STATEMENT OF ATTENDING PHYSICIANS.

Give date of commencement of the pensioner's last sickness January 5

Give date of the pensioner's death January 29

During what period did you attend the pensioner? From July 6 to Jan. 29

State nature of disease from which the pensioner died Heart failure due to a chronic nephritis

State whether there was necessity for nursing or other attendance no

Give length of time for which such services were necessary Only family care

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Louisa Dutton family care and nursing

Give name of any other physician who attended the pensioner in last sickness none

Does your bill include a charge for all medicines furnished the pensioner during his last sickness? no

State whether you have read the questions in the foregoing application, and the claimant's answers thereto, and whether such answers are correct according to your best knowledge, information, and belief yes

Mention any other facts within your knowledge which, in your opinion, would be helpful in adjusting this claim for reimbursement.

I certify that the foregoing statement is correct.

Thomas S. Hawkins
Attending physician.

Attending physician.

APPLICATION FOR REIMBURSEMENT.

Certificate No. 666200.

Richard Dutton
Deceased Pensioner.

Louisa Dutton
Claimant.

Every person who makes or causes to be made, or presents or causes to be presented, for payment or approval any claim against the United States, knowing such claim to be false, fictitious, or fraudulent, or who makes, uses, or causes to be made or used, any false bill, receipt, voucher, roll, claim, account, certificate, affidavit, or deposition, knowing the same to contain any fraudulent or fictitious statement or entry shall [upon conviction thereof] be imprisoned at hard labor for not less than one year nor more than five years, or fined not less than one thousand nor more than five thousand dollars. (Excerpt from Sec. 5438, U. S. Rev. Stat.)

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