29986
FORM A. DEAD
Soldier's Application
for a Pension
The Commissioner of Pensions reserves the
deems it necessary.
a. N. Miller
Huderson County Postoffice La Rue, Iwas
Filed D.C. 1214
Approved // //
Pension allowed from 1914

Commissioner of Pensions.

Rejected

E. L. Steck, Printing, Bookbinding, Austin

1252-913-3M

#### FORM A

# For Use of Soldiers Who Are In Indigent Circumstances

THE STATE OF TEXAS
County of Heederson  I, Acadrem Willy Mills to hereby make application to the Commissioner of Pen-
I, Accdrew Wiley Miller to hereby make application to the Commissioner of Pen-
sions for a pension to be granted me under the Act passed by the 53rd Legislature of the State of Texas, and ap-
proved April 7, 1913, on the following grounds:
I enlisted and served in the military service of the Confederate States during the war between the States of
the United States, and that I did not desert the Confederate service, but during said war I was loyal and true to my
duty, and never at any time voluntarily abandoned my post of duty in the said service; or (that I was in the service
of the State of Texas during the war, to protect said State against the Indians and Mexicans for more than 6
months). That I was honorably discharged or surrendered hurrendered in May 1865 at the clase of the war
(Give date and cause.)
that I have been a bona fide citizen of this State since prior to January 1, A. D. 1900, and have been continuously
since a citizen of the State of Texas. I do further state that I do not hold any National, State, city or county office
which pays me a salary or fees of \$300.00 per annum, nor have I an income from any other employment or other
source whatever which amounts to \$300.00 per annum, nor do I receive from any source whatever money or other
means of support amounting in value to the sum of \$300.00 per annum, nor do I own in my own right, nor
does any one hold in trust for my benefit or use, nor does my wife own, nor does any one hold in trust for my wife,
estate or property, either real, personal or mixed, either in fee or for life, of the assessed value of over one thousand
dollars, exclusive of a home of the value of not more than \$1000.00; nor do I receive any aid or pension from any
other State, or from the United States, or from any other source, and that I am not an inmate of the Confederate
Home, and I do further state that the answers given to the following questions are true:  1. What is your age? 73 "Years"
A
2. Where were you born? In Candalfh Coing ala
3. How long have you resided in Texas? 37 years
4. In what county do you reside? Thurse
5. How long have you resided in said county, and what is your postoffice address?
57 years - my Post-office address is La Ree, Lyon
6. Have you applied for a pension under the Confederate pension law and been rejected? If rejected, state
when and where I done here applied
7. What is your occupation, if able to engage in one? Farme What is your physical condition? Feein
8. In what State was the command in which you served organized?
9. How long did you serve? Give, if possible, the date of enlistment and discharge 3/12 questo
10. What was the letter of your company, number of battalion, regiment or battery? (X)
11. If transferred from one command to another, give time of transfer, name of command and time of service
Ir as transferred in early part of 1864 to moun's country
12. What branch of the service did you enlist in-infantry, cavalry, artillery or navy?
Condry

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10 If a similar direct by the Provident what we are not and line of day	0
13. If commissioned direct by the President, what was your rank and line of dut	
14. If detailed for special service, under the law of conscription, what was the n	
long did you serve? Not delailed for any	
15. What is the assessed value of your home, if you own a home? 6 4 6	500
16. What is the assessed value of your other property?	00
17. Have you transferred to others any property of any kind for the purpose of this law?	
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)	Willer
Sworn to and subscribed before me, this le day of nov	1 D 10///
Sworn to and subscribed before me, this cs day of Co	uur County, Texas.
[Seal.] County Judge Kun	ellison County Toxas
county stage	Jounty, 10266.
A PELDAMIT OF MITNESSES	
AFFIDAVIT OF WITNESSES	
[Note.]—There must be at least two credible witnesses.	
THE STATE OF TEXAS)	
County of Shuduson	
Before me Courum, County Judge of The	eden County
State of Texas, on this day personally appeared Q.D. Palmer + D.C.	
known to me to be credible citizens, who, being by me duly sworn, on oath state the	
a. Cu. Mullu , the above named applicant for a pension, and that	
said A. Cu. Millu has been a bona fide resident citizen of	f the State of Texas since prio
to January 1, A. D. 1900, and that they have no interest in his claim.	2
(Signature of Witness)	alner
(Signature of Witness) Shack	le 6 overbrall
Sworn to and subscribed before me, this day of now	, A. D. 19/4
· CO	- own
County Index - West	county, Texas.
[Seal.] County Judge Nucl	County, Texas.
AFFIDAVIT OF WITNESSES	
(If possible, the two witnesses should have served with the applicant in the arm	ny, and, if so, let them, or eithe
state it in their oath, their source of knowledge; also any information regarding	
THE STATE OF TEXAS)	
County of Kenderton	
	Hudero Count
Before me, County Judge of	, 20 William
State of Texas, on this day personally appeared Shade Centrell	
who are personally known to me to be credible citizens, who being by me sworn,	on oath state that they are pe

