

READ THE INSTRUCTIONS ON BACK OF THIS BLANK BEFORE USING IT

APPLICATION FOR REIMBURSEMENT

This form not to be used if the deceased pensioner left a widow or minor children under sixteen years of age

STATE OF Wisconsin
COUNTY OF Green } ss:

On this 20 day of September, A. D. 1940, before me, the undersigned, personally appeared Roy MCBride, aged 37 years, a resident of Brodhead, County of Green, State of Wisconsin, who makes the following declaration as an application for, and claim is hereby made for, reimbursement from the accrued pension for expenses paid (or obligation incurred) in the last sickness and burial of Annie Shields, who was a pensioner of the United States by certificate No. 734,902, and who DIED July 28, 1940, at St. Clare Hospital Monroe Wis. and was buried at Greenwood Cemetery Brodhead, Wis.

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? Annie Shields
2. In what capacity was decedent pensioned? (As soldier or sailor, or as a widow, minor child, dependent relative, etc.)
Widow
3. If decedent was pensioned as a 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.) NO ✓

5. Is any such child still living? (Answer yes or no.) No

6. Were any sick or death benefits paid on pensioner's account? (Answer yes or no.) No ✓ If so, give name of society and amount paid.

7. Was there insurance (life, accident, or health) in force on life of pensioner at time of death? (Answer yes or no.) No ✓

8. If so, give the name of each company in which a policy was carried and the amount in which each policy was written.

9. Who was the beneficiary named in each policy?

10. What was the relation of each beneficiary to the pensioner?

11. Were the premiums paid by the deceased pensioner?

12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account.

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? Personal Property
15. If so, state the character and value of all such property \$100.00
16. What was the assessed value (last assessment) of the real estate? No
17. How was the pensioner's property disposed of?
18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) No
19. What was your relation to the deceased pensioner? Grandson
20. Are you married? (Answer yes or no.) Yes
21. What was the cause of pensioner's death? Lobar Pneumonia, Streptococcus infection, Bowel Obs
22. When did the pensioner's last sickness begin? July 23, 1940
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? July 23, 1940
24. Give the name and post office address of each physician who attended the pensioner during last sickness
Dr. M. W. Stuessy Brodhead, Wis.
25. State the names of the persons by whom the pensioner was nursed during the last sickness.
St. Clare Hospital Nurses Monroe Wis.
26. Where did the pensioner live during last sickness? St. Clare Hospital Monroe, Wis.
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, or from the Social Security Board? (Answer yes or no.)
Yes Green County \$ 100
28. Has there been or will there be an application filed in the Veterans Administration for a burial allowance? NO

(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.)

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

A11

(Claimant's signature in full)

(P. O. address)

15—502

Office of
REGISTER OF DEEDS } ss.
Green County, Wis.

I, **Belle Burke**, Register of Deeds, in and for said County of Green, DO HEREBY
CERTIFY, that I have compared the annexed copy of a Death Certificate
.....with the original
Death Certificate
.....
now on file in my office, and that the same is a true and correct copy thereof, and the whole thereof,
as the same remains of record in my office.

In Witness Whereof, I have hereunto set my hand
and seal this 11th day of Sept.
A. D. 19340..

Belle Burke

Do not write or stamp anything on face of certificate except in answer to questions asked there.

Form No. 206-6-2-39-100M
Copy Certificate of DEATH

WISCONSIN STATE BOARD OF HEALTH
Bureau of Vital Statistics

587
Local Registrar's No. 74

1. PLACE OF DEATH:

(a) County Green
(b) Township _____
or
City or Village Monroe
(c) Name of hospital or institution St. Clare Hospital

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisc. (b) County Green
(c) Township _____
or
City or Village Brodhead
(d) Street No. _____
(If rural, give Route No. and Post Office)
(e) If foreign born, how long in U. S. A.? _____

3. (a) FULL NAME

Anna Shields

3. (b) If veteran,
name war _____

3. (c) Social Security
No. _____

4. Sex F 5. Color or race white 6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife David Shield 6. (c) Age of husband or wife if
alive _____ years.

7. Birth date of deceased Oct. 25, 1850
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 3 If less than one day
_____ hr. _____ min.

9. Birthplace Avon Twsp. Rock County
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

Father { 12. Name Thomas Brace
13. Birthplace New York
(City, town, or county) (State or foreign country)

Mother { 14. Maiden name Mittie Hawkins
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Roy McBride

MEDICAL CERTIFICATION

20. Date of death: Month July Day 28th Year 1940

21. I hereby certify that I attended the deceased from
JULY 23, 1940 to July 28, 1940
that I last saw her alive on July 28, 1940
and that death occurred on the date stated above at 5:00 P.M.

Immediate cause of death
Lobar pneumonia

Duration
48 hrs.

Due to Streptococcus
infection

5 days

Other conditions Bowel obstruction
(Include pregnancy within 3 months of death)

72 hrs

Major findings:
Of operations _____

Physician

Underline the
cause to which
death should
be charge
statistically.

Of autopsy _____

22. If death was due to external causes, fill in the following:

Reserved for coding

Residence

Local—Cause of death

State—Cause of death

Age

Acc. Co.

Acc. Place

NOTICE

The only sum available for payment of a claim presented on this blank is the pension unpaid at the date of the pensioner's death.

The Act March 2, 1895 (28 Stat. L., 964), provides—

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.

The Act March 3, 1905 (33 Stat. L., 1169), provides—

* * * and no part of any accrued pension shall hereafter be used to reimburse any State, county, or municipal corporation for expenses incurred by such State, county, or municipal corporation under State law for expenses of the last sickness or burial of a deceased pensioner.

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; but if paid in part only the creditor should state by whom paid or from what source such payment was received. 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 Veterans Administration 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. The claimant's statement relative to insurance, property, and whether the deceased pensioner left a widow or minor children under sixteen years of age should be corroborated by the testimony under oath, of two disinterested creditable witnesses who have personal knowledge of the facts.

1880/1880

1880/1880

1880/1880

1880/1880

1880/1880

RECEIVED
SEP 30 1880

OCT 3 1880

1880/1880