

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
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*
19. What was your relation to the deceased pensioner? *Sister*
20. Are you married? (Answer yes or no.) *Yes. Widow*
21. What was the cause of pensioner's death? *Uraemia Coma*
22. When did the pensioner's last sickness begin? *Oct 17th 1913*
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? *Oct 17th 1913*
24. Give the name and post-office address of each physician who attended the pensioner during last sickness
*Dr Wm B Rider 867 Harlem Ave
Baltimore Md*
25. State the names of the persons by whom the pensioner was nursed during the last sickness
Emily Johnson and Martha Robinson
26. Where did the pensioner live during last sickness? *255 Arch St*
27. Where did the pensioner die? *255 Arch St*
28. When did the pensioner die? *Oct 20th 1913*
29. Where was the pensioner buried? *Mt Auburn Cemetery Baltimore* ✓
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.
<i>Wm B Rider</i>	Physician	<i>Paid</i>	<i>5.00</i>
	Medicine	<i>None</i>	
	Nursing and care	<i>None</i>	
<i>John H Goodwin</i>	Undertaker	<i>Paid</i>	<i>90.00</i>
	Livery		
	Cemetery		
	Other expenses and their nature:		
<i>Metropolitan Ins Co</i>	<i>Premiums on policy</i>	<i>Paid</i>	<i>202.80</i>
<i>Prudential Ins Co</i>	<i>Premiums on policy</i>	<i>Paid</i>	<i>127.10</i>
<i>Emily Johnson</i>	<i>Board & Washing 6 wks @ 3.00 per wk</i>		<i>18.00</i>
	TOTAL		<i>\$451.75</i>

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. *255*, on *Arch* street,
town or city of *Baltimore*, County of _____,
State of *Maryland*

(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 received to her in her own name.)

Emily Johnson
(Claimant's signature in full.)