FORM B.

WIDOW'S APPLICATION FOR A PENSION

The Comptroller of Public Accounts reserves the right to call for additional testimony if he deems it necessary.

Name of Applicant.

Mrs. Face County.

R. F. D. or Street No.

Postoffice Attiles Thes

Filed June 8th, 1929.

Approved ____

Pension allowed from

Rejected June 8th, 1929,

Comptroller of Public Accounts.

THE R. L. STECK CO., AUSTIN

Acct. Age.



Widow's Application for Confederate Pension

THE STATE OF TEXAS,
County of Hendonson
I, Mrs. Famile Cockstan, do hereby make application for a
pension, pursuant to the provisions of the First Section of Title 103, Revised Civil Statutes, 1323, providing
for Confederate Pension, amended by Chapter 95, General Laws of the Fortieth Legislature, as amended by Senate Bill 287, Acts of the Regular Session of the Forty-first Legislature of the State of Texas,
I am a widow of Defector, A. DIGZ & in the country of Luff Port. Saldies in the State of
21 day of September, A. D192 & in the country of July Port. Saldies in the State of
mississississis
I have not remarried since the death of my said husband,* and I do solemnly swear that I was never di-
vorced from my said husband, and that I never voluntarily abandoned him during his life, but remained his
of Against A. D/92, in the county of the State of the State
of Allectic A. D. 72., in the county of the state
of Yyus My husband, the said Dy kochtan, enlisted and served in the military serv-
My husband, the said NY - Collection, enlisted and served in the military serv-
ice of the Confederate States during the war btween the States of the United States and he did not desert the Confederate service. I have been a resident of the State of Texas since prior to January 1, A. D. 1920,
and have been continuously since a citizen of the State of Texas. I do further state that I do not receive
from any source whatever money or other means of support amounting in value above the sum of \$300.00 per annum, nor do I own in my own right, nor does anyone hold in trust for my benefit or use, estate or
property, either real, personal or mixed, either in fee or for life, of the value of one thousand dollars,
exclusive of the home of the value of not over \$2000; nor do I receive any aid or pension from any other State of the United States, and I do further state that the answers given to the following questions are true:
1. What is your age, and date of birth? 51 years born march 13 1878
4. How long have you resided in the county of your present residence?
5. What is your postoffice address? C Thus Lyon RFD # 1-
6. Have you appiled for a pension under the Confederate pension law and been rejected?
If rejected, state when and where
7. Did your husband draw a pension? The If so, give his file number Don't Know
8. Give, if possible, the postoffice address of your deceased husband at the time of his enlistment
Conductar & e mais Georgia
9. What is your husband's full name? Dulle there's there's the ochren.
10. In what State was your husband's command originally organized?
11. How long did your husband serve? Would 7 you If known to you, give date of enlistment
and discharge bulished going 1-1863. Some Time after Close of over-
12. What was the name of letter of the company, or number of the regiment in which your husband
served? If he was transferred from one branch of service to another, give time of transfer, description of command and time of service. (If applicant's husband was a pensioner give his file number, which is evi-
dence sufficient for proof of service.) Co-1/4" 27 Florgia Bathlion,
Comouder-Gerodo. Capt WI Rus.
13. Name branch of service in which your husband served, whether infantry, cavalry, artillery, or the navy, or if commissioned as an officer by the President, his rank and line of duty, or if detailed for special
navy, of it commissioned as all officer by one i resident, his raine and line of duty, of it detailed for special
service, under the law of conscription, the nature of such service, and time of service
그리고 있었다. 그리고 10년 1일 그렇게 그들은 사람들이 되는 10년 1일
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service, under the law of conscription, the nature of such service, and time of service Grisale suff for the purpose of becoming a beneficiary under this law?
service, under the law of conscription, the nature of such service, and time of service Grivale suff for the purpose of becoming a beneficiary under this law? Wherefore your petitioner prays that her application for a pension may be approved and such other proceedings be had in the premises as required by law.
service, under the law of conscription, the nature of such service, and time of service. 14. Do you own any property other than that rendered for taxes in your county? If so, state value of same and county where located 15. Have you transferred to another any property of any kind for the purpose of becoming a beneficiary under this law? Wherefore your petitioner prays that her application for a pension may be approved and such other proceedings be had in the premises as required by law. (Signature of Applicant)
service, under the law of conscription, the nature of such service, and time of service Grivale suff for the purpose of becoming a beneficiary under this law? Wherefore your petitioner prays that her application for a pension may be approved and such other proceedings be had in the premises as required by law.
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REPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES

