12. Was pensioner a member of any society paying sick or death benefits? (Answer yes or no.) yes
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? a small house & lot
15. If so, state the character and value of all such property $1500 - encumbered by a mortgage amounting to $800.00
16. What was the assessed value (last assessment) of the real estate? $1500 -
17. How was the pensioner's property disposed of? Real Estate goes to Charity A. M. Parker and Robert Moxley son and daughter
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.) yes
21. What was the cause of pensioner's death? Dropsy
22. When did the pensioner's last sickness begin? Some time in December 1910
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? February 3rd 1911
24. Give the name and post-office address of each physician who attended the pensioner during last sickness Dr. A. B. Wilson North Jonathan Street, Hagerstown, Maryland
25. State the names of the persons by whom the pensioner was nursed during the period or any portion of the period of last sickness and the period covered by such service in each instance No one by myself Charity A. M. Parker
26. Where did the pensioner live during last sickness? 49 West Church St Hagerstown, Md.
27. Where did the pensioner die? at the same address
28. When did the pensioner die? July 28th 1911
29. Where was the pensioner buried? Halfway cemetery
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.	
A. B. Wilson	Physician	paid in part	22	
A. B. Wilson	Medicine	see bill	4	75
Charity Parker	Nursing and care	not paid	600	
L. M. Watkins	Undertaker	paid	64	25
W. E. Geary	Livery	paid	15	
	Cemetery			
	Other expenses and their nature:			
C. H. Crew	opening grave	paid	3	
	Total			

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.)

That my post-office address is No. 49 E, on West Church street, town or city of Hagerstown, County of Washington, State of Maryland. temporarily - permanent address 435 Clinton Street Buffalo - New York

(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.)

Charity An Parker
(Claimant's signature in full.)

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