

STOP PAYMENT NOTICE

File No. **WC 616 133**
Civil War

MBAB-d

Date **October 8, 1936**

FROM: **Widow Subdivision, Dependents Claims Service**
(Designate Division of Central Office, Regional Office, or Combined Facility preparing form)

TO: **Deceased Beneficiaries Accts. Subdiv., F.S., Room 629**
(Indicate Division in Finance Service of Central Office or Finance Officer, Regional Office, or Combined Facility)

SUBJECT: Stop payment on **Death pension**
(Designate kind of award, whether Term, Converted, or Automatic Insurance, Pension, Compensation, or Adjusted Compensation)

1. Full name of payee **Rebecca F. Coates**
2. Effective date of action **July 9, 1936**
3. Reason for action **Death of payee July 9, 1936** **Abstract required**
4. Name of veteran **William H. Coates**

Submitted by _____
(Signature and title)

Approved by 
(Signature and title)

Adj.