REPRODUCED AT THE NATIONAL ARCHIVES.

Also appeared Mary E. Miloey and Lulu Miloey who, being duly sworn, say that they saw Annie L. Jackson, the claimant, sign her name (or make ____ mark) to this application; that 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?

2. When did the pensioner die?

3. Did pensioner leave any property? If so, state its character and value no property

4. We knew pensioner ten years. We believe above statements to be true because

Name × Mary E Miloey
P. O. Address Bordentown, N.J.

Name Lulu Miloey
P. O. Address Bordentown, N.J.

Subscribed and sworn to before me, this 17th day of November A. D. 1922; 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

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

E. R. Medlong
(Signature.)

Notary Public of N.J.
(Official character.)

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death Feb 16th 1922

Give date of commencement of pensioner's last sickness April 1st 1921

From what date did the pensioner require the regular and daily attendance of another person constantly until death? from about April 1st 1921

During what period did you attend the pensioner? from April 1st 1921 to Feb 16th 1922

State nature of disease from which pensioner died Valvular Heart Disease

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Anne E Jackson.

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? yes

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:
Rebecca Wells was without means of support as soon as she was forced to quit work & had to depend upon her sister Anne E Jackson for support

I certify that the foregoing statement is correct.

Nov 17th, 19 22.

C. F. Mendenhall
Attending Physician.

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Attending Physician.

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U. S. PENSION OFFICE NOV 18 1922