

13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? \_\_\_\_\_
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 \_\_\_\_\_
16. What was the assessed value (last assessment) of the real estate? \_\_\_\_\_
17. How was the pensioner's property disposed of? \_\_\_\_\_
18. Did pensioner leave an undorsed pension check? (Answer yes or no.) no.
19. What was your relation to the deceased pensioner? Daughter
20. Are you married? (Answer yes or no.) no.
21. What was the cause of pensioner's death? Diabetes & gangrene
22. When did the pensioner's last sickness begin? December 5, 1926
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? January 13, 1927
24. Give the name and post office address of each physician who attended the pensioner during last sickness  
Dr. W. B. Butler #425 N. Caroline St.
25. State the names of the persons by whom the pensioner was nursed during the last sickness.  
Mary E. Giles - daughter and Bela Watkins grand daughter
26. Where did the pensioner live during last sickness? #607 N. Spring St.
27. 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.) not paid.

The following is a complete statement of all the expenses of the last sickness and burial of said deceased pensioner:

(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. If no charge was made for any item, that fact should be indicated.)

NAMES	NATURE OF EXPENSES	STATE WHETHER PAID OR UNPAID	AMOUNT
<u>Dr. W. B. Butler M.D.</u>	Physician	<u>Part Paid</u>	<u>Balance 5 00</u>
	Medicine		
	Nursing and care		
<u>Chris. W. Johnson</u>	Undertaker	<u>Unpaid</u>	<u>142 00</u>
	Livery		
	Cemetery		
	Other expenses and their nature:		
TOTAL			<u>147 00</u>

That of the above-mentioned expenses this claimant has paid, or guaranteed the payment of, the following items:

Mary E. Giles  
(Claimant's signature in full)  
607 Spring St  
(P. O. address)  
Baltimore Md

(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.)