Henrietta Garrison
Act 5-23-28
Died 6-8-33

VETERANS ADMINISTRATION
Pension Form 5036
Rev. Mar., 1932

READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT

APPLICATION FOR REIMBURSEMENT

This form not to be used if the deceased pensioner left a widow or minor children under sixteen years of age

STATE OF Maryland }
COUNTY OF Kent } ss:

On this 9th day of Oct., A. D. 1933, before me, the undersigned, personally appeared ______, aged ______ years, a resident of ______, County of ______, State of ______, who makes the following declaration as an application for, and claim is hereby made for, reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of ______, who was a pensioner of the United States by certificate No. ______, and who DIED June 8, 1933, at Chestertown Md and was buried at Chestertown Md.

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Henrietta Mary Louise Garrison
2. In what capacity was decedent pensioned? (As soldier or sailor, or as a widow, minor child, dependent relative, etc.) as widow
3. If decedent was pensioned as a soldier or sailor—
   (a) Was he ever married? (Answer yes or no.) ______
   (b) How many times, and to whom? ______
   (c) If married, did his wife survive him? (Answer yes or no.) ______
   (d) If so, is she still living? (Answer yes or no.) ______
   (e) If not living, give full names and dates of death of all wives ______
   (f) Was he ever divorced? (Answer yes or no.) ______
   (g) If so, is the divorced wife still living? (Answer yes or no.) ______ (If living, a copy of the decree of divorce must be filed.)
   (h) If not living, give her full name and the date of her death ______
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.) No
5. Is any such child still living? (Answer yes or no.) No
6. Were any sick or death benefits paid on pensioner's account? If so, give name of society and amount paid. Life Insurance $44 forty four dollars
7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) yes
8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written. [illegible] Insurance [illegible]
9. Who was the beneficiary named in each policy? [illegible]
10. What was the relation of each beneficiary to the pensioner? ______
11. Were the premiums paid by the deceased pensioner? [illegible] (40) [illegible]politan (104)
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account. Star Life [illegible] Ida Sawyers 4% 20.80

RECEIVED OCT 13 1933 PENSION FILES SECTION

REIMBURSEMENT [illegible] OCT 20 1933

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