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sonally acquainted with the foregoing applicant, and that the facts set forth and statements made in his applica-
tion are correct and true, to the best of their knowledge and belief, and that they have no interest in his claim, and
said applicant's habits are good and free from dishonor. And the further make oath to the fol-
lowing facts touching the applicant's service in the Confederate Army: (State fully your source of knowledge.)
I. S. Contrell, mes personally acquainted
with a. W. miles before the war, suring the
war, and after the war closed &
cuts a cenember of the Same Regiment
13 th Devas covery with a. w. mills
and Sam him after during the
mor. The mas a true, loyal
Ialdie and remained so till
The cum closed. I near heard
of his loing an act lishonable
to a saldier during the wen non
shar q. w. miles sirred as a saldin. I met a. w. huller during
The war in course in arrangers.
(Signature of Witness) of hast & Control
(Signature of Witness)
Sworn to and subscribed before me, this day of Delicit Con A. D. 19/4
[Seal.] County Judge Mullist County, Texas.

## CERTIFICATE OF STATE AND COUNTY ASSESSOR

I, D.F. Henry , State and Con	unty Assessor in the County of Heulerson
State of Texas, do certify that U. W. Me	ller , or his wife, or his trustee,
or trustee for his wife, whose name is signed to the foregoing	
Thirty-third Legislature, approved April 7, 1913, is charged	
	or ty Dollars,
and of other property, real or personal, or both of the value	of One-Fafty Hundred . Tity
Dollars.	
Given under my hand, thisday of	nov A. D. 19/4 (X)
	D. F Kenry
	State and County Assessor.

#### REPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES

OFFICE OF Commissioner of Pensions State of Texas

Austin

Judge C. D. Owen - Nov 10th 191	4
Athens Texas	/
Dear Judge	
d seturn Comrade A. M. Millers	
application and suggest That get him	v
application and suggest that get him to give The name of his Color Lieut C	oln
and magor; Regimental officers of V	he
13th Lexas Cavalry, and also have his	m
name the Regimental officers of	
Manns Regiment if he can do The	is_
it will put his application in	
good shape yours truly	
good shape yours truly. Geowkyser	
Come of Pensions	
(TX)	
29986	

2000-1119-1M MORTUARY WARRANT ACCOUNT STATE OF TEXAS WRITE ADDRESS PLAINLY. Account of Death of Pensioner No. 29986 County Hontague Pensioner's Name in full. A. W. Miller Account must be itemized, but Mortuary Warrant will not be issued for more than Thirty Dollars. The above account for

is just, due and unpaid.

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		11 06	200 	Comptroller of Pub	lic Accounts
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COUNTY JUDGE Henderson County ATHENS, TEXAS Dec. 4-1914. Thon . Seo custyse, autin, Dus, Den Sin: -In Compliance with your Augustion, I have had a. cu, Willen Com in and give the name of his regimental officers. He sand he first found Co. & 13th Duyno Coraly ( dismounted) and the Burnet was calonel, Cramford, Lient-Col, and Beatly was major in the leigening and he thinks ofterward crawford was Chasen Colonel of the 13th Ry. The states what in the eng part of 1864, he was transferred to mann's Regiment after Arabord had lin fromoted Colonel of the Regiment.

the fromated Colonel of the tespore manne the manne the Colonel before manne the Colonel before manne the Colonel before manne the Stopping who imparation wine the sufficient for Mrs. Miles & hey De miner, & hey De miner, & hey De miner, & James Mag

June 2, 1920

Mr. A. P. Miller, Larue, Texas

Dear Sir:

Complying with your request of May 28th, I am enclosing mortuary warrant application blanks on account of the death of Mr. A. W. Miller, a Confederate pensioner.

