

Also appeared <sup>3</sup> Robert M. Davis and Aaron E. Brice who, being duly sworn, say that they saw Alberta Brown, the claimant, sign her name (or make \_\_\_\_\_ mark) to this application; that they know the claimant herein and that their answers to the following questions are true:

- 1. Did pensioner (if a soldier or sailor) leave a widow or a minor child under age of sixteen years surviving? no
- 2. When did the pensioner die? January 16, 1919
- 3. Did pensioner leave any property? If so, state its character and value no

4. We knew pensioner 60 years. We believe above statements to be true because \_\_\_\_\_

Name Robert M. Davis Name Aaron E. Brice  
P. O. Address 212 Belmont St P. O. Address 26 Acton Lane

Subscribed and sworn to before me, this 26th day of May A. D. 1919; and I certify that the contents of the foregoing application were fully made known and explained to the claimant and witnesses before swearing, that I have no interest, direct or indirect, in the prosecution of this claim, and I further certify that the reputation for credibility of the witnesses whose signatures appear above is very good

Laura J. Pickling  
(Signature)  
Notary Public  
(Official character.)

DECLARATION ACCEPTED AS A CLAIM UNDER THE ACT OF MARCH 2, 1899.

CHIEF, LAW DIVISION.

STATEMENT OF ATTENDING PHYSICIANS.

PER [Signature]

Give date of the pensioner's death Jan 16, 1919

Give date of commencement of pensioner's last sickness Jan 15-1919

From what date did the pensioner require the regular and daily attendance of another person constantly until death? don't know

During what period did you attend the pensioner? Jan 15, 1919 to Jan 16, 1919

State nature of disease from which pensioner died Acute Diphtheria

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service Alberta Brown, George Boston, May Woodward

Give name of any other physician who attended the pensioner in last sickness no

Does your bill include a charge for all medicine furnished the pensioner during last sickness? yes

Has your bill been paid; if so, by whom? yes Mrs Alberta Brown

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement: \_\_\_\_\_

I certify that the foregoing statement is correct.  
May 25, 1919

R. B. Williams M.D.  
Attending Physician.  
Attending physician  
Attending Physician.

