

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 *None.*
16. What was the assessed value (last assessment) of the real estate? *None left.*
17. How was the pensioner's property disposed of? *None to dispose of.*
18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) *No.*
19. What was your relation to the deceased pensioner? *Friend.*
20. Are you married? (Answer yes or no.) *No.*
21. What was the cause of pensioner's death? *Bright's disease, chronic.*
22. When did the pensioner's last sickness begin? *January 18 1917.*
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? *Jan'y 18 - 1917 to August 16 - 1917.*
24. Give the name and post-office address of each physician who attended the pensioner during last sickness
*George C. Shamou
700 Fulton Ave Baltimore Md*
25. State the names of the persons by whom the pensioner was nursed during the last sickness
No one, but myself.
26. Where did the pensioner live during last sickness? *1354 Whatcoat St Baltimore Md*
27. Where did the pensioner die? *1354 Whatcoat St Baltimore Md*
28. When did the pensioner die? *August 16 - 1917.*
29. Where was the pensioner buried? *St Auburn Cemetery Baltimore Md*
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.
	Physician		14 00
	Medicine	none paid	6 00
	Nursing and care		150 00
	Undertaker	Pd \$50.00	88 60
	Livery		-
	Cemetery	Pd by undertaker and in his bill.	-
	Other expenses and their nature: <i>Groceries</i>		8 60
	TOTAL	\$50.00	267 70

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. *1354*, on *Whatcoat* 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.)

Witness *William H. Kiser* *Gallie Wilson*
6-1572 (Claimant's signature in full.)
Mark