Please have these blanks filled out and returned to this Department, when a warrant for Thirty Dollars will be issued in favor of party filing the claim.

I am also enclosing widow's pension' application blank for your mother's use. You will have her take this blank before the County Judge of the county of her residence, who will assist her in properly filling out same; after which application will be forwarded to this Department for approval.

Yours very truly,



Comptroller,

KR.rjí

Encl. .

APPLICATION FOR MORTUARY WARRANT STATE OF TEXAS,  County of Heritage C	CONTROL E. L. STECK, AUSTIN				7.	1999-111
County of Hericalities I. M. And Miller do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtydries the late. A. W. Miller. why are as pensioner of the late. A. W. Miller. Why are as pensioner of the late. A. W. Miller. The said pensioner as the property of the said pensioner as the said of the pensioner died in the home of Acceptable who was related to the pensioner as the said that the warrant, which application is hereby made for, shall be applied to paying all or part of the pensioner died in the said pensioner. Acceptable to the pensioner as the said that the warrant for the current quarter has not been cashed by the pensioner, to the lot of my knowledge and belief.  I am related to the pensioner as (Friend) Pleas Said County of Herical State of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Herical State of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Herical State of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Herical State of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Herical State of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Herical State of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Herical State of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Herical State of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Herical State of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Herical State of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Julie Acceptable to the pensioner as (Friend) Pleas Said County of Julie Acceptable t		APPLICATION	ON FOR	MORTHARY	WARRANT	
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do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtodries the late.  A. W. Miller  The said pensioner.  A. W. Miller  The said pensioner.  A. W. Miller  County of Accounty of A				· mm	An sh	100 L
the late. A. W. Miller State of Texas, and whose file number is 29986 and whose original county is detailed on the pensioner did in the home of the county of the county of the county of the pensioner did in the home of the county of the pensioner, who was related to the pensioner as (Friend) and that my home is in the town of the county o				1,	Ut I I WAN	and
The said pensioner A. W. Miller  The said pensioner A. W. Miller  The pensioner died in the home of Octavity of Hermanian and the town of Nathure  The pensioner died in the home of Octavity of Hermanian and the pensioner as A. W. Miller  The pensioner died in the home of Octavity of Hermanian and the warrant, which application is hereby made for, shall be applied to paying all or part of the penses incurred by the said pensioner. Octavity of the penses incurred by the said pensioner. Octavity of the pensioner as (Friend)  I turn related to the pensioner as (Friend)  A. Secritary of Hermanian and that my home is in the town of Flucry Academics. State of Texas, personally appeared M. Miller  Signed Mars A. Miller  Signed Mars A. Miller  (Seal of Office)  CERTIFICATE OF UNDERTAKER  (Seal of Office)  COUNTY of Hermanian and for the County of Mars. State of Mars.  County of Mars.  C						
The said pensioner A. W. Miller day of County of Measure Texas.  The pensioner died in the home of County of Measure That the warrant, which application is hereby made for, shall be applied to paying all or part of the pensioner incurred by the said pensioner as the County of Measure That the warrant for the current quarter has not been cashed by the pensioner, to the lof of my knowledge and belief.  I am related to the pensioner as (Friend) Read That County of The County o					A / V -	A HONN MA
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The pensioner died in the home of the pensioner as the first and for shall be applied to paying all or part of the penses incurred by the said pensioner. Control of the penses incurred by the said pensioner. Control of the penses incurred by the said pensioner. Control of my knowledge and belief.  I am related to the pensioner as (Friend) has Seather young of the pensioner, to the lot of my knowledge and belief.  I am related to the pensioner as (Friend) has Seather young of the pensioner, to the lot of when you had the my home is in the town of the control of the contr	day o	1 receip	7,,	1920, in the town	of nevu	l
