

12. Was pensioner a member of any society paying sick or death benefits? (Answer yes or no.) *yes*
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 *none*
16. What was the assessed value (last assessment) of the real estate? *none*
17. How was the pensioner's property disposed of? *none*
18. Did pensioner leave an undorsed pension check? (Answer yes or no.) *no*
19. What was your relation to the deceased pensioner? *Daughter*
20. Are you married? (Answer yes or no.) *no*
21. What was the cause of pensioner's death? *Chronic Valvular Heart Disease*
22. When did the pensioner's last sickness begin? *Eight of July 1912*
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? *During her entire sickness*
24. Give the name and post-office address of each physician who attended the pensioner during last sickness
Dr. W. C. Burns 2218 East Pratt St Baltimore Md
Dr. Robt J. Green 220 Asquith St Baltimore Md
25. State the names of the persons by whom the pensioner was nursed during the period or any portion of the period of last sickness and the period covered by such service in each instance *Mary E. Washells during her last sickness and previously as occasion required*
26. Where did the pensioner live during last sickness? *306 Leovon St Baltimore Md*
27. Where did the pensioner die? *306 Leovon St Baltimore Md*
28. When did the pensioner die? *28th October 1912*
29. Where was the pensioner buried? *Asbury Cemetery Baltimore Md*
30. 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*
31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(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.)

NAMES.	NATURE OF EXPENSES.	STATE WHETHER PAID OR UNPAID.	AMOUNT.
<i>W. C. Burns</i>	Physician	<i>Paid</i>	<i>15 00</i>
<i>Suburban Pharmacists</i>	Medicine	<i>Paid</i>	<i>10 00</i>
<i>Mary E. Washells</i>	Nursing and care	<i>no charge</i>	<i>0 00</i>
<i>Robert St. Elliott</i>	Undertaker	<i>not Paid</i>	
	Livery	<i>none</i>	
	Cemetery	<i>Asbury</i>	
	Other expenses and their nature:	<i>Balance due</i>	<i>\$24.00</i>
	TOTAL	<i>\$24 due</i>	<i>25 00 Paid</i>

32. Is the above a complete list of all the expenses of the last sickness and burial of the deceased pensioner? (Answer yes or no.) *yes*

That my post-office address is No. *1000*, on *East Lexington* street,
 town or city of *Baltimore*, County of _____,
 State of *Maryland*.

(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 receipted to her in her own name.)

Mary E. Washells
 (Claimant's signature in full.)