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# APPLICATION FOR REIMBURSEMENT.

(This application, when properly executed before some officer having authority to administer oaths for general purposes, should be forwarded, together with the pension certificate and itemized bills of all expenses, to the Commissioner of Pensions, Washington, D. C.)

STATE OF Iowa }  
COUNTY OF Decatur } ss:

On this 11th day of Nov, A. D. one thousand nine hundred and 19, personally appeared before me, a Notary Public within and for the County and State aforesaid, H. J. Fitches, aged 56 years, a resident of Decatur Bath Springs, County of Decatur, State of Iowa, who, being duly sworn according to law, makes the following declaration in order to obtain reimbursement from the accrued pension, for expenses paid (or obligation incurred) by claimant for the last sickness and for the burial of Parthenia Montgomery, who was a pensioner of the United States by certificate No. 601881, on account of the service of J. G. Montgomery (Name of soldier or sailor.) in \_\_\_\_\_ (Describe service by company and regiment, etc., if in the Army, or by the words U. S. Navy, if in the Navy.)

That pension was last paid to Parthenia, 19  , by the U. S. Pension Agent at \_\_\_\_\_

That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Parthenia Montgomery
2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.) Widow
3. If decedent was pensioned as an invalid soldier or sailor—
  - (a) Was he ever married? (Answer yes or no.)
  - (b) How many times, and to whom?
  - (c) If married, did his wife survive him? (Answer yes or no.)
  - (d) If so, is she still living? (Answer yes or no.)
  - (e) If not living, give full names and dates of death of all wives
  - (f) Was he ever divorced? (Answer yes or no.)
  - (g) If so, is the divorced wife still living? (Answer yes or no.)    (If living, a copy of the decree of divorce must be filed.)
  - (h) If not living, give her full name and the date of her death
4. Did pensioner leave a child under 16 years of age? (Answer yes or no.)
5. Is any such child still living? (Answer yes or no.)
6. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) No
7. If so, give the name of each company in which a policy was carried and the amount in which each policy was written
8. Who was the beneficiary named in each policy?
9. What was the relation of each beneficiary to the pensioner?
10. Were the premiums paid by the deceased pensioner?
11. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account



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- 12. Was pensioner a member of any society paying sick or death benefits? (Answer yes or no.) *Yes*
- 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
- 16. What was the assessed value (last assessment) of the real estate?
- 17. How was the pensioner's property disposed of? *none to dispose of*
- 18. Did pensioner leave an undorsed pension check? (Answer yes or no.) *No*
- 19. What was your relation to the deceased pensioner? *Son-in-law*
- 20. Are you married? (Answer yes or no.) *Yes*
- 21. What was the cause of pensioner's death? *Chronic Concrey*
- 22. When did the pensioner's last sickness begin? *In the fall of 1911*
- 23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? *the last of Aug. 1912*
- 24. Give the name and post-office address of each physician who attended the pensioner during last sickness  
*Mrs. Hutton and Dr. Lydie  
South Hill Tenn.*
- 25. State the names of the persons by whom the pensioner was nursed during the period or any portion of the period of last sickness and the period covered by such service in each instance  
*Addie Tucker & H. J. Tucker*
- 26. Where did the pensioner live during last sickness? *With H. J. Tucker, Bath Spg, Tenn*
- 27. Where did the pensioner die? *at above named place*
- 28. When did the pensioner die? *Oct. 13, 1912*
- 29. Where was the pensioner buried? *at Red Walnut cemetery in Decatur Tenn*
- 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.
<i>Keeton &amp; Lydie</i>	Physician	<i>unpaid</i>	<i>9 45</i>
	Medicine		
<i>H. J. &amp; Addie Tucker</i>	Nursing and care	<i>unpaid</i>	<i>440.00</i>
<i>Patterson Bros</i>	Undertaker	<i>unpaid</i>	<i>21.95</i>
	Livery		
	Cemetery		
	Other expenses and their nature:		
	TOTAL		<i>\$71.45</i>

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. \_\_\_\_\_ on \_\_\_\_\_ street, town or city of *Bath Springs*, County of *Decatur*, State of *Tenn*

(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.)

*W. J. Tucker*  
(Claimant's signature in full.)

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Also personally appeared Edward Tucker  
and Opie Tucker, persons whom I certify to be respectable and  
entitled to credit, and who, being by me duly sworn, say that they were present and saw  
Mr. J. Tucker, the claimant, sign his name (or make \_\_\_\_\_ mark)  
to the foregoing application, and that they know the claimant therein; that they have read all the questions, answers, and  
declarations in said application and believe the facts therein set forth to be true; and that they have no interest, direct or  
indirect, in this claim.

Ed Tucker  
Bath Springs  
Opie Tucker  
Bath Springs Tenn.  
(Signatures and post-office addresses of witnesses.)

