

(Must be signed by two residents of Applicant's City or County.)

WITNESS

(Not necessary to have this Certificate B. filled out if husband was a pensioner.)

Wg _____

_____ from the effects of _____

A signature made by X mark is not valid unless attested by a witness.

WITNESS _____

in and for the _____ of _____

State of Virginia, this _____ day of _____, 19____

Signature of Officer.

NOTE—If no such comrade in living required in Certificate B, whose address is known to the applicant, then let one or more reputable persons who have personal knowledge of the services of the applicant's husband and cause of his death make Affidavit C.

(Not necessary to have this Certificate C. filled out if husband was a pensioner.)

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.
(Not necessary when Certificate B can be filled.)

of _____, the said applicant's husband died, and that they lived as husband and wife up to the date of the death of said husband and that we have no personal interest in the allowance of the applicant's claim.

A signature made by X mark is not valid unless attested by a witness.

Witnesses not Contradict.

WITNESS _____

Subscribed and sworn to before me, a _____

In and for the _____ of _____

State of Virginia, this _____ day of _____, 19____

Signature of Officer.

NOTE—If no comrades in arms or other persons who has knowledge of the services of the applicant's husband and the cause of his death is living, whose address is known to the applicant, state that fact here.

(D) CERTIFICATE OF PHYSICIAN.

Physicians will please read carefully the answers to questions 10 and 11, and the following comments before filling out.

If the applicant is blind, the physician shall also certify the extent, herein.

I, _____, a practicing physician in the

_____ of _____ in the State of
Virginia, do certify that I am personally acquainted with the applicant,
whose name is signed to the foregoing application for aid under acts of the
General Assembly of Virginia, approved March 14, 1924, and March 13,
1926, and that I attended her husband _____

_____ during his last illness, which resulted in his death.

and that I have no personal interest in the allowance of the applicant's claim.

Given under my hand this _____ day of _____, 19____

M. D.