

*A 6319*

Endorsements Hereon for Comptroller's Use Exclusively.

FORM No. 1. *DEAD*

CONFEDERATE PENSION APPLICATION.

Name of Applicant,

*J. W. Felts*  
*Anderson*

County.

Post Office

*Brownsville, Texas*

Comptroller's File No.

*6319*

I have carefully examined the within application for pension, together with the proof in support thereof, and

I recommend that the application be

this *12* day of *March*

A. D.

*1900*

*Wm. H. Main*  
Pension Clerk.

I hereby *approve* the within application

for pension, this *12* day of *March*

A. D. *1900*

*J. H. Main*  
Comptroller.

No Application Rejected by County Judge or County Commissioners  
Should be Forwarded to Comptroller.

MAYERICK-CLARKE LITHO CO., SAN ANTONIO

COMPTROLLER'S OFFICE,  
RECEIVED  
MAR 8 1899  
Referred to  
No.

COMPTROLLER'S OFFICE,  
RECEIVED  
DEC 21 1899

APPLICATION of Indigent Soldier or Sailor of the late Confederacy for pension under the Act of May 12, 1899.

THE STATE OF TEXAS,

COUNTY OF

*Henderson*

To the Honorable County Judge of *Henderson* County, Texas.

Your petitioner, *J. W. Felt* respectfully represents that he is a resident citizen of *Henderson* County, in the State of Texas, and that he makes this application for the purpose of obtaining a pension under the act passed by the Twenty-sixth Legislature of the State of Texas, and approved May 12, A. D. 1899, the same being an act entitled "An act to carry into effect the amendment to the Constitution of the State of Texas, providing that aid may be granted to disabled and dependent Confederate soldiers, sailors, and their widows under certain conditions, and to make an appropriation therefor," and I do solemnly swear that the answers I have given to the following questions are true.

NOTE—Applicant must make answer to all of the following questions, and such answers must be written out plainly in ink.

- Q. What is your name? Answer *J. W. Felt*
- Q. What is your age? Answer *57 years*
- Q. In what County do you reside? Answer *Henderson*
- Q. How long have you resided in said County and what is your post office address? Answer *57 years*  
*Post office address, Brown'sboro, Texas*
- Q. Have you applied for a pension under the Confederate Pension Law heretofore, and been rejected? If so state when and where. Answer *No*
- Q. What is your occupation if able to engage in one? Answer *Farming*
- Q. What is your physical condition? Answer *Health bad*
- Q. If your physical condition is such that you are unable by your own labor to earn a support, state what caused such disability. Answer *Gunshot wounds received in Confederate service*  
*Served 47 years*
- Q. State in what company and regiment you enlisted in the Confederate army, and the time of your service? Answer *Company "D", 46th Reg Miss Infantry, Served 47 years*
- Q. If you served in the Confederate navy state when and where, and the time of your service. Answer
- Q. State whether or not you have received any pension or veteran donation land certificate under any previous law, and if you answer in the affirmative state what pension or veteran donation land certificate you have received. Answer *None*
- Q. What real and personal property do you now own, and what is the present value of such property? Give list of such property and value. Answer *None*



- Q. What property, and what was the value thereof have you sold or conveyed within two years prior to this application? Answer none
- Q. What income, if any, do you receive? Answer none
- Q. Are you in indigent circumstances; that is, are you in actual want, and destitute of property and means of subsistence? Answer yes
- Q. Are you unable by your labor to earn a support? Answer yes
- Q. Have you transferred to others any property of value of any kind for the purpose of becoming a beneficiary under this law? Answer no
- Q. Did you ever desert the Confederacy? Answer no
- Q. Have you been continuously since the first day of January, 1880, a bona fide resident citizen of this State? Answer yes

Wherefore your petitioner prays that his application for pension be approved and that such other proceedings be had in the premises as are required by law.

(Signature of Applicant)

Sworn to and subscribed before me this

31

day of

July

A. D.

1899

(SEAL)

County Judge W. F. Freeman County, Texas.

### AFFIDAVIT OF WITNESSES.

(NOTE—There must be at least two credible witnesses.)

THE STATE OF TEXAS,

COUNTY OF

Henderson

Before me,

W. F. Freeman

County Judge of

Henderson

County, State of Texas, on this day personally appeared

J. G. Felts

J. G. Felts is a credible citizen, who being by me duly sworn on oath, state that ~~they~~ <sup>he</sup> personally know ~~the~~ <sup>he</sup> the above named applicant for a pension, and that ~~they~~ <sup>he</sup> personally know that the said J. G. Felts enlisted in the service of the Confederacy, and performed the duties of a soldier (or sailor) as claimed by him in the above and foregoing application, and that they further know that he, the said applicant, is unable to support himself by labor of any sort.

