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 Snowden
(Signature of claimant)

Ida Snowden,
Manager.
(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 Balto Md this 1st
day of February 1935

[SEAL]

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Wm. E. Lowery
Notary Public.

My Commission expires May 6 1936

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)

RECEIVED FEB 9 1935 C SUBSECTION

Elliott and Snowden.
(Signature of claimant)

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