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and
who, being duly sworn, say that the claimant
Mark, the claimant, sign his name (or make
mark) to this application; that they know the claimant herein
and that their answers to the following questions are true and
correct:

- 1. When did the pensioner die? October 20 1913
- 2. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? no
- 3. Did pensioner leave any assets? If so, describe their character and value. none

4. State means of knowledge of the facts to which you testify.

Having lived at the same house with the deceased about 16 years

Name Mercy J. Johnson
P.O. Address 255 Arch St

Name Wm. J. Robinson
P. O. Address 255 Arch St

Subscribed and sworn to before me this 8 day of Dec,
A. D. 1913; and I certify that the contents of the foregoing
application, etc., were fully made known and explained to the
claimant and witnesses before swearing, including the words
erased and the words
added, that I have no interest,
direct or indirect, in the prosecution of this claim, and I fur-
ther certify that the reputation for credibility of the witnesses
whose signatures appear above is good.

Geo. W. Carrier, Jr.
Signature.

JUSTICE OF THE PEACE,
850 W. BALTIMORE ST.
BALTIMORE, MARYLAND.

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death Oct. 20 1913

Give date of commencement of pensioner's last sickness Oct. 17 1913

From what date did the pensioner require the regular and daily attendance of another person constantly until death?
Oct. 18 1913

During what period did you attend the pensioner? Oct. 18 till death

State nature of disease from which pensioner died Uraemic Coma, probably due to Chronic Bright's Disease

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

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? 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.
Dec. 10, 1913

Wm. B. Rider, M.D.
Attending Physician.

6-1572



Attending Physician.