

41047

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 M A Johnson
Henderson County.

R. F. D. or Street No.

Postoffice

Filed

Approved

Pension allowed from

Rejected

S H Perrell
Comptroller of Public Accounts.

Widow's Application for Confederate Pension

THE STATE OF TEXAS,

County of Henderson

I, Mrs. M. A. Johnson do hereby make application to the Comptroller of Public Accounts for a pension, to be granted me under the Act passed by the Thirty-third Legislature of the State of Texas, and approved April 7, A. D. 1913, on the following grounds:

I am the widow of James Johnson deceased, who departed this life on the 24 day of May, A. D. 1925, in the county of Henderson in the State of

I have not remarried since the death of my said husband,* and I do solemnly swear that I was never divorced from my said husband, and that I never voluntarily abandoned him during his life, but remained his true, faithful and lawful wife up to the date of his death. I was married to him on the 6th day of Nov, A. D. 1862, in the county of Union in the State of SC.

My husband, the said James Johnson, 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 Confederate service. I have been a resident of the State of Texas since prior to January 1, A. D. 1910, 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, 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:

1. What is your age? 81
2. Where were you born? Union County SC
3. How long have you resided in the State of Texas? 45
4. How long have you resided in the county of your present residence? 30
5. What is your postoffice address? Kemp Texas P.O. #5
6. Did your husband draw a pension? yes If so, give his file number 39727
7. What is your husband's full name? James Munduth Johnson
8. In what State was your husband's command originally organized? 39727
South Carolina
9. How long did your husband serve? 39727 If known to you, give date of enlistment and discharge Jan 1861
10. What was the name or 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 evidence sufficient for proof of service.) 39727

11. 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 service, under the law of conscription, the nature of such service, and time of service. 39727

12. Have you transferred to another any property of any kind for the purpose of becoming a beneficiary under this law? no

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)

Sworn to and subscribed before me this 10 day of June, A. D. 1925

[Seal.]

County Judge Henderson County, Texas.

*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 Henderson

Before me, Granville County Judge of Henderson County,

State of Texas, on this day personally appeared D. G. Breland

J. A. Jones, who are personally known to me to be credible citi-

zens, who, being by me duly sworn, on oath state that they personally know that Mrs. M. A.

Johnson, applicant for a pension as the widow of James Johnson

deceased, is in truth and fact the widow of James Johnson 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) D. G. Breland

(Signature of Witness) J. A. Jones

Sworn to and subscribed before me, this 10 day of June, A. D. 1925

Granville

County Judge Henderson County, Texas.

[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 Henderson

Before me, Granville County Judge of Henderson County,

State of Texas, on this day personally appeared D. G. Breland

J. A. Jones, who are personally known to me to be creditable citi-

zens, 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 M. A. Johnson

has been a bona fide resident citizen of the State of Texas since prior to January 1, A. D. 1910, and that they

have no interest in this claim.

(Signature of Witness) D. G. Breland

(Signature of Witness) J. A. Jones

Sworn to and subscribed before me, this 10 day of June, A. D. 1925

Granville

County Judge Henderson County, Texas.

[Seal.]

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,
County of _____ }

Before me, _____, County Judge of _____ County, State of Texas,
on this day personally appeared _____, who
are 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 applicant's husband in the Confederate Army; (State fully your source of knowledge). _____

*See file
no 39727*

(Signature of Witness) _____

(Signature of Witness) _____

Sworn to and subscribed before me, this _____ day of _____, A. D. 192 _____

[Seal.]

County Judge _____ County, Texas.

CERTIFICATE OF STATE AND COUNTY ASSESSOR

I, D. C. Davis State and County Assessor in the County of Harrison
State of Texas, do certify that Mrs. Ma Johnson whose name is signed
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 One Thousand
Dollars, and of other property, real or personal, or
both, of the value of _____ Dollars.

Given under my hand, this _____ day of _____ A. D. 19 _____

D. C. Davis

State and County Assessor.



