REPRODUCED AT THE NATIONAL ARCHIVES.

RECEIVED MAY 18 1922 PENSION BUREAU

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? ---

14. Did the deceased pensioner leave any money, real estate, or personal property? ---

15. If so, state the character and value of all such property ---

16. What was the assessed value (last assessment) of the real estate? ---

17. How was the pensioner's property disposed of? ---

18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) ---

19. What was your relation to the deceased pensioner? sister-in-law

20. Are you married? (Answer yes or no.) widow

21. What was the cause of pensioner's death? ---

22. When did the pensioner's last sickness begin? ---

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? ---

24. Give the name and post-office address of each physician who attended the ~~pensioner~~ widow during last sickness Dr.C.D.Mendenhall, Bordentown,N.J.

25. State the names of the persons by whom the ~~pensioner~~ widow was nursed during the last sickness Mrs. Annie E. Jackson, Bordentown,N.J.

26. Where did the ~~pensioner~~ widow live during last sickness? Bordentown,N.J.

27. Where did the ~~pensioner~~ Widow die? Bordentown,N.J.

28. When did the pensioner die? Feb.16,1922

29. Where was the ~~pensioner~~ widow buried? Bordentown,N.J.Cemetery

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~~ widow'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~~ widow'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.
C.D.Mendenhall	Physician medical att'n	unpaid	$ 20.00
	Medicine		
Annie E. Jackson	Nursing and care & board	unpaid	120.00
Clark B. Rogers	Undertaker	"	175.25
	Livery		
	Cemetery		
	Other expenses and their nature:		
	Total		$315.25

32. **Is the above a complete list of *all* the expenses of the last sickness and burial of the deceased ~~pensioner~~ widow?** (Answer yes or no.) yes

That my post-office address is No. 27, on Lafayette street, town or city of Bordentown, County of Burlington, State of New Jersey

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(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 receipted to her in her own name.)

6—1572

Annie E Jackson
(Claimant's signature in full.)