

Also appeared <sup>3</sup> Annie A. E. White and  
who, being duly sworn, say that <sup>she</sup> they saw <sup>she</sup> Mary Oliver Bardly, the claimant, sign <sup>her</sup>  
name (or make \_\_\_\_\_ mark) to this application; that <sup>she</sup> 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 children

2. When did the pensioner die? March 4<sup>th</sup> 1923

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

4. <sup>4</sup> We knew pensioner 30 years. We believe above statements to be true because I have

known Mrs. Moore and Mrs. Bardly  
for about 30 years.

Name Annie A. E. White Name \_\_\_\_\_

P. O. Address 816 Sharp St. Baltimore P. O. Address \_\_\_\_\_

Subscribed and sworn to before me, this 16<sup>th</sup> day of April

A. D. 1923; 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

Declaration accepted as a claim  
under the act of March 2, 1895.  
H. P. Willey,  
Law Clerk.

Elizabeth Heintzmann  
(Signature.)  
Notary Public  
(Official character.)

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death March 4<sup>th</sup> 1923

Give date of commencement of pensioner's last sickness Feb 25 1923

From what date did the pensioner require the regular and daily attendance of another person constantly until death?  
From Feb 25 1923 - March 4 1923

During what period did you attend the pensioner? Feb 25<sup>th</sup> - March 4<sup>th</sup> 1923

State nature of disease from which pensioner died Paralysis

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

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

Has your bill been paid; if so, by whom? No

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:  
None

I certify that the foregoing statement is correct.

April 3, 1923

C. H. Simons M.D.  
Attending Physician.