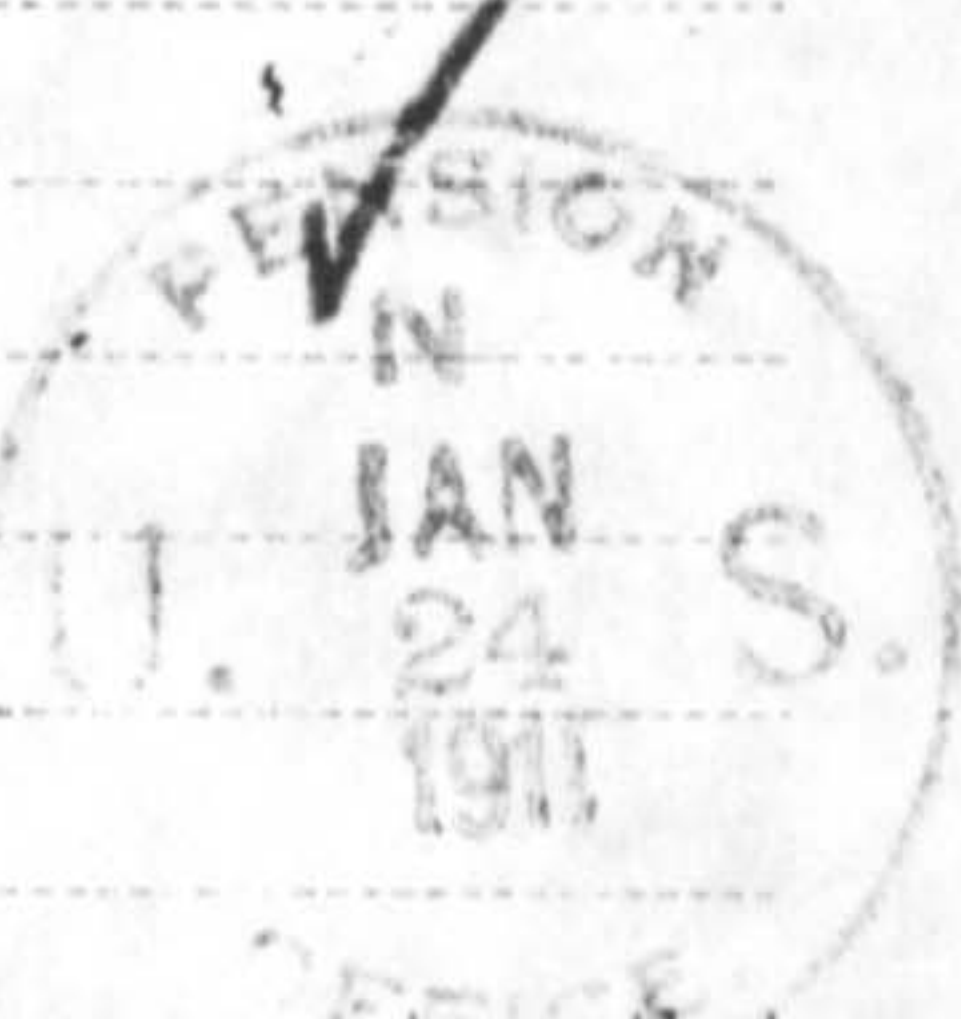
STATE OF Maryland.
COUNTY OF Baltimore City. } 88:

On this 14th day of January, A. D. one thousand nine hundred and eleven, personally appeared before me, a Justice of the Peace. within and for the County and State aforesaid, Ruth H. Young., aged 46 years, a resident of Baltimore City., County of _____, State of Maryland., who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension for expenses paid (or obligation incurred) by claimant for the last sickness and for the burial of Ann Harris, who was a pensioner of the United States by certificate No. 661818, on account of the service of _____ (Name of soldier or sailor.)
in _____ (Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)

That pension was last paid to September 4th, 1910, by the U. S. Pension Agent at Washington D. C.

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Ann Harris
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)
Widow
3. If decedent was pensioned as an invalid soldier or sailor—
 - (a) Was he ever married? (Answer yes or no.) _____
 - (b) How many times, and to whom? _____
 - (c) If married, did his wife survive him? (Answer yes or no.) _____
 - (d) If so, is she still living? (Answer yes or no.) _____
 - (e) If not living, give full names and dates of death of all wives _____
 - (f) Was he ever divorced? (Answer yes or no.) _____
 - (g) If so, is the divorced wife still living? (Answer yes or no.) _____ (If living, a copy of the decree of divorce must be filed.)
 - (h) If not living, give her full name and the date of her death _____
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) no
5. Is any such child still living? (Answer yes or no.) _____
6. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) yes
7. If so, give the name of each company in which a policy was carried and the amount in which each policy was written
Strawbridge Beneficial Association
8. Who was the beneficiary named in each policy? Ruth H. Young
9. What was the relation of each beneficiary to the pensioner? Step daughter
10. Were the premiums paid by the deceased pensioner? yes
11. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account _____



MSA SC-4128-10-57