(Signature of Witness)

J. G. Felts

(Signature of Witness)

(Signature of Witness)

(Signature of Witness)

Sworn to and subscribed before me this

14<sup>th</sup>

day of

August

A. D.

1899

(SEAL)

County Judge W. F. Freeman County, Texas.

AFFIDAVIT OF PHYSICIAN.

TEXAS,

*Henderson*

Before me *W. F. Freeman*

*Henderson* County, State of Texas, on this day personally appeared

*J. W. Feltz*, who is a reputable practicing physician of this

County, that he has carefully and thoroughly examined

*J. W. Feltz* and finds him laboring under the following disabilities which render him unable to labor at a

for himself: *Wound in left forearm by piece of shell passing through hand & arm atrophied wrists*

(Signature of Physician)

*J. C. Hodge, M.D.*

Sworn to and subscribed before me this *14th* day of *August* A. D. *1899*

*W. F. Freeman*

(SEAL)

County Judge *Henderson* County, State of Texas.

CERTIFICATE OF COUNTY JUDGE.

THE STATE OF TEXAS,

COUNTY OF *Henderson*

I, *W. F. Freeman*

County Judge of *Henderson*

County, State of Texas, do hereby certify that on the *31st*

day of *July* A. D. *1899*, before me came on to be heard the application of

*J. W. Feltz* for a pension under the Confederate Pension Law of this

State, approved May 12, A. D. 1899; that the answers of said applicant to the questions propounded were made under oath as the same

appear in writing in the foregoing application; that the affidavits of the witnesses who are credible citizens were made before me as the

same hereinbefore appear, and that the foregoing affidavit of Doctor *J. C. Hodge*

who is a reputable practicing physician of this County, was made before me. I also certify that the said applicant *J. W. Feltz*

is not an inmate of the Texas Confederate Home, nor otherwise disqualified

under the provision of Section 12, of the Confederate Pension Law. I further certify that after considering all the proceedings had before

me relative to the said application for a pension by the said *J. W. Feltz* I find the said

applicant is lawfully entitled to the pension provided by the Confederate Pension Law of this State, and I hereby approve said application.

Witness my hand and seal of office at *Athens, Texas* this *14th*

day of *August* A. D. *1899*

*W. F. Freeman*

(SEAL)

County Judge *Henderson* County, State of Texas.

CERTIFICATE OF COUNTY COMMISSIONERS.

THE STATE OF TEXAS,

COUNTY OF *Henderson*

We, the undersigned members of the Commissioners Court of

*Henderson* County, Texas, hereby certify that the foregoing application of *J. W. Feltz*

for a pension, together with the proof in support thereof, was duly submitted

by Hon. *W. F. Freeman* County Judge of this *Henderson*

County, to the Commissioners Court of this *Henderson* County, at a regular term thereof on the *15th*

day of *Nov* A. D. *1899*, and after a careful consideration of the same we find the said applicant is

lawfully entitled to the pension provided for by the Confederate Pension Law of this State, and we hereby approve said application.

Witness our hands and seal of office at *Athens Texas* this *15th*

day of *Nov* A. D. *1899*

*Wm. G. Gantt*  
*J. W. Smith*  
*Wood. Forester*

(Signatures of Commissioners.)

(SEAL)

TX



In Re. Confederate Pension Application of \_\_\_\_\_  
 \_\_\_\_\_ Soldier or Sailor of the late  
 Confederacy for pension under the Act. of May 12th, 1899.

## COMMISSION TO TAKE TESTIMONY OF WITNESS:

## THE STATE OF TEXAS.

To John C. Branchfield JUDGE OF THE County  
 COURT OF Anderson COUNTY, STATE OF Texas or any  
officer authorized under the law to administer an oath  
 GREETING:--

You are hereby authorized and empowered to cause to come before you

Wm. Clouse

resident at

of your County, and his answers to take to the accompanying interrogatories propounded to him

in the matter of application of J. W. Felts

for Confederate Pensions under Act. of May 12, 1899, made and now pending before the County Judge of  
Anderson County in the State of Texas, and having reduced the said answers to  
 writing, you will cause the said witness, to swear to and subscribe them before you, to which you will  
 Certify officially, after which you will seal up said Interrogatories and answers together with this commission,  
 in a package directed to the Judge of the County Court of Anderson County,  
 at Anderson, in the State of Texas,

WITNESS

W. F. Greenman

, Judge of the County Court of

Anderson County, and the seal of said Court at my office, in the  
 City of Atkins, State of Texas, this the 31<sup>st</sup> day  
 of July A. D. 1899

W. F. Greenman  
 County Judge of Anderson Co. Texas.

(Seal)

Issued this the 31<sup>st</sup> day of July A. D. 1899

Co. Judge \_\_\_\_\_ County.

