

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?

2. When did the pensioner die? #609 N. Spring St. No.

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 20 years and 15 respectively.

Name: Milburn Watkins / Mrs. Lora Jones
P. O. Address: 1571 E. Madison St. / 714 Halford Ave
Subscribed and sworn to before me, this 10th day of March A. D. 1927

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 genuine.



Validity accepted as to execution Chief, Record Division

Alan S. Stanley (Signature) Notary Public (Official character) #2525 The Cathedral St. (P. O. address)

STATEMENT OF ATTENDING PHYSICIANS

Give pensioner's name in full Mrs. Susan Connor

Give date of commencement of pensioner's last sickness 12-20-26

Give date of pensioner's death 2-18-27

From what date did the pensioner require the regular and daily attendance of another person constantly until death?

During what period did you attend the pensioner? During last two or three weeks of illness 12-21-26 to 2-18-27

State nature of disease from which pensioner died

Diabetic gangrene Arteriosclerosis

Give name of any other physician who attended the pensioner in last sickness

Does your bill include a charge for all medicine furnished the pensioner during last sickness? Yes (Professional fee)

Has your bill been paid; if so, by whom? Bill for last year visits still unpaid (daughter)

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:

Mrs. May Giles - daughter
Mr. Harry Johnson - friend
Miss Rita Watkins - granddaughter

I certify that the foregoing statement is correct.

3/9/27 19
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W.B. Butler M.D. Attending Physician.

Attending Physician.

