

Also appeared Anna J. L. Hill and Katherine Bouldin

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? Aug. 20th, 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 10 years and

lived in the house directly in front of his home during most of this time

Name Anna J. L. Hill

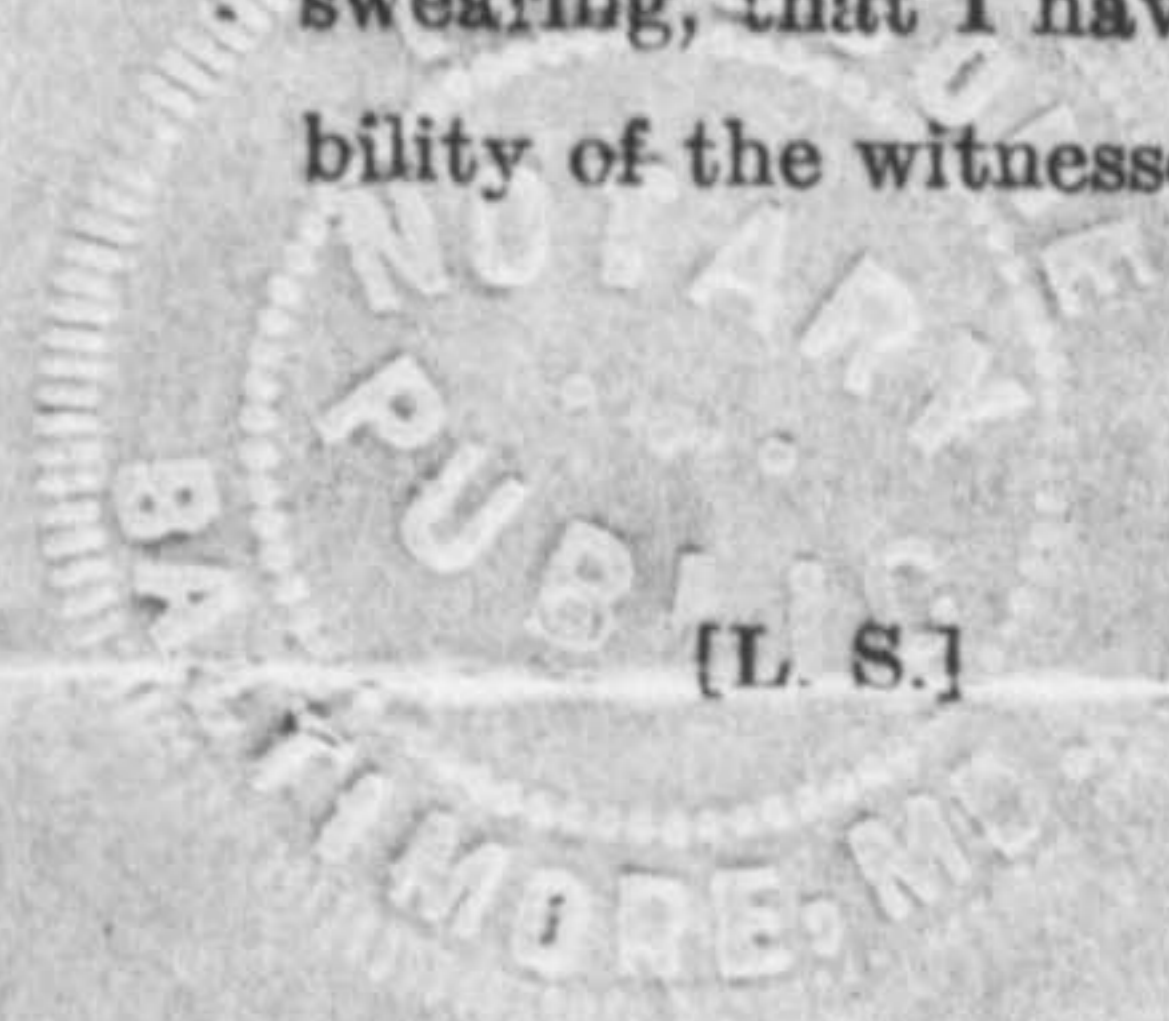
Name Katharine Bouldin

P. O. Address 506 Prebttman Street

P. O. Address 506 Prebttman St.

Subscribed and sworn to before me, this 23rd day of September 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 unimpeached.



