HAME OF SOLDIER:	Hamil	ton, James a	4	a ji a da a a a a a a a a a a a a a a a a a
NAME OF DEPENDENT:	Widow, Minor,	Hamilton Je	rsephine	(4) (中) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
SERVICE:	QX & 57 2md Inf			
DATE OF FILING.	CLASS.	APPLICATION NO.	CERTIFICATE NO.	STATE FROM WHICH FILED.
291 Sime 19 914 Aug. 4	Invalid,	1030840	425240	Ohio
	Widow,	1070.106	813480.	Ohio
	Minor,			
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ATTORNEY:	E. C. Reaver			
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