42729 DEADORM B.

# WIDOW'S APPLICATION FOR A PENSION

The Comptroller of Public Accounts reserves the right to call for additional testimony the deposit necessary.

My Gapplicant.

Mame of Applicant.

Mendeth

County.

R. F. D. or Street No. Z

Filed Feb 7-1927
Approved Feb 7-1927

Pension allowed from Dec 1-1926

Rejected Comptroller of Public Accounts

THE E. L. STECK CO., AUST

2-

1603

FEB

OMPTRA

2-7-27

Form 111B

Form 2327b-S936-1125-2m

# Widow's Application for Confederate Pension

|   | THE STATE OF TEXAS,  |
|---|--|
| County  | of Henderson   |
| т.  | Mrs. G @ muridial do hereby make application to the  |
|   | roller of Public Accounts for a pension, to be granted me under the Act passed by the Thirty-third   |
| 1.7   | ature of the State of Texas, and approved April 7, A. D. 1913, on the following grounds:   |
|   | am the widow of  |
| 10  | day of Jang, A. D. H. Jin the county of Skerdus in the State of  |
| 7   | var  |
| Ih  | have not remarried since the death of my said husband,* and I do solemnly swear that I was never di-   |
|   | from my said husband, and that I never voluntarily abandoned him during his life, but remained his   |
| true, fa  | aithful and lawful wife up to the date of his death. I was married to him on the 20 day  |
| of X  | ept, A. D/866, in the county of Auctus on in the State   |
| of  | Tillas *   |
| vice of<br>desert<br>1910, a<br>ceive fr<br>per ann<br>erty, ei<br>of the l<br>the Un | the Confederate States during the war between the States of the United States, and that he did not the Confederate service. I have been a resident of the State of Texas since prior to January 1, A. D. and have been continuously since a citizen of the State of Texas. I do further state that I do not regroup any source whatever money or other means of support amounting in value above the sum of \$300.00 num, nor do I own in my own right, nor does anyone hold in trust for my benefit or use, estate or propither real, personal or mixed, either in fee or for life, of the value of one thousand dollars, exclusive home of the value of not over \$2000; nor do I receive any aid or pension from any other State, or from aited States, or from any other source, and I do further state that the answers given to the following one are true:  |
|   | What is your age?  |
| 2.  | Where were you born? Sauth Carolina  |
| 3.  | How long have you resided in the State of Texas? 47  |
| 4.  | How long have you resided in the county of your present residence? 65  |
| 5.  | What is your postoffice address? Eucline Tyao #790 # 2   |
| 6.  | Have you applied for a pension under the Confederate pension law and been rejected?  |
| If reject   | cted, state when and where   |
| 7.<br>8.  | What is your husband's full name? Jaslen C. Mendith  |
| 9   | In what State was your husband's command originally, organized? 32748  |
| 10.   | How long did your husband serve? 32298 If known to you, give date of enlistment  |
|   | scharge 32248  |
| 11.<br>served?  | 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- sufficient for proof of service.)   |
|   |  |
|   | Name branch of service in which your husband served, whether infantry, cavalry, artillery, or the  |
| navy, o   | 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. 32248  |
|   |  |
|   |  |
|   |  |
| 13.   | Do you own any property other than that rendered for taxes in your county? If so, state value of the county where located |
| same al   | Have you transferred to another any property of any kind for the purpose of becoming a beneficiary   |
|   | this law?  |
| 407 3 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3   | erefore your petitioner prays that her application for a pension may be approved and such other  |
|   | lings be had in the premises as required by law.  (Signature of Applicant) Dres of C. Meredith   |
| Sw  | vorn to and subscribed before me this 5 day of July A. D. 1927   |
| 150   | eal.] County Judge Hand County, Texas.   |
|   | re applicant has remarried it is necessary that she state facts covering particulars of last marriage, date, to whom married, and date of last death. She must also state that she is now a widow.   |

42,729

### 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. County Judge of. Before me, 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) ... (Signature of Witness) Sworn to and subscribed before me, this. [Seal.] County Judge ry that she state facts covering particulars of last marriage, date, to whom married, and date of last AFFIDAVIT OF WITNESSES [Note.—There must be at least two creditable witnesses.] THE STATE OF TEXAS, County of Huders Before me. 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.... 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) (Signature of Witness) Sworn to and subscribed before me, this. [Seal.]

## REPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES

#### 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 S                                   | TATE OF TEXAS,   |                                       |
|---|--|---------------------------------------|
| County of                               |  |                                       |
| Before me,                              | , County Judge of  | County, State of Texas                |
| on this day per                         | sonally appeared   | , who                                 |
| are personally                          | known to me to be creditable citizens, who, being by me sw   | orn, on oath state that they are per  |
| sonally acquain                         | ted with the foregoing applicant, and that the facts set fort  | th and statements made in her appli-  |
| cation are corre                        | ct and true, to the best of their knowledge and belief, and  | that they have no interest in this    |
| claim. And fu                           | rther make oath to the following facts touching the ser  | vice of applicant's husband in the    |
| Confederate An                          | my: (Witnesses must state fully the source of their l  | knowledge of service of applicant's   |
| husband)                                | I Company of the Comp |                                       |
| 4 8                                     |  |                                       |
|   |  |                                       |
|   | 000  | 78                                    |
|   | 1.70   | <u> </u>                              |
|   | V.   | · · · · · · · · · · · · · · · · · · · |
|   | 100  | yh. V                                 |
|   | D  | J                                     |
|   |  |                                       |
| *************************************** | ,  |                                       |
|   | (Signature of Witness)   |                                       |
|   | (Signature of Witness)   |                                       |
| Sworn to an                             | nd subscribed before me, thisday of  | , A. D. 192                           |
|   |  |                                       |
| [Seal.]                                 | County Judge   | County, Texas.                        |
|   | -  | (TX)                                  |
| 001                                     | CERTIFICATE OF STATE AND COUNTY  Mod State and County Assessor in the lo certify that Mrs. HE Muldita  | Y ASSESSOR                            |
| I, John                                 | Mod State and County Assessor in the   | County of Hendural                    |
| State of Texas, o                       | to certify that Mrs. HC mwidth   | whose name is signed                  |
|   | application for a pension, under the Act of the Thirty-thi   |                                       |
| 1913, is charged                        | on the tax rolls of said county with a homestead of the va   | alue # 1000 00                        |
|   | Dollars, and, i  |                                       |
| Given under                             | personal, or both, of the value of 1000 my hand, this day of Hibrar  | Dollars.                              |
| Given under                             | Tobas  | W Wind                                |
|   | The state of the s | State and County Assessor.            |

E. L. STECK CO., AUSTIN

## APPLICATION FOR MORTUARY WARRANT

| THE S           | TATE OF TEXAS,                  | )                     |  |
|-----------------|---------------------------------|-----------------------|--|
| County of       | Henderson                       |                       | I, J.C. Heredith   |
|                 |                                 |                       | paying of the accounts and indebtedness of                 |
|                 |                                 |                       | , who was a pensioner of the                               |
|                 |                                 |                       | original county was Henderson                              |
|                 |                                 |                       | , died on the  |
|                 |                                 |                       | Athens 10 miles out  |
|                 | nderson                         |                       |  |
| The pension     | ner died in the home of         | J.C.Meredith          |  |
| who was relate  | d to the pensioner as           | on                    |  |
| That the v      | varrant, which application is   | hereby made for, sh   | nall be applied to paying all or part of the               |
| funeral expense | es incurred by the said pension | oner Mrs G.           | C.Heredith   |
| I further c     | ertify that the warrant for th  | ne current quarter ha | s not been cashed by the pensioner, to the                 |
| best of my kno  | wledge and belief.              |                       |  |
| I am relate     | ed to the penioner as (Friend   | son                   |  |
| that my postoff | ice address is                  | istace Texas          | Route #2   |
|                 |                                 |                       |  |
| 1-1-1-1         | City                            | a (/                  | Commulate<br>v 1927  |
|                 | 18                              | Signed                | - Smaran   |
| Sworn to b      | pefore me this18                | lay of                | , 192'   |
|                 |                                 | pai                   | mXareu   |
|                 | Nota                            | ry Public-in and for  | Henderson State of Texas.                                  |
|                 | 0.1                             | inty Judge.           |  |
|                 |                                 |                       |  |
|                 | CERTII                          | FICATE OF UNDER       | TAKER  |
|                 | 712 7111                        | 11.1.8                | (1)  |
| I,              | ico icic                        | accept                | do certify that I am undertaker in the                     |
|                 |                                 |                       | , State of   |
| that I had char | ge of the body of               |                       | , who died in the  |
| town of         | 1                               | ,                     | , State of   |
| on the          |                                 | ,                     | hat said body was repared for burial by me                 |
|                 |                                 | /                     | 92, and that am of the opinion that                        |
|                 | /                               | to the said           |  |
| who makes the   | foregoing application.          |                       |  |
|                 |                                 | . Signed              | Undertaker.  |
|                 |                                 |                       |  |
|                 |                                 |                       | (TX)   |
|                 | O S CERT                        | TFICATE OF PHYSI      | ICIAN  |
| - /             | 11. 7. Lasta                    | 10                    | do certify that I am a practicing in his last illness, and |
| 1,              | 711                             | 2 11 Mer              | in his last illness, and                                   |
| physician, and  | that I attended                 | Die Con               | 7 i Gy   |
| am of the opin  | ion that his aliments were      | - FLAND               | 1.000  |
|                 |                                 |                       |  |
|                 |                                 | /                     |  |
| I further c     | pertify that I am of the onini  | on that the Mortuary  | Warrant above requested should be issued                   |
|                 |                                 |                       | Act passed by the Thirty-eighth Legislature                |
| and approved I  |                                 | 1                     | 99 M. D. A   |
| and approved b  |                                 | Signed.               | L. Kulwe M. W.   |
|                 | 9,00 50,000 50,000 100          | 9                     | . 1 (28 C M. L.  |
|                 | Physician                       | i's Address           | NO COLOR   |
|                 |                                 |                       |  |