Validity accepted as to execution per [Signature] Chief, Record Division

Ivy Boone

(Signature)

Notary Public

(Official character)

628 N. Eustaw Street, Balt, Md.

(P. O. address)

Commission Expires May 2, 1927.

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full _____

Give date of commencement of pensioner's last sickness _____

Give date of pensioner's death _____

From what date did the pensioner require the regular and daily attendance of another person constantly until death? _____

During what period did you attend the pensioner? _____

State nature of disease from which pensioner died _____

Give name of any other physician who attended the pensioner in last sickness _____

Does your bill include a charge for all medicine furnished the pensioner during last sickness? _____

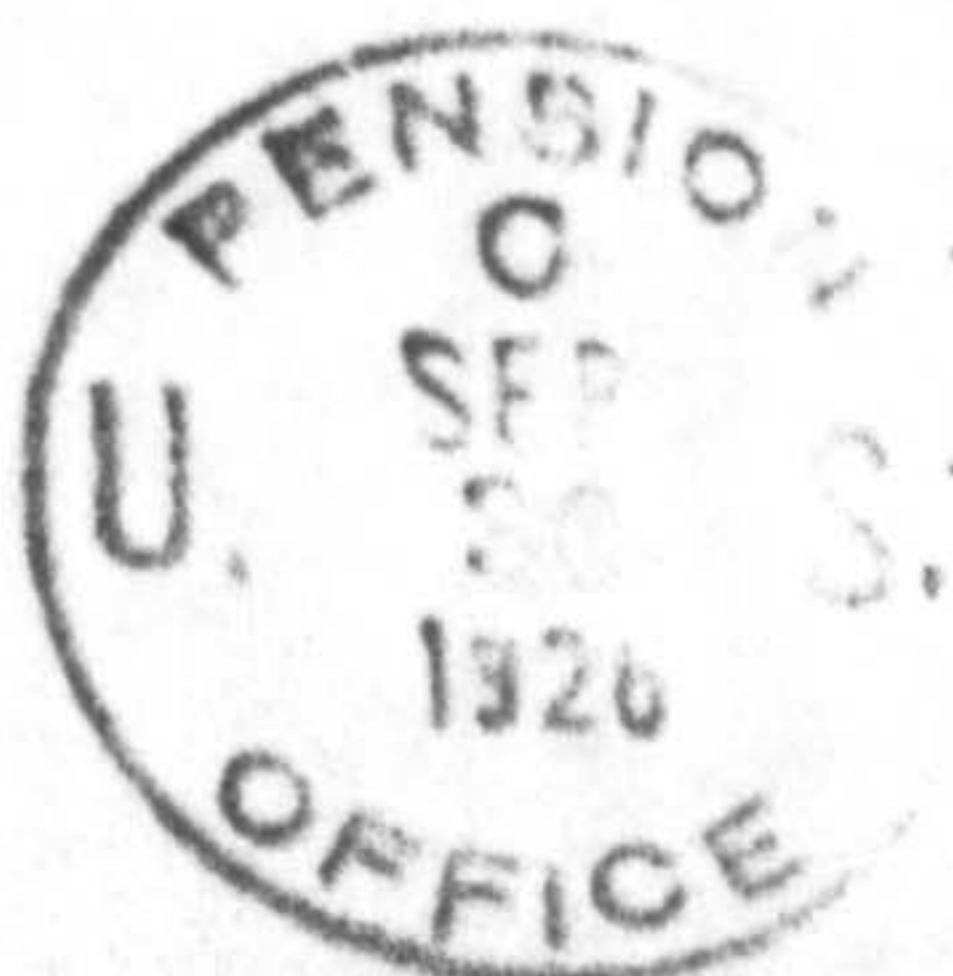
Has your bill been paid; if so, by whom? _____

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: _____

I certify that the foregoing statement is correct.

_____, 19____

_____, 19____



Attending Physician.

Attending Physician.