

No. 16.

Claim received at the Admiralty

Amount reported due, and for what

(Name of Claimant)

OFFICERS', PENSIONERS' AND
CIVILIANS' REGISTER

NUMBERS

LETTER

Name of the Deceased,

Name and Address of the Claimant,

Sent.

Returned.

No. 1. Pay as to Agent

No. 7. To visit the medical officer

I & J. Dr. 1. 25 July 57

Quint-offia

No. 10. Mr. K. 27 July 57

Claim Admitted

Certificate Examined

H & G 4700. 11/00