FORM B. Widow's Application for a Pension The Commissioner of Pensions reserves the right to call for additional testimony if he deems it necessary. Name of Applicant. Filed Approved X Pension allowed from. Rejected

Commissioner of Pensions.

For Use of Widows of Soldiers who are in Indigent Circumstances

THE STATE OF TEXAS	
COUNTY OF Thuderson	
I. Mrs. Margaret Carter , do hereby make a	pplication to the
Commissioner of Pensicon, to be granted me under the Act passed by the Thirty-thir	
the State of Texas, and approved April 7, A. D. 1913, on the following grounds:	The Part was
I am the widow of D.E. Gutter deceased, who departed	this life on the
24 day of June , A. D/921, in the country of Thursday	in the State of
I have not remarried since the death of my said husband, and I do solemnly swear that I was	s never divorced
from my said husband, and that I never voluntarily abandoned him during his life, but remained h	
and lawful wife up to the date of his death. I was married to him on the day of Jeles, in the country of Churche , in the State of	
My husband, the said Debette , enlisted and served in the military service of	the Confederate
States during the war between the States of the United States, and that he did not desert the Conf	
I have been a resident of the State of Texas since prior to January 1, A. D. 1900, and have been co	
a citizen of the State of Texas. I do further state that I do not receive from any source wha	
other means of support amounting in value to the sum of \$300.00 per annum, nor do I own in	
nor does anyone hold in trust for my benefit or use, estate or property, either real, personal of	or mixed, either
in fee or for life, of the value of one thousand dollars, exclusive of the home of the value of not ov	
do I receive any aid or pension from any other State, or from the United States, or from any other	source, and I do
further state that the answers given to the following questions are true:	114
1. What is your age? 23 years	
2. Where were you born? Zauseau	
3. How long have you resided in the State of Texas?	
4. How long have you resided in the county of your present residence? And what is you dress? It for the dress?	Salaring III
5. Did your husband draw a pension? If so, give his file number 415, File 7	4 17800
6. What was your husband's full name? Osul Edlew Estle	
7. What was the date of his death? fuel 34-1921	M
8. In what State was your husband's command originally organized?	V
9. How long did your husband serve? If known to you give date of enlistment and discharge	· Mr Pf martines
10. What was the name or letter of the company, or number of the battalion, regiment or batt	ery of artillery
in which your husband served? If he was transferred from one branch of service to another, give to description of command and time of service	ime of transfer
11. Name branch of service in which your husband served, whether infantry, cavalry, artillery,	
if commissioned as an officer by the President, his rank and line of duty, or if detailed for specia	1 septice, under
the law of conscription, the nature of such service, and time of service.	ne sometime d
12. Have you transferred to others any property of any kind for the purpose of becoming a bo	eneficiary under
this law? 200	
Wherefore your petitioner prays that her application for a pension may be approved and such	other proceed
ngs be had in the premises as are required by law. (Signature of Applicant)	11/6
The state of the s	5 1 1
Sworn to and subscribed before me, this day of A. D.	191
ge a Stheese	w
[Sool]	donter The
[Seal.] County Judge Viellisto	minty, Texas.

[Note.—There must be at least two creditable witnesses.]

[Seal.]

AFFIDAVIT OF WITNESSES

THE STATE OF , County Judge of State of Texas, on this day personally appeared 20 & Justice T known to me to be creditable citizens, who, being by me duly sworn, on oath state that they personally know that applicant for a pension as the widow of... deceased, is in truth and fact the widow ofdeceased; that they personally know that she has not remarried since the death of her husband, for whose service in the army she claims a pension, and that they have no interest in this claim. (Signature of Witness) (Signature of Witness) day of. Sworn to and subscribed before me, this ... [Seal.] AFFIDAVIT OF WITNESSES [Note.—There must be at least two creditable witnesses.] THE STATE OF TEXAS. County Judge of State of Texas, on this day personally appeared LOT known to me to be creditable citizens, who, being by my duly sworn, on gath state that they personally know the above named applicant for pension, and that they personally know that the said Marynie has been a bona fide resident citizen of the State of Texas since prior to January 1, & D. 1900, and that they have no interest in this claim. (Signature of Witness) (Signature of Witness) Sworn to and subscribed before me, this day of

REPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES

AFFIDAVIT OF WITNESSES

(If possible, the two witnesses should have served with the applicant's husband in the army, and if so, let them, or either of them, state it in their oath; also any information regarding the army service of applicant's husband.) THE STATE OF TEXAS, 7 COUNTY OF..... Before me, County Judge of ...County, State of Texas; on this day personally appeared..... who personally known to me to be creditable citizens, who, being by me sworn, on oath state that they are personally acquainted with the foregoing applicant, and that the facts set forth and statements made in her application are correct and true, to the best of their knowledge and belief, and that they have no interest in this claim. And further make oath to the following facts touching the service of the applicant's husband in the Confederate Army; (State fully your source of knowledge): (Signature of Witnes) (Signature of Witnes) Sworn to and subscribed before me, this _____day of _____ A. D. 191 County, Texas, County Judge. [Seal.] CERTIFICATE OF STATE AND COUNTY ASSESSOR . State and County Assessor in the County of whose name is signed State of Texas, do certify that Mrs. to the foregoing application for a pension, under the Act of the Thirty-third Legislature, approved April 7, 1913, is charged on the tax rolls of said county with a homestead of the value of Dollars, and of other property, real or personal, or both, of the value of. .Dollars.

.day of ...

State and County Assessor.

37446

Given under my hand, this

APPLICATION FOR MORTUARY WARRANT

THE STATE OF TEXAS,	
County of Variagedarex	Garter
do hereby certify that I am the person to whom is entrusted the paying of	
the late mis margaret Carter, wh	o was a pensioner of the State of
Texas, and whose file number was 3744 band whose original county was	/ fenduson
	, died on the
// day of Octron , 19 35, in the town of Be	ntwhele Igo RESTO
County of Vangdans, Texas.	
The pensioner died in the home of 9 & Carter	
who was related to the pensioner as Som	
That the warrant, which application is hereby made for, shall be application expenses incurred by the said pensioner magnet	가는 없는
I further certify that the warrant for the current month has not been	cashed by the pensioner, to the
best of my knowledge and belief.	
I am related to the pensioner as	
that my postoffice address is Ben Whele Dix &	REA X2
Street or R. F. D.	
City	On o State
Signed 0 +	Cone
Sworn to before me this 16th day of October	/19.35
12:	7 Anider
property of the second	
Must return before Notary Public in and for Van Z	andt County, State of Texas.
40 days expires from	
date of Pensioners' death CERTIFICATE OF UNDERTAKER	
	rtify that I am undertaker in the
town of Others of Henderson	att an andertaker in the
town of County o	, State of
that I had charge of the body of mrs marguest Car	, who died in the
town of County of Vonngdank	
on the // day of October 1931. That said bo	dy was prepared for burial by me
on the // day of Oclober 1938, a	and that I am of the opinion that
	inter
who makes the foregoing application.	201
Signed	Rosehr.
	Undertaker.
	TI O
CERTIFICATE OF PHYSICIAN	2 8
. If H () mant	district Pat I will a seculiain a
Over margaret Car	do certify that I am a practicing
physician, and that I attended which many the	in in last illness, and
am of the opinion that histailments were	111 2 61
	< 193 PS
	VE 38 99
	NS OFFICE
I further certify that I am of the opinion that the Mortnary Warrant ab	日 第
I further certify that I am of the opinion that the Mortuary Warrant ab	ove requested should be issued in
the name of the aforementioned applicant, in accordance with Act passed b	ove requested should be issued in
the name of the aforementioned applicant, in accordance with Act passed by and approved March 2, 1923.	ove requested should be issued in
the name of the aforementioned applicant, in accordance with Act passed by and approved March 2, 1923. Signed Signed	ove requested should be issued in
the name of the aforementioned applicant, in accordance with Act passed by and approved March 2, 1923.	ove requested should be issued in

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