Also appeared Chas. Wootten and Annie E. Brown, who, being duly sworn, say that they saw Virginia E. Blackston, 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? none at all

2. When did the pensioner die? March 1. 1916

3. Did pensioner leave any property? If so, state its character and value None

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

Name Annie E. Brown
P. O. Address West Annapolis, Md.

Name Charles H. Wootten
P. O. Address Annapolis. Md

Subscribed and sworn to before me, this 27th day of March A. D. 1916; 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 good.

Rose Farmer
(Signature.)
Notary Public.
(Official character.)

DECLARATION ACCEPTED AS A CLAIM UNDER THE ACT OF MARCH 2, 1895.

CHIEF, LAW DIVISION.
PER

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death March 1. 1916

Give date of commencement of pensioner's last sickness Feby 20. 1916

From what date did the pensioner require the regular and daily attendance of another person constantly until death? Feby 20

During what period did you attend the pensioner? Feby 24 to March 1

State nature of disease from which pensioner died Arterio Sclerosis

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Annie Blackston None

Give name of any other physician who attended the pensioner in last sickness Dr R. B Williams

Does your bill include a charge for all medicine furnished the pensioner during last sickness? Visits Only

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:

I certify that the foregoing statement is correct.

March 27, 1916
Ambrose Garcia M.D.
Attending Physician.

March 25, 1916
Rodney B. Williams M.D.
Attending Physician.

6—1572

RECEIVED
MAR 28 1916
U. S. PENSION OFFICE

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