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Also appeared Lizzie Thomas and Lillian Johnson 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? August 31st, 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 30 years and 32 yrs. respectfully.

Name Lizzie Thomas ✓ Name Lillian Johnson ✓
 P. O. Address 12 N. Spring St. ✓ P. O. Address 229 N. Durham St. ✓
 Subscribed and sworn to before me, this 22nd day of January A. D. 1927;
 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 genuine.

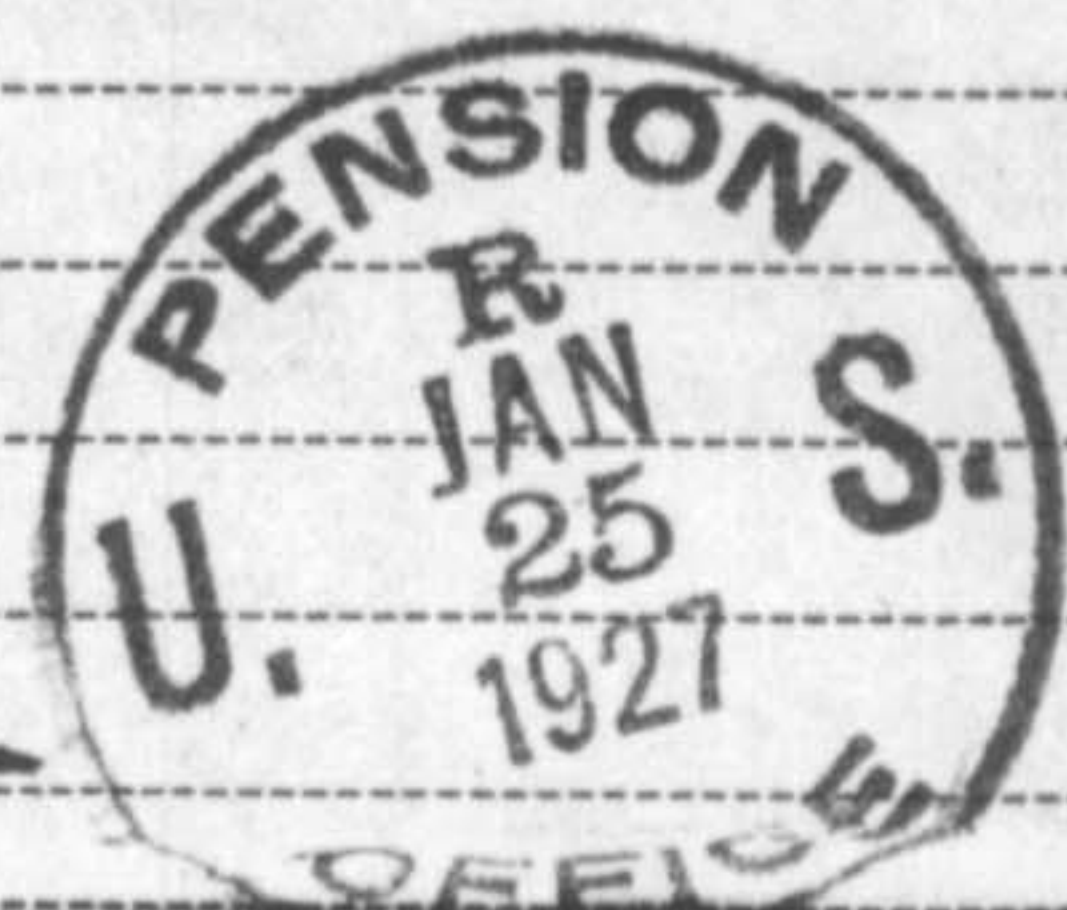
[L. S.]

Validity accepted
 as to execution
 Chief, Record Division
 per LS

Alvan S. Stanley
 (Signature)
Notary Public
 (Official character)
1509 Jefferson St.
 (P. O. address)

STATEMENT OF ATTENDING PHYSICIANS

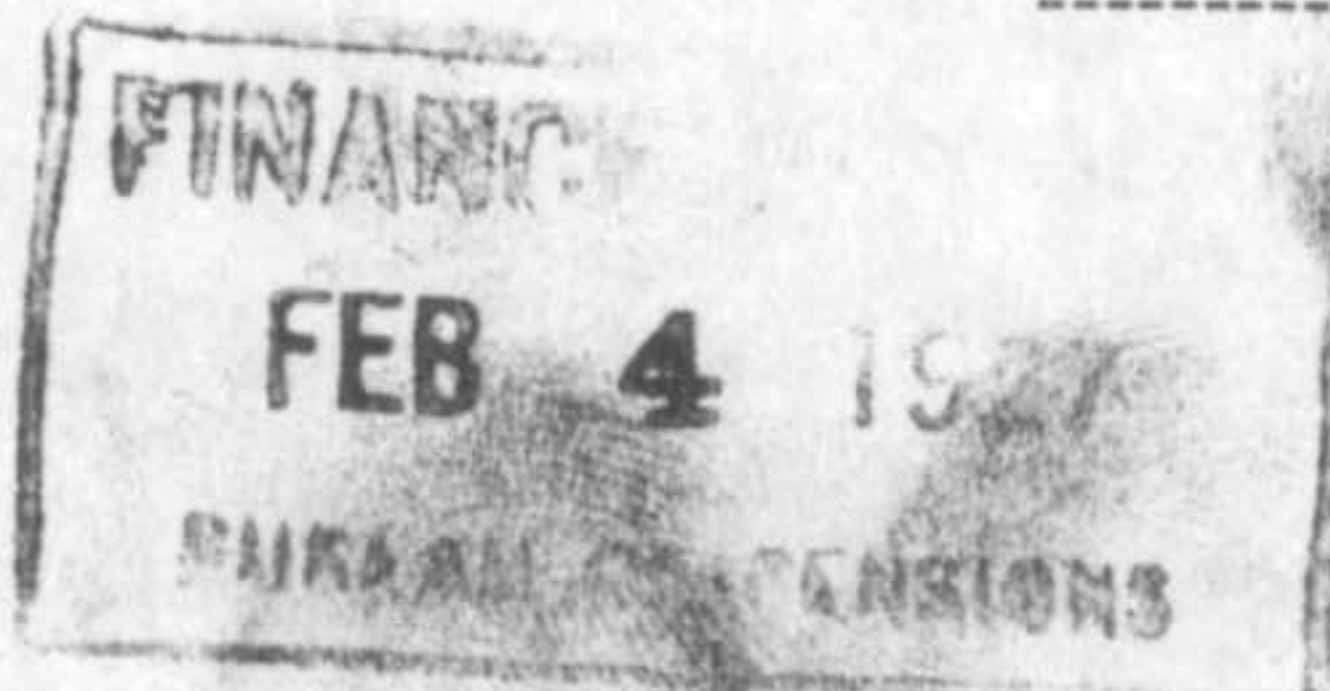
Give pensioner's name in full Mathias Price
 Give date of commencement of pensioner's last sickness later part of February 1926
 Give date of pensioner's death Aug 31, 1926
 From what date did the pensioner require the regular and daily attendance of another person constantly until death?
during the 6 mos I treated him
 During what period did you attend the pensioner? from later part of Feb. 1926 to Aug 31 1927
 State nature of disease from which pensioner died Chronic interstitial nephritis
 Give name of any other physician who attended the pensioner in last sickness unknown
 Does your bill include a charge for all medicine furnished the pensioner during last sickness? no



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: Emma Gibbs (daughter)

I certify that the foregoing statement is correct.

R. J. Young
 Attending Physician
1429 E. Monument at Balto. Md
 Attending Physician.



MSA504126-124-41