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NAME OF DEPENDENT					Walker, Robert J.				
NAME OF DEPENDENT					Widow, Walker, Laodicea N.				
NAME OF DEPENDENT					Miss,				
SERVICE					O. 150 222 Sub.				
SERVICE					A. 24 Mo Sub.				
DATE OF FILING	CLASS	APPLICATION NO.	CERTIFICATE NO.	STATE FROM WHICH FILED					
	Invalid,								
1877 May 22	Widow,	655.135	480.669	MO.					
	Miss,								
SERVICE									