Dead 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.

Proceed Street No.

Postoffice Athus June 1

Approved May 4th, 1931.

Pension allowed from June 1st, 1931.

Rejected

Comptroller of Public A

(V)

Widow's Application for Confederate Pension

	THE STATE OF TEXAS,
County	of Heidrigon
	30 7 1: 1 :
for a p 1925 a	ension pursuant to the provisions of Articles 6204 to 6227, inclusive, of the Revised Civil Statutes of amended by S. B. No. 27, passed by the Forty-first Legislature at its Fifth Called Session and all
otner 1	ws of this State relating thereto.
1 8	m a widow of the deceased, who departed this life on the deceased.
	day of Coffice, A. D.1/31, in the county of Ifelians
II	State ofave not remarried since the death of my said husband; (or in case of remarriage that I am now a ; and I do solemnly swear that I was never divorced from my said husband
	t I never voluntarily abandoned him during his life but remained his true, faithful and lawful wife
up to t	te date of his death. I was married to him on the day of day of
A. D.L.	72, in the country of Hoborshau , in the State of Georgia
	husband, the said, served as a Confederate
special tier aga Texas of his e zation	(or sailor) in the war between the States of the United States; or (that he was a soldier who, under aws of the State of Texas during said war, served in organizations for the protection of the frominst Indian raiders or Mexican marauders); or (that he was a soldier of the militia of the State of the was in active service during said war.) That my said husband served honorably from the date alistment until the close of the war, (or until he was discharged or paroled in some military organicegularly mustered into the army or navy of the Confederate States until the surrender). He
was ho	Corably discharged or paroled Au application in
	lension Office.
/	
Th	t I have been a bona fide resident of this State continuously since the 1882
7	
1.	What is your age, and date of birth? 88- May 17-1843 How long have you resided in the county of your present residence? 24 years What is your postoffice address?
2.	How long have you resided in the county of your present-residence? 24 went
3.	What is your postoffice address?
4.	Have you applied for a pension under the Confederate pension law and been rejected?
	If rejected, state when and where
6.	Did your husband draw a pension? Yes If so, give his file number 24266
	Give, if possible, the postoffice address of your deceased husband at the time of his enlistment
155	24266
8	What was your husband's full name? 24266
0.	What was your nusband's run hame.
9	In what State was your husband's command originally organized? 24266
10	How long did your hyshand sorres? 21626
11	How long did your husband serve? 24266 If known to you, give date of enlistment and discharge 24266
11.	ii known to you, give date of emistment and discharge
comman	What was the name or letter of the company, or number of the regiment in which your husband If he was transferred from one branch of service to another, give time of transfer, description of and time of service. (If applicant's husband was a pensioner give his file number, which is evi-
dence st	fficient for proof of service.) 24266
navy, or	Name branch of service in which your husband served, whether infantry, cavalry, artillery, or the if commissioned as an officer by the President, his rank and line of duty, or if detailed for special under the law of conscription, the nature of such service, and time of service 24266
Whe proceedi	efore your petitioner prays that her application for a pension may be approved and such other ags be had in the premises as required by law. (Signature of Applicant)
Swor	to and subscribed before me this 29 day of Office A. D. 193/.
[Seal	3/ 1
	applicant has remarried it is necessary that she state facts covering particulars of last marriage date to whom mar-

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 , 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., applicant for a pension as the widow of 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) Willie (Signature of Witness) Sworn to and subscribed before me, this 29 day of [Seal.] Where applicant has remarried it is necessary that she state facts covering particulars of last marriage, date, to whom mar-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 Judge of 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 Mad Stee has been a bona fide resident citizen of the State of Texas since 141 and that they have no interest in this claim. (Signature of Witness). (Signature of Witness) Sworn to and subscribed before me, this 29 day of C

[Seal.]

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AFFIDAVIT OF WITNESSES

(If possible the one witness should have served with the applicant's husband in the army, and if so,

let him state it in his oath, also any THE STATE OF TEXAS,	y other information regarding the army service of	applicant's husband.)
County of	}	
	, County Judge of	County
State of Texas, on this day personall	ly appeared	
izen, who, being by me sworn, on oath plicant, and that the facts set forth of (his or her) knowledge and belief make oath to the following facts to	h states that (he or she) is personally acquainted and statements made in her application are corrected, and that (he or she) has no interest in this buching the service of applicant's husband in the of (his or her) knowledge of service of applicant	with the foregoing ap- et and true, to the best claim. And further e Confederate Army:
	See file # 24	

(Sign:	ature of Witness)	***************************************
	me, thisday of	, A. D. 19

(IX)

County JudgeCounty, Texas.

49678

[Seal.]

APPLICATION FOR MORTUARY WARRANT THE STATE OF TEXAS, I, TH. Luis County of do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of I will , who was a pensioner of the State of Texas, and whose file number was 1969 & and whose original county was Henderson The said pensioner , 1936, in the town of Pt 4. Im County of Son, T. H. Dvie The pensioner died in the home of Hur who was related to the pensioner as That the warrant, which application is hereby made for, shall be applied to paying all or part of the funeral expenses incurred by the said pensioner all empersus 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). that my postoffice address is. Signed T.H. 9 FEB 1 5 10 Sworn to before me this Must return before Notary Public in and for State of Texas. CERTIFICATE OF UNDERTANER TEXAS 40 days expires from date of Pensioners' death do certify that I am undertaker in the , County of , State of I was that I had charge of the body of My. , State of Tet. Tules, County of Smith 1936. That said body was prepared for burial by me day of ... on the 14 th day of 1936, and that I am of the opinion that warrant herein applied for should be issued to the said J. H. 9 vic who makes the foregoing application. Signed a. K. Thornde CERTIFICATE OF PHYSICIAN many ann Ivie, do certify that I am a practicing physician, and that I attended mus am of the opinion that his ailments were Serve 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-eighth Legislature and approved March 2, 1923. 36462 Fet-1736 Physician's Address cancelled

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Form 763b---S1609-329-3m