Subscribed and sworn to before me this 21st day of Sept.,  
A. D. 1912; and I certify that the contents of the foregoing application, etc., were fully made known and explained to the  
claimant and witnesses before swearing, including the words \_\_\_\_\_  
erased and the words \_\_\_\_\_ added; and  
that I have no interest, direct or indirect, in the prosecution of this claim.

W. V. Tucker  
(Signature.)  
Notary Public  
(Official character.)

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death Oct. 18, 1912  
Give date of commencement of pensioner's last sickness \_\_\_\_\_  
From what date did the pensioner require the regular and daily attendance of another person constantly until death?  
From about the last of Aug. 1912  
During what period did you attend the pensioner? For 2 or 3 weeks till death  
State nature of disease from which pensioner died Chronic Cancer

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service  
Addie H. J. Tucker rendered care as nurse  
Give name of any other physician who attended the pensioner in last sickness Dr. H. H. H.

Does your bill include a charge for all medicine furnished the pensioner during last sickness? No  
State whether you have read the questions in the foregoing application, and the claimant's answers thereto, and whether such  
answers are correct according to your best knowledge, information, and belief? Yes

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:  
This man has a very chronic case of  
lung cancer.

I certify that the foregoing statement is correct.

Nov 22, 1912 B. E. Hylie  
\_\_\_\_\_, 191\_\_\_\_  
\_\_\_\_\_, 191\_\_\_\_  
Attending Physician.  
Attending Physician.

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L. S. W.

APPLICATION FOR REIMBURSEMENT.

WIDOW

Certificate No. 601,881

*Barthema Montgomery*  
Deceased Pensioner.

Claimant.

AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and forty-six of the Revised Statutes of the United States is hereby amended to read as follows:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in aid of the presentation of any claim for pension or bounty land or payment thereof purports to have been executed who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

Approved July 7, 1898.

AN ACT to provide for the payment of accrued pensions in certain cases. (28 Stat. L., 964.)

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That from and after the twenty-eighth day of September, eighteen hundred and ninety-two, the accrued pension to the date of the death of any pensioner, or of any person entitled to a pension having an application therefor pending, and whether a certificate therefor shall issue prior or subsequent to the death of such person, shall, in the case of a person pensioned, or applying for pension, on account of his disabilities or service, be paid, first, to his widow; second, if there is no widow, to his child or children under the age of sixteen years at his death; third, in a case of a widow, to her minor children under the age of sixteen years at her death. Such accrued pension shall not be considered a part of the assets of the estate of such deceased person nor be liable for the payment of the debts of said estate in any case whatsoever, but shall inure to the sole and exclusive benefit of the widow or children. And if no widow or child survive such pensioner, and in the case of his last surviving child who was such minor at his death, and in case of a dependent mother, father, sister, or brother, no payment whatsoever of their accrued pension shall be made or allowed except so much as may be necessary to reimburse the person who bore the expense of their last sickness and burial, if they did not leave sufficient assets to meet such expense. And the mailing of a pension check, drawn by a pension agent in payment of a pension due, to the address of a pensioner, shall constitute payment in the event of the death of a pensioner subsequent to the execution of the voucher therefor. And all prior laws relating to the payment of accrued pension are hereby repealed.

Approved March 2, 1895.

The act making appropriations for the payment of invalid and other pensions of the United States for the fiscal year ending June 30, 1910, and for other purposes, approved March 4, 1909, contains the following:

"And provided further, That hereafter the settlement of all claims for the reimbursement of expenses of the last sickness and burial of deceased pensioners shall be under the direction of the Commissioner of Pensions."

FINANCE DIVISION  
DEC 8 1917  
BUREAU OF PENSIONS

INSTRUCTIONS.

1. Accrued pension is not a part of the assets of the estate of a deceased pensioner, nor liable for the payment of the debts of such pensioner.
2. Accrued pension is not payable as reimbursement in the case of a person pensioned on account of service if a widow or minor child under sixteen years of age survive.
3. Accrued pension is not payable as reimbursement in the case of any pensioner who left sufficient assets to meet the expense of last sickness and burial.
4. Application for reimbursement should be accompanied by the following evidence:
  - (a) Bills of all expenses of last sickness and burial. If paid by the claimant for reimbursement the bills must be properly receipted to said claimant. If unpaid, the parties to whom said bills are due should note on each bill, over their signatures, that they hold the claimant responsible for the payment. If the bill be for medical treatment it must show the dates of visits or treatment and the charge for each. A bill for nursing and care must show the dates between which the services were rendered, and the rate per day or week. The bill of the undertaker must be itemized, and show the date on which the services were rendered. Each bill must show that the service was rendered for the pensioner on account of whom reimbursement is claimed. All claims should be presented in the name of one person. Bills which are forwarded become a part of the records of the Bureau of Pensions and can not be returned. Claimants should therefore secure duplicates of such bills if needed by them.
  - (b) The pension certificate which was issued in the name of the pensioner. If such certificate is not in possession of the claimant a statement showing its whereabouts or final disposition should be made.
5. A careful compliance with these instructions will save much unnecessary delay in the settlement of the claim presented.