who was related to the pensioner as his with the manufact of the pensioner as his work of the warrant, which application is hereby made for, shall be applied to paying all or part of the penses incurred by the said pensioner. Least a secondary that the warrant for the current quarter has not been cashed by the pensioner, to the of my knowledge and belief.  I am related to the pensioner as (Friend) Res Secondary of the pensioner, to the of my knowledge and belief.  I am related to the pensioner as (Friend) Res Secondary of the pensioner, to the of my knowledge and belief.  State of State of Texas, personally appeared The manufact of the pensioner, to the of the control of t					/	
That the warrant, which application is hereby made for, shall be applied to paying all or part of the penses incurred by the said pensioner.  I further certify that I am of the opinion that the Mortuary Warrant above requested should be isst and approved March 2, 1917.  MPTROLLER'S OFFICE Physician's Address & Ruse.  Warrant, which said pensioner.  I further certify that I am of the opinion that the Mortuary Warrant above requested should be isst in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislatt and approved March 2, 1917.  MPTROLLER'S OFFICE Physician's Address & Ruse.  Warrant, which application.  State of			.0 .	- 1-1		
penses incurred by the said pensioner		-		/		
I further certify that the warrant for the current quarter has not been cashed by the pensioner, to the of my knowledge and belief.  I am related to the pensioner as (Friend)  Res Related County of Related to the pensioner as (Friend)  Res Related County of Related to the pensioner as (Friend)  State of Related County of Related Count						
of my knowledge and belief.  I am related to the pensioner as (Friend)  State of Law Law County of Record Co	A7-11-12-12-12-12-12-12-12-12-12-12-12-12-					
I am related to the pensioner as (Friend)  Act Male County of Rece 1994  State of 1994  Signed (Male Received In and for the County of International Programs (Seal of Office)  Before me 1994  Signed (Male Received In and for the County of International Programs (Seal of Office)  CERTIFICATE OF UNDERTAKER  I, County of Headman State of The County of International Programs (Seal of Office)  County of Headman State of The County of International Programs (Seal of Office)  County of Headman State of The County of International Programs (Seal of Office)  County of Headman State of The County of International Programs (Seal of The County of International			or the curre	nt quarter has not b	een cashed by the pe	ensioner, to the b
Signed Alles and for the county of Alles and for Alles and for Alles and for the County of Alles and for Alles and	of my knowledge and	i belief.	1	7, 6.	, . , .	. '/
Signed Alars of Signed Alars is an an and for the Condition of Heritage Alars of Texas, personally appeared The Alars of Texas personally appeared The Alars of Texas personally appeared The Alars of Office)  CERTIFICATE OF UNDERTAKER  I, County of Heritage Of the body of Alars of the County of Heritage Office on the Alars of May 1922 That said body was prepared for burial by appeared for burial by applied to the said of May 1922 That said body was buried in State of Alars of Office on the Alars of May 1922 That said body was buried in State of Alars of Office on the State of Alars of Office on the State of Alars of Office on the Alars of Office of Office of Office on the Alars of Office o						
Signed Abas A Millian  Before me Acceptance State of Texas, personally appeared M A Millian  Who being by me duly sworn did certify to, and sign the foregoing statement.  (Seal of Office)  CERTIFICATE OF UNDERTAKER  I, do certify that I am an undertaker in town of County of Headfan State of May that I had charge of the body of A Millian State of Headfan State o						
Before me State of Texas, personally appeared The American State of Texas, who being by me duly sworn did certify to, and sign the foregoing statement.  (Seal of Office)  CERTIFICATE OF UNDERTAKER  I,	State of	con that	my postoffi	ce address is	a rue	Jec
Before me State of Texas, personally appeared The American State of Texas, who being by me duly sworn did certify to, and sign the foregoing statement.  (Seal of Office)  CERTIFICATE OF UNDERTAKER  I,						
Before me State of Texas, personally appeared The American State of Texas, who being by me duly sworn did certify to, and sign the foregoing statement.  (Seal of Office)  CERTIFICATE OF UNDERTAKER  I,	41		Sig	med Mars o	7 1/1	teller
of Headers. State of Texas, personally appeared M. A. Michael State of Office)  CERTIFICATE OF UNDERTAKER  I, do certify that I am an undertaker in town of County of Headers. State of Headers of the body of County of Headers. State of Headers of the body of County of Headers. State of Headers of the body of Headers. State of Headers of the Market of the Headers of the body of Headers. State of Headers of the Headers of						