AFFIDAVIT OF WITNESSES

[Note.—There must be at least two creditable witnesses.] THE STATE OF TEXAS, State of Texas, on this day personally appeared ... _____, who are personally known to me to be credible citizens, who, being by me duly sworn, on oath state that they personally know that Mrs. Januar as Asce, applicant for a pension as the widow of A. L. deceased, is in truth and fact the widow of _______ deceased; that they personally know that she has not remarried since the death of her husband, for whose services in the army she claims a pension, and that they have no interest in this claim.* (Signature of Witness) - A.F. Hollan (Signature of Witness) ____day of_ Sworn to and subscribed before me, this... County Judge_ [Seal.] *Where applicant has remarried it is necessary that she state facts covering particulars of last marriage, date, to whom married, and date of last husband's death. She must also state that she is now a widow. AFFIDAVIT OF WITNESSES [Note.—There must be at least two creditable witnesses.] THE STATE OF TEXAS, County of Thurst County Judge of Heleforson State of Texas, on this day personally appeared..., who are personally known to me to be creditable citizens, who, being by me duly sworn, on oath state that they personally know the above named applicant for pension, and that they personally know that the said / 1118 furning to achieve. has been a bona fide resident citizen of the State of Texas since prior to January 1, A. D. 1920, and that they have no interest in this claim. (Signature of Witness) - R. F. Halland (Signature of Witness) Sworn to and subscribed before me, this______

[Seal.]

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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 other information regarding the army service of applicant's husband.)

THE STATE OF TEXAS,		
County of		
Before me,		County,
State of Texas, on this day personally appeared		
zens, who, being by me sworn, on oath state that		
cant, and that the facts set forth and statements		
of their knowledge and belief, and that they have	ve no interest in this claim. And	further make oath to
the following facts touching the service of applic	cant's husband in the Confederate A	rmy: (Witnesses must
state fully the source of their knowledge of servi	plication al	tache
<i>U</i>	*	*

***************************************	***************************************	

(Signature of Witn	ness)	************************************
(Signature of Witn	ness)	
Sworn to and subscribed before me, this		
[Seal.]	County Judge	County, Texas.
		free
CERTIFICATE OF STA	TE AND COUNTY ASSESS	OR (IA)
1, John W. Wood.	State and County Ass	sessor in the County of
Ho and the same of	certify that Mrs Fecuric &	a a dad dans of
whose name is signed to the foregoing application	,	
with a homestead of the value of None at	all	Dollars, and, in
addition to homestead, of other property, real	or personal, or both, of the value of	
	lars.	
Given under my hand, thisday	Ino. W. Wood	A. D. 1929.
		nd County Assessor.

Carl C. White, Auditor of Public Accounts and Pension Commissioner of the State of Mississippi

APPLICATION FOR PENSION

FORM NO. 1—SOLDIER OR SAILOR For \$1.00 per Day

How Made; What to Contain; Description of Disabilities; Oath Prescribed

Application of Soldier or Sailor of the Late Confederacy, under H. B. 11, 1928.

Application must be filed in duplicate with the Chancery Clerk on or before the first Monday in September of the year in which the application is first filed.

(Applicant must answer all of the following questions).