1 PLACE OF DEATH STATE OF TEXAS		TEXAS STATE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		Registrar's No. _____
COUNTY OF <u>Henderson</u>		CITY OR PRECINCT NO. <u>Jack Lv. (Kemp R#3)</u>		No. _____ Street _____
Length of residence in city where death occurred _____ yrs. _____ mos. _____ days _____? How long in U. S. if foreign born? _____ yrs. _____ mos. _____ days _____				
2 FULL NAME OF DECEASED <u>Mrs M. A. Johnson</u> <u>Oreg.</u>				
Residence: No. _____		Street _____		If non-residence give city, or town and state. _____
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OF RACE <u>white</u>	5. SINGLE (write the word) MARRIED <u>Widow</u> WIDOWED DIVORCED		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH (month, day, and year) <u>Sept 20 1843</u>				
7. AGE <u>88</u> Years <u>7</u> Months <u>10</u> Days If LESS than 1 day, _____ hrs. or _____ min.				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		
2. BIRTHPLACE (city or town) (State or country) _____				
FATHER	13. NAME <u>Finch</u>			
	14. BIRTHPLACE (city or town) (State or country) <u>S.C.</u>			
MOTHER	15. MAIDEN NAME <u>Don't know</u>			
	16. BIRTHPLACE (city or town) (State or country) _____			
17. INFORMANT _____ (Address) _____				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Oak Grove</u> Date <u>Aug 4, 1932</u>				
19. UNDERTAKER <u>Hubank Bros</u> (Address) <u>Mahone Lv.</u>				
20. FILE DATE AND SIGNATURE OF REGISTRAR _____				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH (month, day, and year) <u>Aug 3</u> 19 <u>32</u>				
I HEREBY CERTIFY, That I attended deceased from <u>July 20</u> - <u>1932</u> , to <u>Aug 3</u> , 19 <u>32</u>				
I last saw her alive on <u>Aug 3</u> , 19 <u>32</u> death is said to have occurred on the date stated above, at _____ m.				
The principal cause of death and related causes of importance were as follows: <u>Obstruction of bowels</u>				
Other contributory causes of importance: <u>& Sequelae</u>				
Date of onset _____				
Name of operation <u>none</u> date of _____				
What test confirmed diagnosis? <u>Physical</u> Was there an autopsy? <u>no</u>				
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>not</u>				
Date of injury _____, 19 _____				
Where did injury occur? _____ (Specify city or town, county, and State)				
Specify whether injury occurred in industry, in home, or in public place. _____				
Manner of injury _____ (TX)				
Nature of injury _____				
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>				
If so, specify _____				
(Signed) <u>Wm McLeod, M.D.</u>				
(Address) <u>Hubank Bros</u>				

EFFECTIVE ON AND AFTER AUGUST 20th, 1929, the death certificate of any person having rendered service in any war, campaign or expedition of the United States, shall show on the reverse side the following information:

- (1) Is the person reported to have been in such service? _____
 - (2) Name of organization in which service was rendered _____
 - (3) Serial Number of Discharge Papers or Adjusted Service Certificate _____
 - (4) Name of next of kin or name of next friend _____
- Post Office Address _____
- Information furnished by _____

When a person is known or believed to have rendered such service, the Local Registrar will immediately notify the nearest post of the American Legion.

APPLICATION FOR MORTUARY WARRANT

THE STATE OF TEXAS,

County of Henderson }

Mr W.A. Peavey

do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late Mrs. M. A. Johnson, who was a pensioner of the State of Texas, and whose file number was 41047 and whose original county was Henderson

The said pensioner Mrs. M. A. Johnson, died on the 3rd day of Aug, 1932 in the town of Mabank County of Kaufman Texas.

The pensioner died in the home of Mrs. W. A. Peavey who was related to the pensioner as Daughter

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 Mrs. M. A. Johnson

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) Daughter that my postoffice address is Kemp R.F.D 3 Texas Street or R. F. D.

City

State

Signed Mrs W A Peavey

Sworn to before me this 10 day of Aug, 1932

Must return before
40 days expires from
date of Pensioners' death

Notary Public in and for Kaufman State of Texas.

CERTIFICATE OF UNDERTAKER

I, Henry Eubank, do certify that I am undertaker in the town of Mabank, County of Kaufman, State of Tx that I had charge of the body of Mrs M. A. Johnson, who died in the town of Kemp R.F.D 3, County of Henderson, State of Tx on the 4th day of Aug 1932. That said body was prepared for burial by me on the 4 day of Aug 1932, and that I am of the opinion that warrant herein applied for should be issued to the said Mr. W. A. Peavey who makes the foregoing application.



Signed Eubank Bros Undertaker.
By R Taylor.

CERTIFICATE OF PHYSICIAN

I, Wm Meadows MD, do certify that I am a practicing physician, and that I attended Mrs M A Johnson in his last illness, and am of the opinion that his ailments were Obstruction of Bowels & Sequelae of Same

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.

Signed Wm Meadows MD

Physician's Address Mabank Texas

8-8-32

41047

Execute and return to this office.

APPLICATION FOR MORTUARY WARRANT

THIS STATE OF TEXAS

I, the undersigned, being a duly qualified and sworn undertaker, do hereby certify that the deceased person named in the foregoing application was a resident of the State of Texas at the time of his death.

And where the deceased person was a resident of the State of Texas at the time of his death, and where the deceased person was a resident of the State of Texas at the time of his death.

The said deceased person died on the _____ day of _____, 19____, at the town of _____, County of _____, State of Texas.

The person named in the foregoing application is hereby notified that the undersigned undertaker has been authorized by the State of Texas to issue a mortuary warrant for the body of the deceased person named in the foregoing application.

That the undersigned undertaker has been authorized by the State of Texas to issue a mortuary warrant for the body of the deceased person named in the foregoing application.

I further certify that the deceased person named in the foregoing application was a resident of the State of Texas at the time of his death.

AUG 11

COMPTROLLER'S OFFICE

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas

Notary Public in and for the State of Texas