

Also appeared Hannie Dousey and Moncure A. Brown
who, being duly sworn, make the following statement, each for himself, 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?
Feb. 18 - 1929
- 3. Did pensioner leave any property? If so, state its character and value
No

4. Our means of knowledge of the above statements made by us are: We knew the deceased pensioner for 45 years and 85 yrs.
We saw the deceased before and after death

Name: Hannie Dousey Name: Moncure A. Brown
P. O. Address: 625 W. Lanevale St P. O. Address: 1631 Druid Hill Ave
Subscribed and sworn to before me, this 19th day of March A. D. 1929;

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 good

[L. S.]

Validity accepted
as to execution
Chief, Record Division
per [Signature]

[Signature]
(Signature)
Notary Public
(Official character)
Baltimore Md
(P. O. address)

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full Lusseau Johnson
Give date of commencement of pensioner's last sickness Feb 18/1929
Give date of pensioner's death Feb 18/1929
From what date did the pensioner require the regular and daily attendance of another person constantly until death?
Jan 27/29 to Feb 18/29
During what period did you attend the pensioner?
Feb. 5, 1929 to 18th, 1929
State nature of disease from which pensioner died Burn of hand & body
& old age
Give name of any other physician who attended the pensioner in last sickness none
Does your bill include a charge for all medicine furnished the pensioner during last sickness? no
Has your bill been paid; if so, by whom? no

Give the name of each person who acted as nurse, and mention any other facts within your knowledge which would be helpful in adjusting this claim for reimbursement: Bill Ewell & Fattie Ewell

I certify that the foregoing statement is correct.
3/14, 1929
1929

[Signature]
Attending Physician.
[Signature]
Attending Physician.