_				0 1		
Q.	1. What is your name? Answer D.	J.Cochra	in - 68	years old		-
	2. In what county and state do you res					
Q.	3. How long have you resided in Missis	sippi? Ans	wer			
Q.	4. What is the name of your Post Offi	ce? Answe	r	tarkville		
Q.	5. Are you a bona fide citizen of the U	nited States	s, and the St	tate of Mississip	opi?	
	Answery	es				
Q.	6. Are you an inmate of Beauvoir Sold	iers' Home	? Answer		(Yes or	No)
Q.	7. What was the date of your enlistme	nt? Answer	J	any 1st, 186	53 No)	
Q.	8. Give place of your enlistment? Any	ver• <u>E</u>	Catantan (?) Putnam	Jounty, Ga	l•
Q.	9. Give names of the officers of your co	ompany, reg	giment or ve	essel?		
	Co. Commander Girado;	Capt.W.	T Reed			
	Co. "F "27 Georgia Batta.	lion	(Yes	or No)	**-	
Q.	10. Were you ever discharged from you	ir command	d? Answer		No	
					(Yes or	
	12. Were you in active service at the son account of disease 13. If not, why not? Anwer	е			n furloug	;b
	t I reside in this State; that the statement verily believes; so help me God." (Signature of Pensioner)					
	Sworn to and subscribed before me, thi					
	Sworn to and subscribed before me, thi					
			o .D .LOII	g	Ch	ancery Clerk.
he	AFFIDAVIT—We, the undersigned, certify the dentical person named in said application.				are true and t	the applicant is
	Sworn to and subscribed before me, this			(Signature of	Witness)	
lay	of July	, 19216	McD McI	lwain (Signature of	Witness)	
	J.BLong , Chy Clk (Signature of Officer)			(Signature of	Witness)	
ľ						(T)
ron	E-Must be attested by one or more creditab	le witnsses.		(Signature of	Witness)	
				D.J.Cochran	1	
		,		(Signature of		7.
	Sworn to and subscribed before me, this	day	of	July		
			J.B.	Long, Chy Cl (Signature of		

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office of Chancery Clerk and County F Starkville , miss.		COUNTY, 19216
We, the undersigned members of the Board of I	inquiry, hereby approve the foregoing application for pension because we believe the facts stated in	
Given under our hands and seal of office, this	5 day of Sept	, 1326
colors of the Color Colors of the Colors of	H.T. Saunders	(Seal)
	H.E.W. Nance	(Seal)
	A.J.Sikes XXXXXX	(Seal)
	B.P.Williams	(Seal)
	F.D.Ellis	(Seal)
		(Seal)
		(Seal)
	J.R.Long Chancery Clerk.	(Seal)

No application forwarded after that time can be received.

Duplicate applications should not be forwarded to this office.

This is to certify that the foregoing is a copy of D.J. Cochran's war record as given in his application on file in the State Auditor Office, Jackson, Mississippi.

Given under my hand and seal this the Sth. day of April, 1929

bail 6 Mite Oarl O White, State Auditor. by Ellie Kederman P. a

No application will be entertained unless made on the proper form and every blank in the form properly filled 'out. Special Instructions to Chancery Clerk: No. of Application PENSION Form No. 1-Soldiers and Sailors FOR \$1.00 PER DAY Name of Applicant Postoffice APPLICATION

County

N. B.—If the Board approves this application, the chancery Clerk will so certify, after recording the same in a book kept for that purpose, and forward all of the approved applications in a body (not one at a time) to the Auditor's Office by the first day of October.

June 10, 1929.

Mrs. Fannie Cochran, Route 1, Athens, Texas.

Dear Mrs. Cochran:

I have your favor of recent date, enclosing your application for pension.

You are advised that this application cannot be approved under the present pension law on account of your age.

In order for the widow of a Confederate soldier to be eligible for pension she must not be a woman born since the year 1873. Your application shows you were born since the year 1873, which would render you ineligible for pension, and for this reason your application is necessarily rejected.

JHT/E

Yours very truly,

Comptroller of Public Accounts.

