13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? No

14. Did the deceased pensioner leave any money, real estate, or personal property? No

15. If so, state the character and value of all such property

16. What was the assessed value (last assessment) of the real estate? None

17. How was the pensioner's property disposed of? None

18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) No

19. What was your relation to the deceased pensioner? Daughter

20. Are you married? (Answer yes or no.) No

21. What was the cause of pensioner's death? Bright's Disease

22. When did the pensioner's last sickness begin?

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? about Sept 1 1914

24. Give the name and post-office address of each physician who attended the pensioner during last sickness H Benge Simmons Chestertown Kent Co Md

25. State the names of the persons by whom the pensioner was nursed during the last sickness Margaret Anderson

26. Where did the pensioner live during last sickness? in Chestertown

27. Where did the pensioner die? in Chestertown

28. When did the pensioner die? on Oct 24 1914

29. Where was the pensioner buried? Dover M E Church Cemetary

30. Has there been paid, or will application be made for payment to you or any other person, any part of the expenses of the pensioner's last sickness and burial by any State, County, or municipal corporation? (Answer yes or no.) No

31. State below the expenses of the pensioner's last sickness and burial. Write the word *none* where no charge is made in case of any item of expense noted.

(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.)

Names.	Nature of Expenses.	State Whether Paid or Unpaid.	Amount.	
H Benge Simmons	Physician	Paid	4	00
	Medicine			
	Nursing and care			
Charles L Dodd	Undertaker	Paid	25	00
	Livery			
Henry Blake Digging Grave	Cemetery	Paid	2	75
	Other expenses and their nature:			
	Total		10	75

32. **Is the above a complete list of *all* the expenses of the last sickness and burial of the deceased pensioner?** (Answer yes or no.) Yes

That my post-office address is No. , on Cannon street, town or city of Chestertown, County of Kent, State of Maryland

(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.)

Margaret Cinderson
(Claimant's signature in full.)

6—1572