of Headers. State of Texas, personally appeared M. A. Mischer (Seal of Office)  CERTIFICATE OF UNDERTAKER  I, do certify that I am an undertaker in town of County of Headers. State of Headers (State of Headers), who died in town of May 1922. That said body was prepared for burial by on the Aday of May 1922. That said body was prepared for burial by on the Aday of May 1922. That said body was prepared for burial by on the Aday of May 1922. That said body was prepared for burial by on the Aday of May 1922. That said body was prepared for burial by on the Aday of May 1922. That said body was prepared for burial by on the Aday of May 1922. That said body was prepared for burial by on the Aday of May 1922. That said body was buried in Cemetry, which is located in the County of Headers (State of Javan and that I am of the opinion that warrant herein applied for should issued to the said May Warrant berein applied for should issued to the said May Warrant berein applied for should issued to the said May Warrant and the Outline of the Opinion that his ailments were Cerniform (Signed Warrant above requested should be issent the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislatt and approved March 2, 1917.  MPTROLLER'S OFFICE Physician's Address A Russ Warrant above Physician Physician Aug 1920.	Poforo ma	dicie	Nice	eald	in	and for the Cou
(Seal of Office)  CERTIFICATE OF UNDERTAKER  I, do certify that I am an undertaker in town of County of Co	of Hose Age	State of To	was named	ally appeared 22	m An	21108
(Seal of Office)  CERTIFICATE OF UNDERTAKER  I, do certify that I am an undertaker in town of Atherica, County of Atherica, State of Atherica, who died in town of Advance (County of Atherica), State of Atherica, State of Atherica, who died in town of Advance (County of Atherica), State of Atherica, on the Atherica, County of Atherica, State of Atherica, and the Atherica, and that I am of the opinion, that warrant herein applied for should issued to the said (County of Atherica), who makes foregoing application.  Signed (County of Atherica)  Cemetery, which is located in the County of Atherica, who makes foregoing application.  Signed (County of Atherica)  Cemetery, which is located in the County of Atherica, and that I am of the opinion, that warrant herein applied for should issued to the said (County of Atherica)  Who makes foregoing application.  Signed (County of Atherica)  Centery, which is located in the County of Atherica, and that I am of the opinion, that warrant herein applied for should issued to the said (County of Atherica)  Who makes foregoing application.  Signed (County of Atherica)  Centery, which is located in the County of Atherica, and that I am a practice in the opinion, that yarrant herein applied for should issued to the said (County of Atherica)  Who makes foregoing application.  Signed (County of Atherica)  That is all body was prepared for burial by an undertaker in the opinion, that the Mortuary warrant herein applied for should issued to the said body was prepared for burial by an undertaker in the opinion that the mortuary warrant herein applied for should issued to the said body was prepared for burial by an undertaker in the opinion that the founty of Atherica, and that I am a practice in the county of Atherica, and the opinion that the mortuary warrant above requested should be issued to the said body was prepared for burial by an undertaker in the opinion that the founty of Atherica, and that I am a practice in the county of Atherica, and the opinion that the Mortuary warrant ab						
CERTIFICATE OF UNDERTAKER  I, do certify that I am an undertaker in town of County of Headman, State of No who died in town of County of Headman, State of Raw who died in town of County of May 1922 That said body was prepared for burial by on the Aday of May 1922 That said body was prepared for burial by on the Aday of May 1922 That said body was buried in Cemetery, which is located in the County of Adaman who makes foregoing application.  State of Raw Undertaker  CERTIFICATE OF PHYSICIAN  I, Go CERTIFICATE OF PHYSICIAN  I, Go CERTIFICATE OF PHYSICIAN  I further certify that I am of the opinion that the Mortuary Warrant above requested should be issued to the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislate and approved March 2, 1917.  Signed Do House Physician  Physician's Address & Rue Down Physician  Physician's Address & Rue Down Physician  Physician Physician Physician's Address & Rue Down Physician Physician		, who being	by me duly	/////		- 1
CERTIFICATE OF UNDERTAKER  I, do certify that I am an undertaker in town of decembers. County of Headers State of Grand State	(Sear of Office)			// "		
I, do certify that I am an undertaker in town of Althous , County of Althouse , State of Althouse , State of Althouse , County of Hendelman , State of Althouse on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial by on the last day of May 1920 That said body was prepared for burial		•		/ in and for 4		, Texas
