

Also appeared Mary Jones and Thomas Laley who, being duly sworn, say that they saw _____, the claimant, sign _____ name (or make _____ mark) to this application; 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? March 1, 1917 ✓

3. Did pensioner leave any property? If so, state its character and value no

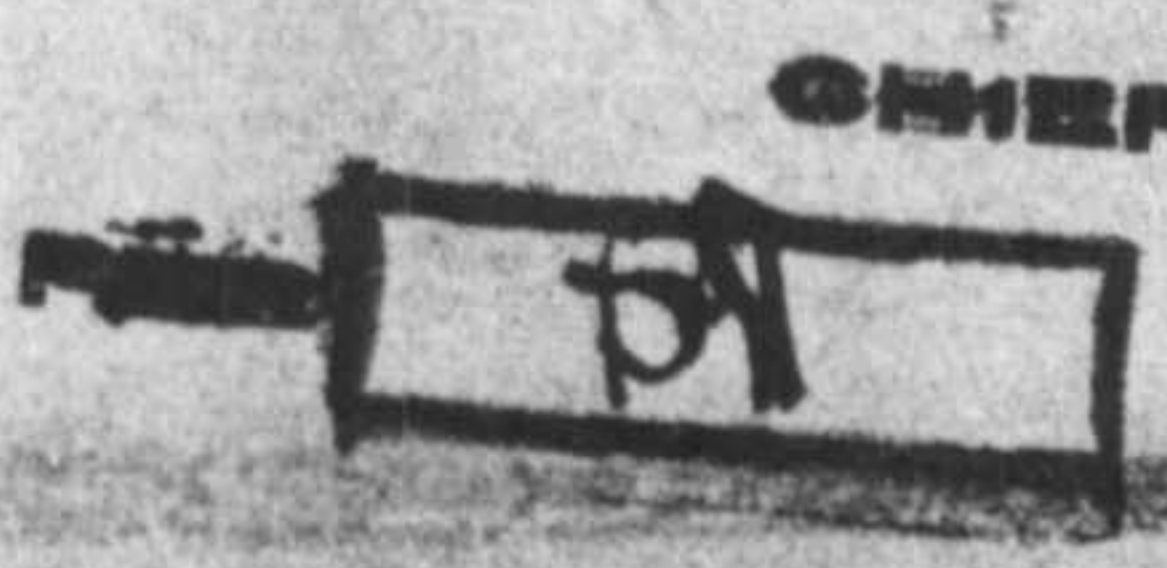
4. We knew pensioner 18 & 40 years. We believe above statements to be true because of relationship and close intimacy

Name Mary Jones Name Thomas Laley
P. O. Address 1529 Orchard St. Balt., Md. P. O. Address 622 Carlton St. Balt., Md.
Subscribed and sworn to before me, this 19th day of March

A. D. 1917; 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 _____

DECLARATION ACCEPTED AS A CLAIM UNDER THE ACT OF MARCH 2, 1895.

Lloyd Odens' Hall
(Signature)
Notary Public



CHIEF, LAW DIVISION, STATEMENT OF ATTENDING PHYSICIANS

Notified MAR 23 1917 10
cover date.

Give date of the pensioner's death March 1st, 1917 ✓

Give date of commencement of pensioner's last sickness Feb. 27th, 1917 ✓

From what date did the pensioner require the regular and daily attendance of another person constantly until death? For about three months, down to March 3rd in that time

During what period did you attend the pensioner? 14 yrs.

State nature of disease from which pensioner died General Hemorrhage

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Bessie Armstrong

Give name of any other physician who attended the pensioner in last sickness _____ ✓

Does your bill include a charge for all medicine furnished the pensioner during last sickness? No

Has your bill been paid? If so, by whom? _____

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.
3/7th, 1917

A. Lee Ellis
Attending Physician.

924 Md. Ave.
Attending Physician.

