



Widow's Claim for *Brown*
Local Agent's No. Office No. Department No.

98.645

Chas B. Smith

, Co. *A*, *39* Regt. *116*, Vols. 186

Discharged or Died, *Smith*

Claimant *34 Green Willow St*
Post-Office *Baltimore Md*

of "*Death*"

Filed in _____ office, _____, 186

Condition of Claim as shown by our books

Smith
Woods

Please inform us _____

U. S. Sanitary Commission Claim Agency. Central Office,
242 F Street, Washington, D. C.
W. F. BASCOM, Gen'l Agent.