

50463

FORM A.

**SOLDIER'S APPLICATION
FOR A PENSION**6-5-39 Dean

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

\$25

Name of Applicant.

GEORGE JONES,HENDERSON

County.

R. F. D. or Street No. 1Postoffice EUSTACE, TEXAS.Filed December 16th, 1931.Approved Dec. 30th, 1931Pension allowed from Jan. 1st, 1932.

Rejected

Geo. H. Sheppard
Comptroller of Public Accounts.



Soldier's Application for Confederate Pension

THE STATE OF TEXAS,

County of Henderson

I, George Jones, do hereby make application for a pension pursuant to the provisions of Articles 6204 to 6227, inclusive, of the Revised Civil Statutes of 1925, as amended by H. B. No. 150, passed by the Forty-second Legislature at its Regular Session, and all other laws of this State relating thereto.

I served as a Confederate soldier (or sailor) in the war between the States of the United States; or (that I was a soldier who under special laws of the State of Texas during said war served in organizations for the protection of the frontier against Indian raiders or Mexican marauders); or (that I was a soldier of the militia of the State of Tennessee who was in active service during said war).

I served honorably from the date of my enlistment until the close of the war (or until I was discharged or paroled in some military organization regularly mustered into the army or navy of the Confederate States until the surrender). I was honorably discharged or surrendered Honorably discharged at close of war

(Give date and cause.)

That I have been a bona fide resident of this State continuously since the 12th day of September A. D. 1887.

1. What is your age? 90 years
2. In what county do you reside? Henderson
3. How long have you resided in said county? 34 years
4. What is your postoffice address? Gustace, Texas. R.F.D. No. 1
5. Have you applied for a pension under the Confederate pension law and been rejected? No.
6. If rejected, state when and where -
7. In what State was the command in which you served organized? Tennessee
8. What was your postoffice address at the time of enlistment? Columbia, Tenn.
9. How long did you serve? 10 months.
10. Give, if possible, the date of enlistment and discharge Dont remember date of enlistment, discharged in June 1865.
11. What was the letter of your company, number of battalion, regiment or battery? Co. F. Inf.
12. If transferred from one command to another, give time of transfer, name of command and time of service Yes. dont remember different commands, was under Cheatham at time of surrender
13. What branch of the service did you enlist in—infantry, cavalry, artillery or navy? Infantry
14. Have you a wife with whom you are living? No. If so, give date of marriage -
15. To what Race do you belong? White

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

(Signature of Applicant)

George Jones

TX

Sworn to and subscribed before me this 15th day of December A. D. 1931.

Witness: C. Simmons
Eustace, Tex
J. B. Cameluid
Gustace Texas

[Seal]

County Judge Henderson County, Texas.

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AFFIDAVIT OF WITNESSES

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

THE STATE OF TEXAS,
 County of Henderson }

Before me, A.B. Coker, County Judge of Henderson County,

State of Texas, on this day personally appeared J.M. Melton ✓

M.M. Holland, 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 _____

George Jones, has been a bona fide resident citizen of the State of Texas since the year 1900, and that they have no interest in this claim.

(Signature of Witness) J.M. Melton

(Signature of Witness) M.M. Holland

Sworn to and subscribed before me, this 15th. day of December, A. D. 1931.

[Seal.]

County Judge Henderson County, Texas.

AFFIDAVIT OF WITNESSES

(If possible the one witness should have served with the applicant in the army, and if so, let him state in his oath his source of knowledge, also any other information regarding applicant's army service.)

THE STATE OF TEXAS, }
County of _____ }

Before me, _____, County Judge of _____ County,
State of Texas, on this day personally appeared _____

_____, who is personally known to me to be a creditable citizen, who, being by me sworn, on oath states that (he or she) is personally acquainted with the foregoing applicant, and that the facts set forth and statements made in his application are correct and true, to the best of their knowledge and belief, and that (he or she) has no interest in this claim, and said applicant's habits are good and free from dishonor. And further make oath to the following facts touching the applicant's service in the Confederate Army: (Witnesses must state fully the source of their knowledge of applicant's service) _____

(Signature of Witness) _____

Sworn to and subscribed before me, this _____ day of _____, A. D. 19____.

[Seal.]

County Judge _____ County, Texas.



IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.

1. PLACE OF DEATH STATE OF TEXAS		TEXAS DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH		REGISTRAR'S NO.
COUNTY OF	Henderson	CITY OR PRECINCT NO. 3		STREET
IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.				
LENGTH OF RESIDENCE WHERE DEATH OCCURRED	50	YEARS	MONTHS	DAYS
2. FULL NAME OF DECEASED		George A. Jones		
RESIDENCE OF THE DECEASED NO.		STREET	CITY	STATE
			Eustace	Texas
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL PARTICULARS		
3. SEX	male	4. COLOR OR RACE	white	5. SINGLE MARRIED WIDOWED DIVORCED
				wid.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
June 14, 1841				
7. AGE				
97 YEARS II MONTHS 20 DAYS				
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.				
Farmer				
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)				
1930				
11. TOTAL YEARS SPENT IN THIS OCCUPATION				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
Tenn.				
13. NAME				
----- Jones				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
Tenn.				
15. MAIDEN NAME				
Dont know				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
Tenn.				
17. INFORMANT				
A.M. Jones				
(Address)				
Eustace Texas				
18. BURIAL PLACE				
Goshen, Cem.				
DATE 6/2/ 1939				
19. UNDERTAKER				
J.A. Ballard				
(Address)				
Malakoff Texas				
20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR				
6/2 1939 H.R. McNeill				
(FILE DATE) (SIGNATURE)				
21. DATE OF DEATH (MONTH, DAY, AND YEAR)				
June I 1939				
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM				
June I 1939 TO June I 1939				
I LAST SAW HIM ALIVE ON June I 1939				
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:				
Fracture Skull and Hip				
DATE OF ONSET				
June I 1939				
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:				
Car accident				
NAME OF OPERATION				
none				
DATE OF OPERATION				
WHAT TEST CON. FIRMED DIAGNOSIS?				
physical				
WAS THERE AN AUTOPSY?				
no				
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:				
ACCIDENT, SUICIDE, OR HOMICIDE				
DATE OF INJURY				
193				
WHERE DID INJURY OCCUR?				
(SPECIFY CITY OR TOWN, COUNTY, AND STATE)				
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE.				
On Federal Highway I75 in town of				
Eustace Texas				
MANNER OF INJURY				
accident				
NATURE OF INJURY				
Fracture Skull and Hip				
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?				
no				
IF SO, SPECIFY				
(SIGNED)				
L.L. Cockerell				
M. D.				
(ADDRESS)				
Athens Texas				

