

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 Connecticut }
COUNTY OF New Haven } ss:

On this 26th day of August, A. D. one thousand nine hundred and twenty
personally appeared before me, a Notary Public within and for the County and State aforesaid,
Dwight A. Monson, aged 47 years, a resident of
New Haven, County of New Haven, State of
Connecticut, 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) in the last sickness and burial of
Lavinia S. Tibbals (aged 98 years) who was a pensioner of the United States by
certificate No. 5495 (Page 238) on account of the service of Abraham Tibbals
in Co. K - 10th Regt. Conn. Vol. Inf. (Name of soldier or sailor.)
(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 June 4, 1920

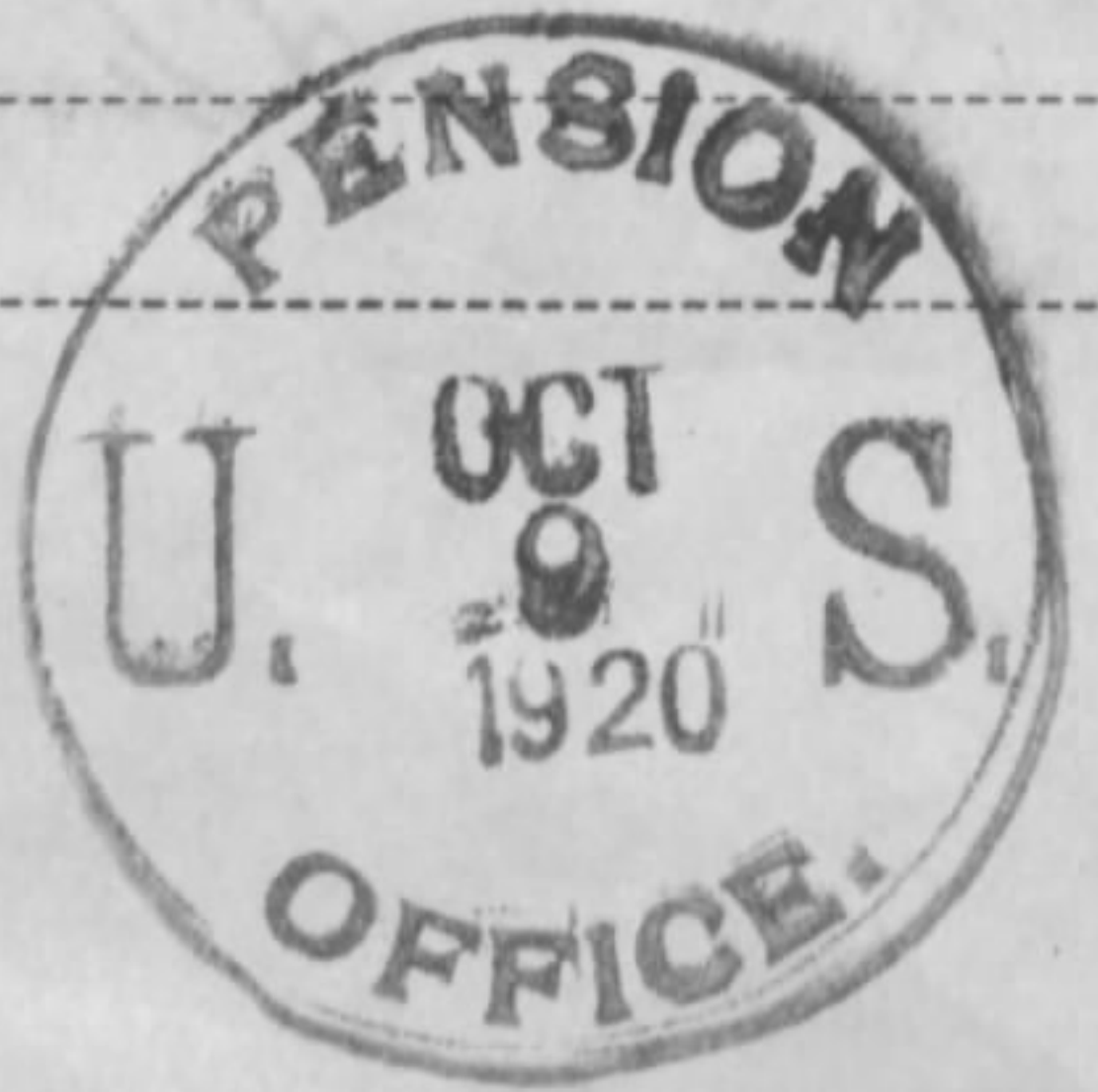
That the answers to questions propounded below are full, complete, and truthful to the best of my knowledge, information, and belief, and that no evidence necessary to a proper adjustment of all claims against the accrued pension is suppressed or withheld.

