

10

No

✓

720

answer yes or no.) daughters.

yes

Acute indigestion

January 10, 1919

and the pensioner become so ill as to require the re-
January 15, 1919.

24. Give the name and post-office address of each physician who attended the pensioner during last sickness

Dr. Rodney B. Milliner, Calvert & Clay Sts.,
Annapolis, Md.

Alveta

25. State the names of the persons by whom the pensioner was nursed during the last sickness
Brown, Georgia A. Boston, Mary Woodward

18 Clay Street, Annapolis, Md.

189 Clay St., Annapolis, Md.

January 16, 1949.

August 16, 1949.
Arling Cemetery, Annapolis, Md.

No.

(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.)

J. Albert Adams
Johnson, Attendant
House

Yes

3 d

Con

clay

street,

Post-office address is No. _____
 Minneapolis

County of

Amie

of Maryland

State of Massachusetts

(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.)

(Claimant's signature in full.)