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REPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

If the deceased shall have rendered service in any war, campaign or expedition of the United States of America, the Confederate States of America or the Republic of Texas, or which at the time of death was in the service of the United States of America, or a wife or widow of any person who has served in any war, campaign or expedition of the United States of America, the Confederate States, or the Republic of Texas, the undertaker or person burying the body shall show the following facts on the reverse side of the death certificate:

(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

81752-738-150m



GEO. H. SHEPPARD, COMPTROLLER
J. M. EDWARDS, CHIEF CLERK

Comptroller of Public Accounts
State of Texas
Austin

December 16th, 1931.

To The Adjutant General,
War Department,
Washington, D. C.

Sir:

I have the honor to request the military record
of George Jones,, who is
reported to have enlisted in Company "F"
Regiment Tennessee Infantry, under different Commands,
was with Cheatham at close of war.

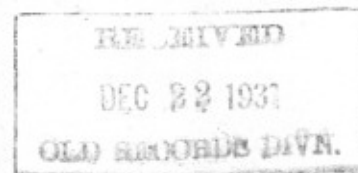
in service in The Confederate States Army.



Very respectfully,

Geo. H. Sheppard
COMPTROLLER OF STATE OF TEXAS.

85 Received A. G. O. DEC 22 1931



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WAR DEPARTMENT

THE ADJUTANT GENERAL'S OFFICE

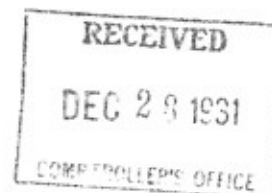
IN REPLY
REFER TO ORD

WASHINGTON

December 24, 1931.

Respectfully returned to

Comptroller,
State of Texas,
Austin, Texas.



From the information furnished this office has been unable to identify the service in the Confederate States Army of the within named George Jones.

One George Jones, rank not shown, Company F, 6th Regiment Tennessee Infantry, C.S.A., died at Camp Brown, Tenn., exact date not shown.

One George W. Jones, private, Company F, 11th Regiment Tennessee Infantry, C.S.A., enlisted August 12, 1861, at London, Tennessee. He was captured July 1, 1863, at Tullahoma, Tennessee, and released at Camp Douglas, Chicago, Illinois, May 15, 1865, on taking the Oath of Allegiance to the United States. Residence is shown as Bowling Green, Kentucky.

C. H. Bridges
Major General,
The Adjutant General.
By *ESD.*



56463

APPLICATION FOR MORTUARY WARRANT

THE STATE OF TEXAS,

County of Henderson } I, A.M. Jones
do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late George Jones, who was a pensioner of the State of Texas, and whose file number was 50463 and whose original county was Henderson

The said pensioner George Jones, died on the 1st day of June, 1939, in the town of Eustace County of Henderson, Texas.

The pensioner died in the home of auto accident on highway in Eustace 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 funeral expenses incurred by the said pensioner George Jones

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 son that my postoffice address is

Eustace
City

Street or R. F. D.
Texas
State

Sworn to before me this 7 day of June, 1939

Signed A.M. Jones

Notary Public in and for Henderson State of Texas.

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

CERTIFICATE OF UNDERTAKER

I, J.A. Baer, do certify that I am undertaker in the town of Malakoff, County of Henderson, State of Tex that I had charge of the body of George Jones, who died in the town of Eustace, County of Henderson, State of Tx on the 1st day of June, 1939. That said body was prepared for burial by me on the 1st day of June, 1939, and that I am of the opinion that warrant herein applied for should be issued to the said A.M. Jones who makes the foregoing application.



Signed J.A. Baer
Undertaker.

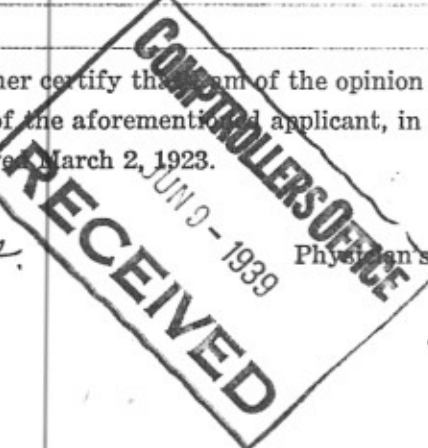
CERTIFICATE OF PHYSICIAN

I, L.L. Cockrell, do certify that I am a practicing physician, and that I attended George Jones in his last illness, and am of the opinion that his ailments were Fracture skull

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 L.L. Cockrell

Physician's Address Athens Tex



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6-5-39