1. What was the full name of the deceased pensioner? Lavinia S. Tibbals

2. In what capacity was decedent pensioned? (As invalid soldier or sailor, or as a widow, minor child, dependent relative, etc.)
Civil War widow of Abraham Tibbals - Co. K - 10th Conn. Vol. Inf.

3. If decedent was pensioned as an invalid soldier or sailor— no
- (a) Was he ever married? (Answer yes or no.) yes
 - (b) How many times, and to whom? _____
 - (c) If married, did his wife survive him? (Answer yes or no.) yes
 - (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.) no
 - (g) If so, is the divorced wife still living? (Answer yes or no.) 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? If so, give name of society and amount paid no ✓
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? no
12. If not paid by the deceased pensioner, state the amount of premiums paid by each person who made payment on that account no



OCT 12 1920
 RECORDED
 DIVISION

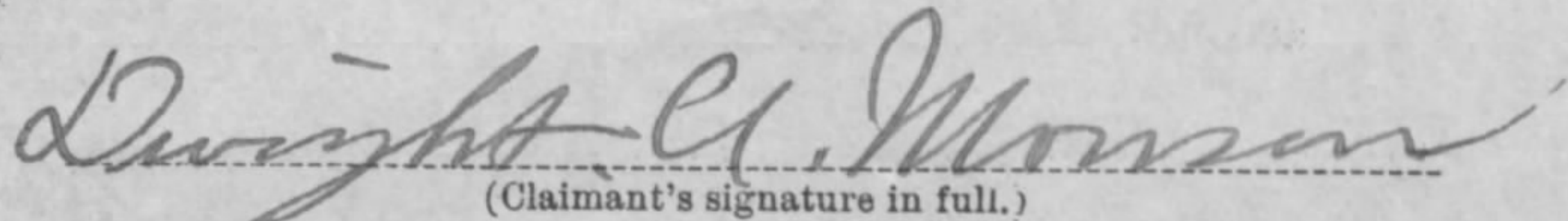
13. Is there an executor or administrator, or will application be made for appointment of any person as administrator? no
14. Did the deceased pensioner leave any money, real estate, or personal property? no. ✓
15. If so, state the character and value of all such property none
16. What was the assessed value (last assessment) of the real estate? —
17. How was the pensioner's property disposed of? —
18. Did pensioner leave an unindorsed pension check? (Answer yes or no.) no. She was entitled to 30 mo. from May 1-1920.
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? senility and subacute gastritis (aged 98 years)
22. When did the pensioner's last sickness begin? July 15 1920
23. From what date did the pensioner become so ill as to require the regular and daily attendance of another person constantly until death? From about February 1920.
24. Give the name and post-office address of each physician who attended the pensioner during last sickness Dr. Walter C. Skiff,
Dr. George H. Josiah
25. State the names of the persons by whom the pensioner was nursed during the last sickness Dwight A. Monson, 395 Crown St., New Haven, Conn.
Miss Minnie Nettleton 395 Crown St., New Haven, Conn.
Miss Ida F. Nettleton, 395 Crown St., New Haven, Conn.
26. Where did the pensioner live during last sickness? 395 Crown St., New Haven, Conn.
27. Where did the pensioner die? New Haven, Conn., 395 Crown St.
28. When did the pensioner die? July 22 - 1920
29. Where was the pensioner buried? Guilford, Conn.
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>Dr. Walter C. Skiff</i>	Physician	<i>not paid</i>	4 —
<i>Dr. George H. Josiah</i>	Medicine	<i>Paid by State</i>	0 —
<i>Miss Nettleton</i>	Nursing and care		0 —
<i>Mr. E. B. Lee</i>	Undertaker		194 —
	Livery		
	Cemetery		
	Other expenses and their nature:		
	TOTAL		198 —