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

# APPLICATION: FOR MORTUARY WARRANT

|  |  | SAVELL TO TEVES 91                 | 1.1.       |
|--|--|------------------------------------|------------|
| 1.1.9  |  |                                    |            |
|  |  |                                    |            |
| of the accounts and indebtedness of  |  |                                    |            |
| , who was a pensioner of the   | The second secon |                                    | olei od    |
| l county was Invitation  | and whose origina  | egns, and whose file member was    | tate of T  |
| died on the  | and the contract of the contra | * * * samismon him                 | 8 off      |
| AR STATE OF STREET   | 92 . in the town of  | f lo yeh                           |            |
|  |  |                                    |            |
|  |  | sentioner died in the home of      | or adT     |
|  |  | ek vondies g od as botids          |            |
| applied to paying all or part of the   | is hereby made for shall be a  | miterian dode to ree all           | ALAPP      |
| ist the  |  |                                    |            |
| een cashed by the pensioner, to th   |  |                                    |            |
| in or transferred and to transmit the  | ti ani sin Jarinob Matrix 491  |                                    |            |
|  |  | Adlad has sakebrend a              |            |
|  | 4.00   | related to the producer psychology | nte I      |
| 41.71.5  | Standards  | i sei seuthin utiling a            |            |
|  | Land Control of the C | F= 1.                              |            |
| mille lite   | OA & I Jeon LOST I & VO  | N N                                |            |
| 201  | G. Jo sais   | stall and or stad of re-           |            |
|  | Carrier and Active   |                                    |            |
|  | to be a second of the second o |                                    |            |
| E State of Texa  | to I have ni siletest week   | 522                                |            |
|  | , m pent.  |                                    |            |
|  | 14 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (   |                                    |            |
| Si   | THE CATE OF UNDERTARE  | GOT                                |            |
|  |  |                                    |            |
| westify that I am undertaker in t  | b  |                                    | i,         |
| . State of   | 1 .10 vin  |                                    |            |
|  |  |                                    | la aved    |
| State of   |  |                                    |            |
|  | ,  |                                    | ln ozot    |
| id body was prepared for burial by r   |  |                                    | anit ma    |
| , and that I am of the opinion th  |  | in the same                        | off mi     |
|  | bigs off at he   | herein and of the could be beau    |            |
|  |  | cos the foregoine application      | Anni effir |
| Tindortaker  | Signed   |                                    |            |
| Linderlaker,   |  |                                    |            |
|  |  |                                    |            |
| X1.)   |  |                                    |            |
|  | REFIELDATE OF PHYSICIAN  | 4) V ( )                           |            |
| do certify that I am a practici  | 1111   |                                    |            |
| The certify that I am a practice   | 1 = 10 - How 11 is   | 1 2                                | ,i         |
| c 'sseinn isun au un 🎎   | 10 x x 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | -4 % A Bolton to I thall been to   | physician  |
| . 17   | 1111471  | taw stantolio shi bati poytigo od  | H le ma    |
| are the order to a swarf to  |  |                                    |            |
|  |  |                                    |            |
|  |  |                                    |            |
| rant above requested should be issu  | mill vanifical odd badt molecy   | relies entity that I am of the a   | 71.1       |
| re sed by the Thirty-cighth Legislat   | a 197, diti v nomebrooon ni imesi  | lane beneither exemple out to name |            |
| Je Min Min   | 1 2 1  | noved March 2, 15.71.              |            |
| · M. M. DABLIA .   | command I I for  | was a second property              | A.L. Dent  |
| and the state of t | Signed A   |                                    |            |
|  | einn's Address (2 - 1  |                                    |            |
|  | est/Marie a  |                                    |            |
| Must return before   |  |                                    |            |
|  | (in order  |                                    |            |
| 40 days expires from   |  |                                    |            |