

FOR INSURANCE

(Last name) _____
(City, town, or post office) _____ (State) _____
Age _____
(Year) _____ (Nearest birthday) _____
(Give month, day, and year) _____

payable as provided in the Act of Congress approved
from and after my death to the following persons in the following

POST-OFFICE ADDRESS (a) No. and street or rural route (b) City, town, or post office and State.	AMOUNT OF INSURANCE TO BE PAID TO EACH BENEFICIARY
1730 Washington Street, Denver, Colorado.	\$ 10,000
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Form substituted for original submitted Nov 27, 1917

from my pay, or, if insufficient, from any deposit with the
become due, unless they be otherwise paid.

made, as of the date of signature, with premiums com-
each calendar month, beginning with the month in which

U. Gregory,
Washington Street, Denver, Colorado.

Sign here _____
Henry Gregory
Henry Gregory
1st Lieutenant, S.C.U.S.N.G.

EACH \$1,000 OF INSURANCE

per month for 240 months; but if the insured is totally and permanently disabled, the insurance will be continued as long as he lives and is so disabled.)

Age	Monthly premium
40	\$0.81
41	.82
42	.84
43	.87
44	.89
45	.92
46	.95
47	.99
48	1.03
49	1.08
50	1.14
51	1.20
52	1.27
53	1.35
54	1.44
55	1.53
56	1.64
57	1.76
58	1.90
59	2.05
60	2.21
61	2.40
62	2.60
63	2.82
64	3.07
65	3.35

\$10,000 and the largest amount is \$10,000. Between such limits insurance will be paid to the following persons:

1. The insured's child, if a member of the insured's household; illegitimate child, if in writing signed by him, or if he has been judicially ordered or recognized after December 31, 1917, shall have been born in the United States.

2. The insured's father, and stepmother, either of the insured or of his/her spouse, and as well as of the whole blood, stepbrothers and stepsisters and

Camp Kearny, Calif.

29th

July

1918

(Day.)

(Month.)