

- (i) Was any amount due from State or political subdivision? No
- (j) Has application for allowance been made to State or political subdivision or will such application be made? No

When the deceased veteran was not receiving benefits from the United States Veterans Bureau the following additional information and proof must be furnished:

- 1. Age of deceased 89 Place of residence 807 Druid Hill Ave.  
Date and place of death Dec. 12th, 1924, at Baltimore, Md.
- 2. Name and address of physician during last illness  
Dr. Edward MacKenzie, 1339 W. North Ave., Baltimore, Md.
- 3. Name and address of undertaker  
Samuel T. Helmsley, 578 W. Biddle St., Baltimore, Md.
- 4. Date and place of burial December 16th, 1924.

STATE OF Maryland }  
~~COUNTY OF~~ City of Baltimore } ss:

I, Henrietta Moales, of Baltimore, Md.  
 on oath depose and say that the above facts are true to the best of my knowledge  
 and belief.

(Sign here) Henrietta Moales.

SUBSCRIBED AND SWORN to before me this 22nd day of May, 1925

Ernestine R. Yeatman  
 Notary Public.

NOTE.—Each question on this form must be fully answered

CLAIMS DIVISION  
 MAY 23 1925  
 INCOMING

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