Ex - Party,

J. W. Felts

Applicant for Confederate  
 Pension.

In the matter of an application for Confederate Pension, pending  
 before the County Judge of Anderson  
 County, State of Texas. Under Act. of May 12, 1899.

## Statement of the Case:-

Applicant J. W. Felts for Confederate Pensions under Act. of May 12,  
 1899, of the State of Texas, applied for pensions and made Affidavit before me, on the 31<sup>st</sup> day of

TX

*July* A. D. 1899, to the following facts:-  
That his name is *J. W. Gault* Age *54* years  
resides in *Brewster* County, in the State of Texas, and resided in said County for

Post office address is *Brewster*; That he never heretofore  
Applied for pension and been rejected. That his occupation is *Farming*  
That his physical condition is *bad*

and is unable to earn a support by his own labor; cause of his disability is *Gunshot wound*  
*received in Confederate service*

That he enlisted in the Confederate army in company *"D", 46<sup>th</sup> Miss Infantry*  
Regiment

on or about the *day of* *186*, and served for a term of  
*nearly 4 years*, That he has no income. That he is in indigent  
circumstances; in actual want and destitute of property and means of Subsistence. That he never deserted the  
Confederacy, and that he has been a bona fida resident citizen of the State of Texas, continuously since  
January 1st, 1880,

Attest:- *W. F. Freeman*  
County Judge of *Brewster* Co., Texas.

*J. W. Gault*  
Ex - Party,  
Applicant for Confederate  
Pension.

In the matter of an application for Confederate Pension, pending  
before the County Judge of *Brewster*  
County, State of Texas. Under Act. of May 12. 1899.

Depositions and answers of *Wm. Class*

to the following interrogatories propounded to *Wm. Class*, in the  
above entitled Pension claim, taken before *Chas. L. Brasfield* Judge  
of the *County* Court of *Brewster* County, State of  
*Texas*, in accordance with the accompanying commission, issued by the County  
Judge of *Brewster* County, State of Texas.

- Q. 1: What is your name? Answer *Wm. Class*  
Q. 2: What is your age? Answer *sixty six years old*  
Q. 3: In what County and State do you reside? Answer *Brewster County Texas*

- Q. 4- What is your post office address? Answer *Overton Press, Co. Texas*
- Q. 5- Do you personally know *J. W. Fultz* who is an applicant for a pension? Answer: *I do*
- Q. 6- Do you personally know that the said *J. W. Fultz* applicant for pension enlisted in the service of the Confederacy and performed the duties of a Soldier or Sailor? Answer: *I do - He served as a soldier in the Confederate army*
- Q. 7- Do you personally know in what Company and Regiment said *J. W. Fultz* enlisted in the Confederate army, and the time of his service? Answer: *I do - In Company D. 46 Mississippi Infantry - about 4 years*
- Q. 8- Do you further know that he, the said applicant, is unable to support himself by labor of any sort? Answer: *I do - He is not able to work*
- Q. 9-
- Q. 10-

(Signature of Applicant)

By

Attorney.

**Cross Interrogatories by the County Judge:-**

- Q. 1.
- Q. 2.
- Q. 3.
- Q. 4. *I hereby waive cross examination*  
*W. F. Freeman* County Judge of *Frederick* County, Texas.  
(Signature of Witness) *Wm. H. Close*  
(Signature of Witness)

The State of *Texas*

County of *Prescott* I, *Chas. L. Brackmire* Judge

of the *County* Court of *Prescott* County, State of *Texas*

do hereby certify that *Wm. H. Close* and

are personally known to me to be credible citizens of my County and State, that the foregoing answers of *Wm. H. Close*

named, were made before me and were sworn to and subscribed before me on the

*Aug 1st* A. D. 1899, by the said witness.

Given under my hand and *Official* seal this the *5th* day of *August* A. D. 1899

Judge of the

Court of

County, State of

Chandler

R # 3 Texas

June 23 - 1919

Mr J. C. Jones

Kind Sir please

send me the required  
informationto get Motory warrant  
for my husband's  
funeral J. W. Felts  
who died

June the 18, 1919

and oblige

Mrs S. E. Felts

Henderson

6319

TX

COMPTROLLER'S OFFICE  
RECEIVED

JUN 24 1919

Referred to

No



TX

June 27, 1919

Mrs. S. E. Felts  
R # 3  
Chandler, Texas

Dear Madam:

Replying to your favor of June 23:

I am enclosing Mortuary application blanks, account of the death of Mr. J. W. Felts. Please have these blanks filled out and returned to this Department, at your earliest convenience, when a warrant for Thirty Dollars, will be issued in your favor.