I, do certify that I am an undertaker in town of Althous County of Althous State of Decay who died in town of Dance County of Henders State of Head on the last day of May 1920. That said body was prepared for burial by on the last day of May 1920. That said body was prepared for burial by on the last day of May 1920. That said body was prepared for burial by on the last day of May 1920. That said body was prepared for burial by on the last day of May 1920. That said body was buried in State of January Warrant herein applied for should issued to the said foregoing application.  Signed Undertaker Undertaker  CERTIFICATE OF PHYSICIAN  I, O. Hoays OFFICE Physician's Address & Rue Warrant above requested should be issued to the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislature and approved March 2, 1917.  Signed D. Hoays Physician Physician's Address & Rue Warrant warrant above requested should be issued to the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislature and approved March 2, 1917.  Signed D. Hoays Physician Physi		OO CF	PEFFICAT	E OF UNDERTAKE	EB	
that I had charge of the body of A. W. Mullin , State of	()	DIO	ATTICAL	E OF UNDERTAK	EIC.	
that I had charge of the body of A. W. Miller with the work of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislate and approved March 2, 1917.  MMPTROLLER'S OFFICE Physician's Address & Ruse with Act passed by the Thirty-fifth Legislate and approved March 2, 1917.  MMPTROLLER'S OFFICE Physician's Address & Ruse with Act passed by the Thirty-fifth Legislate and approved March 2, 1917.	I,	110	<i>VV</i>			
town of James County of James State of James On the Lat day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was buried in Late Late of James Cemetery, which is located in the County of James day of State of James Cemetery, which is located in the County of James day of State of James Cemetery, which is located in the County of James day of State of James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of May 1920 That said body was prepared for burial by on the James day of That said body was prepared for burial by on the James day of That Said Bay 1920 That said body was prepared for the James day of That Said Bay 1920 That said body was prepared for the James day of That Said Bay 1920 That Said Bay 1920 That said body was prepared for the James day o		1	- 1			Jevac
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on the A day of May						,
State of Sexual And that I am of the opinion that warrant herein applied for should issued to the said Signed Undertaken who makes foregoing application.  Signed Undertaken Undertaken I, S. O. Hays Address of the opinion that I am a practice physician, and that I attended I make the opinion that his ailments were the opinion that his ailments were to any hays example the opinion 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 Legislate and approved March 2, 1917.  Signed Source Physician's Address of Ruse Survey Physician Physician Physician's Address of Ruse Survey Physician Physician Physician's Address of Ruse Survey Physician Physici		. /				
State of was and that I am of the opinion that warrant herein applied for should issued to the said how who makes foregoing application.  Signed Undertaken  Undertaken  I, So Howys Address of Physician and that I attended A Mills in his last illness, a am of the opinion that his ailments were to any happen and the physician and approved March 2, 1917.  Signed North Physician Physician's Address of Received Aug 13 1920.  Physician's Address of Rule opinion that the Mortuary Warrant above requested should be issued and approved March 2, 1917.  Signed North Physician Physician's Address of Rule opinion that the Mortuary Warrant above requested should be issued and approved March 2, 1917.  Physician's Address of Rule opinion that the Mortuary Warrant above requested should be issued and approved March 2, 1917.  Physician's Address of Rule opinion that the Mortuary Warrant above requested should be issued and approved March 2, 1917.  Physician's Address of Rule opinion that the Mortuary Warrant above requested should be issued and approved March 2, 1917.  Physician's Address of Rule opinion that the Mortuary Warrant above requested should be issued and approved March 2, 1917.	on the /shod	. /			11	
I, Signed CERTIFICATE OF PHYSICIAN  I, O. Hoogs , do certify that I am a practic physician, and that I attended  in his last illness, a am of the opinion that his ailments were  confusional and the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislatu and approved March 2, 1917.  MPTROLLER'S OFFICE  Physician's Address La Rue : Luxas  Physician  Physician  Physician's Address La Rue : Luxas  Physician  Physician's Address La Rue : Luxas  Physician  Physician  Physician's Address La Rue : Luxas  Physician  Physician  Physician's Address La Rue : Luxas  Physician  Physic	County Lin	Cemetery	, which is	located in the Count	y of Hude	nsan
