

NAME OF
SOLDIER:

Weeks, Charles

NAME OF
DEPENDENT:

Widow.

Minor.

Weeks, Mary

SERVICE:

F 4 Lt Col Inf

DATE OF FILING:

CLASS:

APPLICATION NO.

CERTIFICATE NO.

STATE FROM
WHICH FILED.

Invalid.

Widow.

Minor.

756815

544, 106

Md.

1/28 APRIL 22

ATTORNEY:

75
REMARKS:

F.H.A.

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