

ALL CLAIMANTS MUST SIGN THE FOLLOWING CLAIM

Pension 939224
File No. _____

Claim is hereby made for any accrued benefits which may be found to be due me under Title I, Public Act No. 2, 73d Congress

Witnesses to signature by mark:

(NOTE.—Signatures made by mark must be witnessed by two persons to whom the person making the affidavit is personally known, and the addresses of such witnesses must be shown.)

(1) _____
(Name)

(Address)

(2) _____
(Name)

(Address)

Elliott and Snenden
(Signature of claimant)

Ida Snenden,
Widow,
(Creditor, or relationship to the deceased veteran)

Address *1129 - N. Caroline St.*
(Number) (Street)

Baltimore Md
(City or town) (State)

STATE OF *Maryland*

COUNTY OF *Baltimore* ss:

Subscribed and sworn to before me at *Baltimore* this *1st.*

day of *February* 19 *35*

[SEAL]



M. E. Severy
Notary Public.

ALL CLAIMANTS MUST SIGN THE FOLLOWING DUPLICATE CLAIM

(FOR COMPTROLLER GENERAL'S FILES)

Pension 939224
File No. _____

Claim is hereby made for any accrued benefits which may be found to be due me under Title I, Public Act No. 2, 73d Congress.

Witnesses to signature by mark:

(1) _____
(Name)

(Address)

(2) _____
(Name)

(Address)

Elliott and Snenden,

Ida Snenden
(Signature of claimant)

Widow.
(Creditor, or relationship to the deceased veteran)