It is probable that you are entitled to a pension, on account of the services of Mr. Felt. I am, therefore, enclosing an application blank, which you will take before your County Judge, who will assist you in properly filling out same, after which you will return to this Department for consideration.

Yours very truly

Comptroller.

KR:GS  
encl

6-319

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No. ....

\$ .....

..... Fund

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OFFICE OF  
COMMISSIONER OF PENSIONS  
STATE OF TEXAS  
AUSTIN

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Correct, for the sum of \$ .....

Charge to .....

.....  
Commissioner of Pensions.

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## MORTUARY WARRANT

In accordance with Law passed by Thirty-fifth Legislature of Texas in Regular Session

Brownsboro Texas, July 1 1919

STATE OF TEXAS

To W. D. Ingram

Dr.

WRITE ADDRESS PLAINLY Brownsboro, Texas.Account of Death of Pensioner No. 6319, County HendersonPensioner's Name in full J. W. Felts

ITEMIZE ACCOUNT NOT TO EXCEED THIRTY DOLLARS.

1 casket	\$50.00	\$50.00
1 suit clothes	17.50	17.50
1 shirt	\$2.00	2.00
1 pr. hose	\$.25	.25
		<u>\$69.75</u>

COMPTROLLER  
RECEIVED  
JUL 5 1919  
9570

Died June 18-19  
To above account for sixty nine & 75/100

Dollars

is just, due and unpaid.

Sworn to and subscribed before me this 1 day of July1919Notary Public, HendersonCounty, Texas

TX



March 13, 1939

17

J. W. Felts, Deceased  
Confederate Soldier  
Pension File No. 6319  
Henderson County.

Mr. R. E. Sparkman  
Italy, Texas.

Dear Sir:

The records of this office show that one J. W. Felts of Brownsboro, Texas, drew a Confederate Pension from the State of Texas until his death under file number 6319.

J. W. Felts was a private in Company D, 46th Mississippi Infantry, C. S. A. He served four years. Dates of enlistment and discharge is not given.

The application for pension of J. W. Felts was approved on the affidavits of witnesses.

Yours very truly,

JHT:EE

Geo. H. Sheppard  
Comptroller of Public Accounts.



# APPLICATION FOR MORTUARY WARRANT

STATE OF TEXAS,  
County of Henderson } I, H. E. Felts  
do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late J. W. Felts, who was a pensioner of the State of Texas, and whose file number is 6319 and whose original county is Henderson.  
The said pensioner J. W. Felts died on the 18 day of June, 1919, in the town of Brunnshaw County of Henderson Texas.  
The pensioner died in the home of H. E. Felts who was related to the pensioner as son.

That the warrant which application is hereby made for, shall be applied to paying all or part of the expenses incurred by the said pensioner.

I further certify that the warrant for the current quarter has not been cashed by the pensioner, to the best of my knowledge and belief.

I am related to the pensioner as (Friend) son and that my home is in the town of Brunnshaw County of Henderson State of Texas, that my postoffice address is Chandler Tex.

Signed H. E. Felts

Before me The undersigned Authority in and for the County of Henderson State of Texas, personally appeared H. E. Felts, who being by me duly sworn did certify to, and sign the foregoing statement.  
(Seal of Office) J. J. Lufkin N. P.  
in and for Henderson Co., Texas.

## CERTIFICATE OF UNDERTAKER

I, \_\_\_\_\_, do certify that I am an undertaker in the town of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, that I had charge of the body of \_\_\_\_\_, who died in the town of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 1919. That said body was prepared for burial by me on the \_\_\_\_\_ day of \_\_\_\_\_, 1919. That said body was buried in the \_\_\_\_\_ Cemetery, which is located in the County of \_\_\_\_\_ State of \_\_\_\_\_, and that I am of the opinion that warrant herein applied for should be issued to the said \_\_\_\_\_, who makes the foregoing application.

Signed \_\_\_\_\_ Undertaker.

## CERTIFICATE OF PHYSICIAN

I, M. M. Moore, M.D., do certify that I am a practicing physician and that I attended H. E. Felts in his last illness, and am of the opinion that his ailments were Bright's Disease.

I further certify that I am of the opinion that the Mortuary Warrant above requested should be issued in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislature, and approved \_\_\_\_\_ 1917.

Signed M. M. Moore Physician.

Physician's Address Brown's bar Tex

