Also appeared Mrs. Harriet Roberts and Mrs. Grace Jarvis

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? Dec. 29-1926 ✓

3. Did pensioner leave any property? If so, state its character and value None ✓

4. Our means of knowledge of the above statements made by us are: We knew the deceased pensioner for 10 years and 9 and we three lived in same neighborhood and were close friends

Name Mrs Harriett Roberts — Name Mrs Grace Jarvis

P. O. Address 509 Oxford St Balto md — P. O. Address 506 Oxford St Balto Md.

Subscribed and sworn to before me, this 13 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 good.

[L. S.]

William E. Severe
(Signature)
Notary Public My Commission Expires 5/2/27
(Official character)

Cooperator, U. S. V. B.
(P. O. address)
Baltimore, Md. Regional Office

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full Sarah E. Tilghman

Give date of commencement of pensioner's last sickness Dec. 22-1926

Give date of pensioner's death Dec. 29-1926 ✓

From what date did the pensioner require the regular and daily attendance of another person constantly until death? Dec 22 to Dec 29-1926

During what period did you attend the pensioner? Dec. 22 - 29, 1927

State nature of disease from which pensioner died Cerebral apoplexy or Cerebral hemorrhage.

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

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

Has your bill been paid; if so, by whom? Not

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: Harriet Robinson + daughter

I certify that the foregoing statement is correct.

Edward J. Wheatley
Attending Physician.
1230 Druid Hill Ave.
Attending Physician.

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