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. 395, on Crown street,
 town or city of New Haven, County of New Haven,
 State of Connecticut

(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.)


 (Claimant's signature in full.)

Also appeared Georgiana Dickerman and Phoebe C. Benham who, being duly sworn, say that they saw Dwight A. Monson the claimant, sign his name (or make his mark) to this application; 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? no
- 2. When did the pensioner die? July 22 - 1920
- 3. Did pensioner leave any property? If so, state its character and value no - nothing

4. We knew pensioner 25 1/2 years. We believe above statements to be true because intimately

Name Georgiana Dickerman Name Phoebe C. Benham
P. O. Address 420 Chapel St., New Haven, Conn. P. O. Address 420 Chapel St., New Haven, Conn.
Subscribed and sworn to before me, this 26 day of August

A. D. 1920; 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

DECLARATION ACCEPTED AS A CLAIM UNDER THE ACT OF MARCH 2, 1885.

Mabel E. Sanford
(Signature.)
Notary Public
(Official character.)
New Haven, Conn.

CHIEF, LAW DIVISION

STATEMENT OF ATTENDING PHYSICIANS.

Give date of the pensioner's death July 22, 1920
Give date of commencement of pensioner's last sickness Sudden death.
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 Friend body of the deceased.
State nature of disease from which pensioner died Serility and sub-acute gastritis.

Give name of each person who rendered service as nurse, and who has made or will make a charge for such service
Dwight A. Monson, Minnie Arlettou
Ida F. Arlettou.

Give name of any other physician who attended the pensioner in last sickness She had been previously treated by Dr. Walter C. Skiff.

Does your bill include a charge for all medicine furnished the pensioner during last sickness?
Has your bill been paid; if so, by whom? Will be paid by the State.

Mention any other facts within your knowledge which in your opinion would be helpful in adjusting this claim for reimbursement:
Mrs. Tibballs appeared to be in her usual health until about seven days prior to her death at which time she appeared to have acute gastric disturbance. No physician was called.

I certify that the foregoing statement is correct.

Sept. 1, 1920 W. C. Skiff M.D.
Sept 4, 1920 Coroner's Med. Examiner.
6-1572



I certify to above statement of Dr. E. H. Foster
Walter C. Skiff M.D.
1164 Chapel St. New Haven Conn.

DROPPED

APPLICATION FOR REIMBURSEMENT.

WIDOW

Certificate No. 5495

Abraham Tibbals

R 10 Conn Inf

Lavinia Tibbals

Deceased Pensioner.

Dwight A. Monson

Claimant.

