	a 10 119minded	any person as administr	ator?	
 13. Is there an executor or administrator, or will appear to the deceased pensioner leave any money, res 15. If so, state the character and value of all such pressure to the character and the character an				
15. If so, state the character and value of all such pr	operty	100.		
16. What was the assessed value (last assessment) of 17. How was the pension.	the meal			
17. How was the pensioner's property disposed of?	one rear estate?			
18. Did pensioner leave an unindorsed pension check				
19. What was your relation to the deceased pensioner 20. Are you married? (Answer was a constant of the deceased pensioner content of the deceased pension check of the deceased pension c	(Answer yes or no.)	7000		
LALIOWEL VAC OF NO	//			
11. What was the cause of pensioner's death?	l'alsto po			
the pensioner's last sickness begin?_	1)88 smls [5/1	251		
3. From what date did the pensioner become so ill death? I amuan 13,19	as to require the regular -1	26		
death? January 13,19	721	ttendance of another p	erson constar	itly u
4. Give the name and post office address of each phy	sician who attended the pensioner dur	ring last sickness		
1010. Will	ln # 425 11. Cc	evolins &	2	
5. State the names of the persons by whom the pensi	oner was nursed during the last sickne	ess	-/	
down show	laughtr and	Tela Walk	un 9	ear
. Where did the pensioner live during last sickness?	# 107 71 01			
Has there been paid or will application I	ou m. sprun	9 51,		
Has there been paid, or will application be made for	r payment to you or any other person	, any part of the expens	ses of the per	
		- 7,	- Po.	isione
The following is a complete statement of all the ex	municipal corporation? (Answer yes	s or no.) with	ead.	1810He
The following is a complete statement of all the ex (Each charge entered below should be supported by an itemized by d should show, over his signature, by whom paid, or who is held respondenced. If no charge was made for any item, that fact should be indicated.	penses of the last sickness and burial oill of the person who rendered the service or furn consible for payment, and contain the person of the	of said deceased pensio	ner:	
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