DIVISION
MAR 24 1917
RECORD

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? no

14. Did the deceased pensioner leave any money, real estate, or personal property? no

15. If so, state the character and value of all such property no

16. What was the assessed value (last assessment) of the real estate? none

17. How was the pensioner's property disposed of? none

18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) no, check was returned

19. What was your relation to the deceased pensioner? daughter

20. Are you married? (Answer yes or no.) no

21. What was the cause of pensioner's death? cerebral hemorrhage

22. When did the pensioner's last sickness begin? Feb 27, 1917

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? about January, 1917

24. Give the name and post-office address of each physician who attended the pensioner during last sickness Dr. A. Lee Ellis, 924 Madison Ave, Baltimore, Md.

25. State the names of the persons by whom the pensioner was nursed during the last sickness Basil Armstrong

26. Where did the pensioner live during last sickness? 529 Orchard St. Balto, Md.

27. Where did the pensioner die? 529 Orchard St, Balto, Md.

28. When did the pensioner die? March 1, 1917

29. Where was the pensioner buried? Mt. Auburn, Balto Co, Md

30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) no

31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(Each charge entered below should be supported by an itemized bill of the person who rendered the service or furnished any supplies for which reimbursement is demanded, and should show, over his signature, by whom paid, or who is held responsible for payment, and contain the name of the pensioner for whom the expense was incurred or service rendered.)

Names.	Nature of Expenses.	State Whether Paid or Unpaid.	Amount.
Dr. A. Lee Ellis	Physician	unpaid	15 00
	Medicine		
	Nursing and care		
Samuel T. Hensley	Undertaker	unpaid	95 75
	Livery		
	Cemetery		
	Other expenses and their nature:		
	Total		110 75

32. **Is the above a complete list of *all* the expenses of the last sickness and burial of the deceased pensioner?** (Answer yes or no.) yes

That my post-office address is No. 529, on Orchard street, town or city of Baltimore, County of, State of Md.

(When the claimant for reimbursement is a married woman, she is required to sign the application with her own full name, not using the Christian name or the initials of her husband, and all bills should be receipted to her in her own name.)

Bessie Armstrong

(Claimant's signature in full)