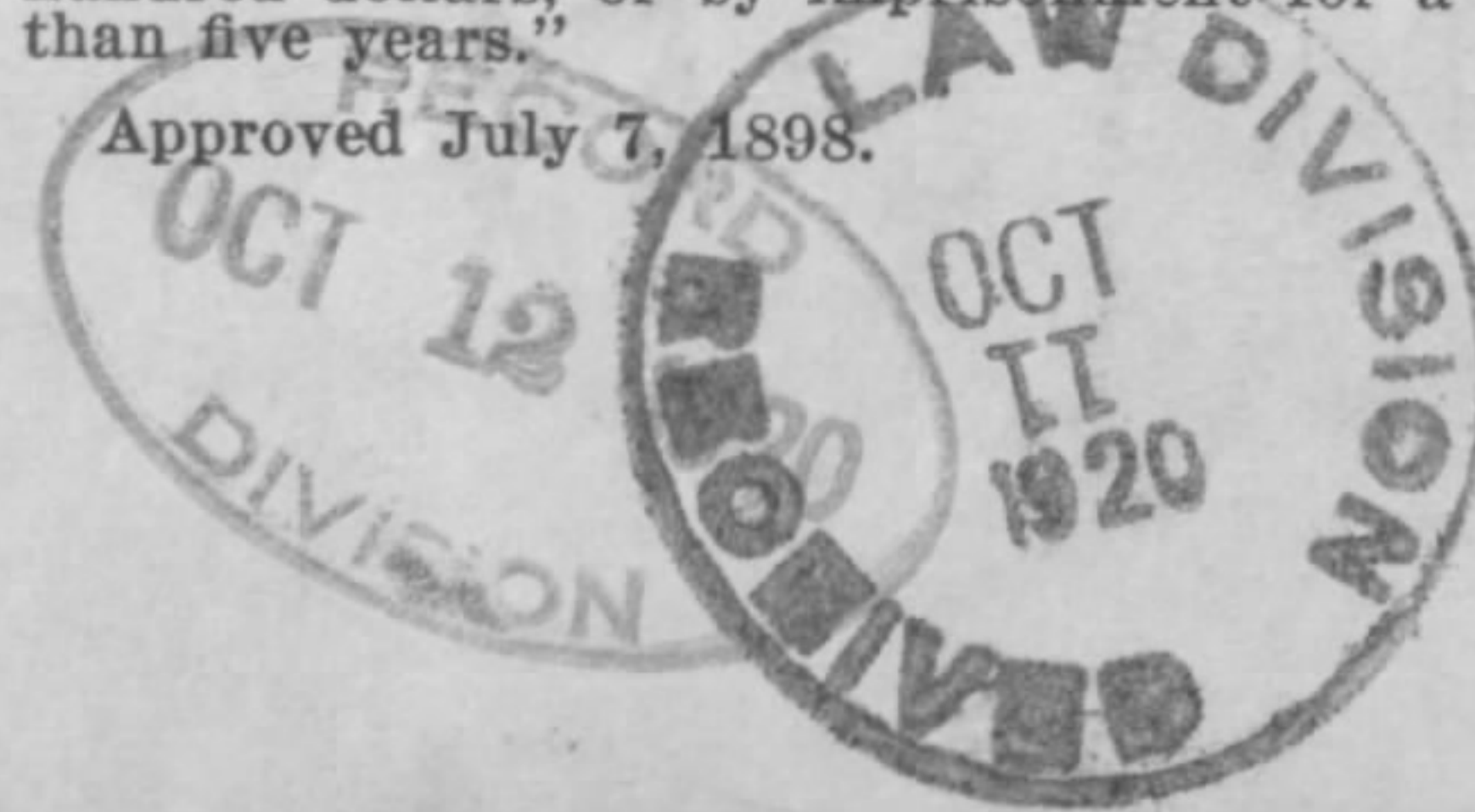
AN ACT to amend section forty-seven hundred and forty-six of the Revised Statutes of the United States. (30 Stat. L., 718.)

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 prosecution 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.

6-1572



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 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.

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.

6-1572

1184 CHAPEL STREET.

New Haven, Conn.,

Sept 7 1920

Mrs Lavinia S. Tibbals 395 Crown Street,
New Haven, Conn.
To Walter C. Skiff, M.D., Dr.

For Professional Services Rendered

\$ 4.



Received Payment,

OFFICE HOURS:

- 8-9
- 2-4
- 7-8