REPRODUCED AT THE NATIONAL ARCHIVES

12. Was pensioner a member of any society paying sick or death benefits? (Answer yes or no.) No

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? Adam S. Farr was appointed Executor.

14. Did the deceased pensioner leave any money, real estate, or personal property? very little

15. If so, state the character and value of all such property Stocks + notes of very doubtful character and of no appreciable value

16. What was the assessed value (last assessment) of the real estate?

17. How was the pensioner's property disposed of? by will to Adam S Farr.

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

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

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

21. What was the cause of pensioner's death? Apoplexy + other complications

22. When did the pensioner's last sickness begin? April 5" 1911

23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? April 6" 1911

24. Give the name and post-office address of each physician who attended the pensioner during last sickness Dr. Duncan MacCalman. Dr. Mauer + Dr D. Streett in consultation

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 Hannie C. Farr. Wallace X Farr + Adam S Farr. Sons + daughter-in-law-

26. Where did the pensioner live during last sickness? #2520 N. Calvert St

27. Where did the pensioner die? #2520 N. Calvert St.

28. When did the pensioner die? April 22" 1911

29. Where was the pensioner buried? Loudon Park 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.
	Physicians	Unpaid.	66 00
	Medicine	Paid	8 65
	Nursing and care		None.
	Undertaker	Unpaid.	156 50
	Livery		
	Cemetery		
	Other expenses and their nature:		
	TOTAL		#231.15

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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. #2520, on N. Calvert St street,

town or city of Baltimore, County of ,

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.)

Adam S. Farr.
(Claimant's signature in full.)

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