

REIMBURSEMENT.

ML-1

I hereby certify that I hold Mary Ennels responsible for any claim which I may have for services rendered, supplies furnished or money expended during the last sickness and burial of Rebecca Ennolds (deceased) late a pensioner by certificate number 410,356.

Dr. J. Page Strong (This need not be sworn to) *J. Page Strong M.D.*
Isaiah L. Brown and Son *Isaiah L. Brown and Son*

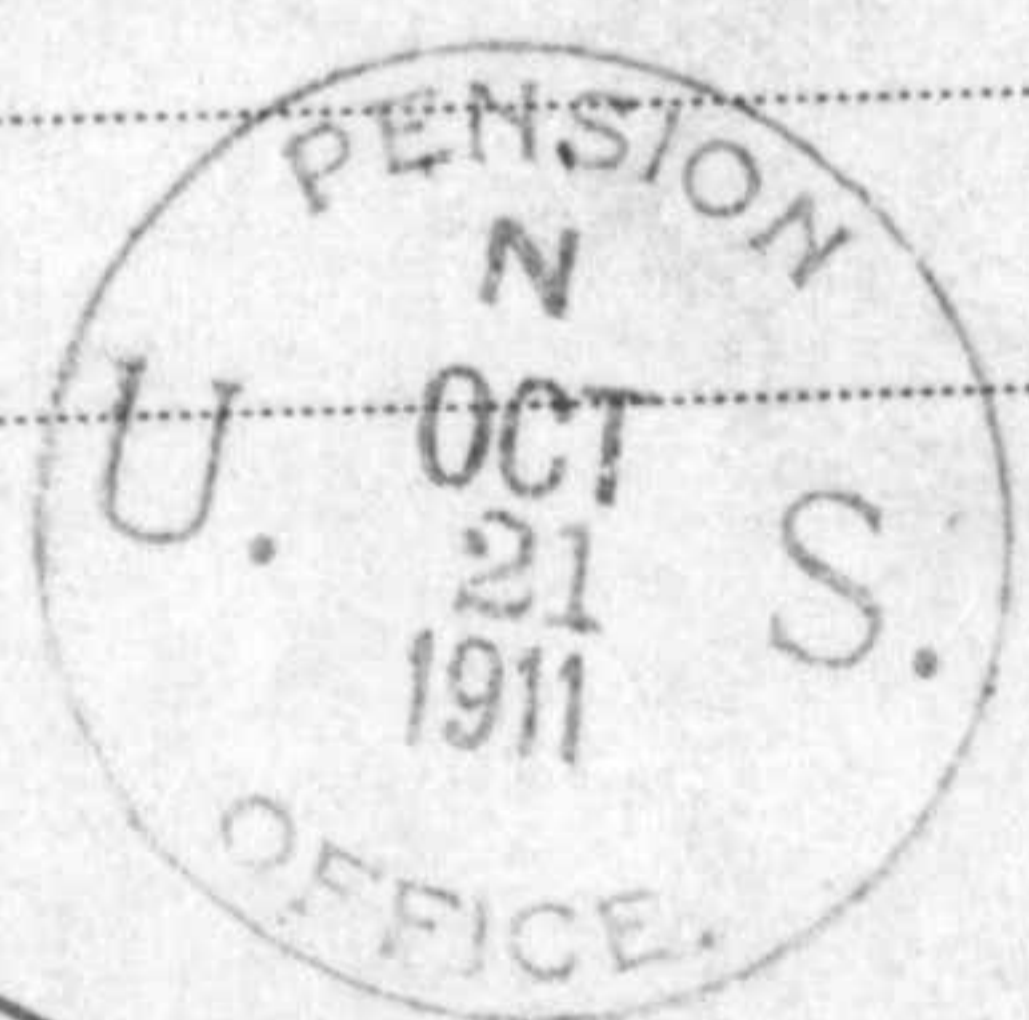
Baltimore, Oct. 20. 11.

AT Paul 3664.
C. & P. PHONE, ~~442-2200-2206~~
OFFICE OF
DR. J. PAGE STRONG
~~225 E. 25TH STREET~~
528 Howard St.
HOURS:
UNTIL 10 A. M.
2 TO 3 P. M.
7 TO 8 P. M.

Mrs Rebecca Ennolds
To Professional Services rendered Five dollars (\$5.00)

To Five call @ \$1.00

\$ 5.00



Received Payment,

Mary Ennels,
To nursing Rebecca Ennolds
Fourteen week at \$3 = \$42.00



OCT 14 1911

Sir:
Please furnish me with application blanks for reimbursement on account of the death of Rebecca Ennolds late a pensioner under Cf. 710356 widow of James Ennolds Private Co. 9, 39 Reg. U. S. C. Vol Inf. she left no property & I am responsible for her debts.

Respectfully

Mary Ennels *Mary Ennel*