Undertaken  I, Signed James Gertify that I am a practic physician, and that I attended in his last illness, a am of the opinion that his ailments were to any hupermate in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislatu and approved March 2, 1917.  MPTROLLER'S OFFICE Physician's Address of Rule of Street Physician Physician's Address of Rule of Street Physi	State of J-lxc	and, and	d that I am	of the opinion that	warrant herein app	plied for should
CERTIFICATE OF PHYSICIAN  I, J.O. Hoays , do certify that I am a practic physician, and that I attended in his last illness, a am of the opinion that his ailments were to enfroy hays entrated.  I further certify that I am of the opinion that the Mortuary Warrant above requested should be issed in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislate and approved March 2, 1917.  Signed J.O. Hoays  Physician Physician Physician's Address La Rue , Luxa Physician Physician Physician's Address La Rue , Luxa Physician Physician's Address La Rue , Luxa Physician Physician's Address La Rue , Luxa Physician Physician Physician's Address La Rue , Luxa Physician Physician's Address La Rue , Luxa Physician Physician Physician's Address La Rue , Luxa Physician Physician Physician's Address La Rue , Luxa Physician Physic		ms	4 2	0 mil	le C	, who makes
Indertaken  CERTIFICATE OF PHYSICIAN  I, J.O. Hoogs , do certify that I am a practic physician, and that I attended  in his last illness, a am of the opinion that his ailments were  forn frage man (IX)  I further certify that I am of the opinion that the Mortuary Warrant above requested should be isserted in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislaturand approved March 2, 1917.  Signed JO. Hoags  Physician Physici	foregoing application	1.	722	() /1	) Tolow	
I, S. O. Hoays , do certify that I am a practice physician, and that I attended		*	Sig	ned	2000	Undertaker
I, O. Hoays  physician, and that I attended ON Mills in his last illness, a am of the opinion that his ailments were Confingernal  I further certify that I am of the opinion that the Mortuary Warrant above requested should be issent in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislatu and approved March 2, 1917.  Signed O. Hoays  MPTROLLER'S OFFICE Physician's Address of Rue of Luxas  Physician's Address of Rue of Luxas  Physician Physician Physician Physician's Address of Rue of Luxas						Chuertaker
I, O. Hoays  physician, and that I attended ON Mills in his last illness, a am of the opinion that his ailments were Confingernal  I further certify that I am of the opinion that the Mortuary Warrant above requested should be issent in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislatu and approved March 2, 1917.  Signed O. Hoays  MPTROLLER'S OFFICE Physician's Address of Rue of Luxas  Physician's Address of Rue of Luxas  Physician Physician Physician Physician's Address of Rue of Luxas	. 0	CE CE	RTIFICAT	E OF PHYSICIAN		
I further certify that I am of the opinion that the Mortuary Warrant above requested should be issent in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislate and approved March 2, 1917.  MPTROLLER'S OFFICE RECEIVED AUG 13 1920.  in his last illness, and and illness, and and illness, and and illness, and and and illness, and	210	Home			100	
I further certify that I am of the opinion that the Mortuary Warrant above requested should be issing the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislate and approved March 2, 1917.  Signed D. Hoays  Physician Physician Physician's Address of Rue: Lixas  Physician Physician Physician Physician's Address of Rue: Lixas		/	11 W			
I further certify that I am of the opinion that the Mortuary Warrant above requested should be issed in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislate and approved March 2, 1917.  Signed O. Hoays  Physician Physician Physician Physician Address Received			Section 1	. //		
I further certify that I am of the opinion that the Mortuary Warrant above requested should be issin the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislatu and approved March 2, 1917.  Signed O. Hoays  Physician's Address of Rue of Taxas  Physician's Address of Rue of Taxas	am of the opinion tha	t his ailments were	Com	hysima.		
I further certify that I am of the opinion that the Mortuary Warrant above requested should be issin the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislatu and approved March 2, 1917.  Signed O. Hoays  Physician's Address of Rue of Taxas  Physician's Address of Rue of Taxas						
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 Legislaturant approved March 2, 1917.  Signed O. Hoays  Physician's Address of Rue of Thirty-fifth Legislaturant approved March 2, 1917.  Physician's Address of Rue of Thirty-fifth Legislaturant approved March 2, 1917.  Physician's Address of Rue of Thirty-fifth Legislaturant approved March 2, 1917.						TV
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