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Endorsements Hereon for Comparoller's Use Exc

FORM No. 1.

CONFEDERATE PENSION APPLICATION.

Overclersyn

Comptroller's File No ...

I have carefully examined the within application for pension, together with the proof in support thereof, and

No Application Rejected by County Judge or County Commissioners Should be Forwarded to Comptroller.

FORM No. 1.

APPLICATION of Indigent Soldier or Sailor of the late Confederacy for pension under the Act of May 12, 1899.

THE STATE OF TEXAS,
County of Henderson
COUNTY OF L
To the Honorable County Judge of A sulfishing County, Texas. Your petitioner, Loy Collusion & Shuffini respectfully represents that
he is a resident citizen of Hussleseun County, in the State of Texas, and that he makes this
application for the purpose of obtaining a pension under the act passed by the Twenty-sixth Legislature of the State of
Texas, and approved May 12, A. D. 1899, the same being an act entitled "An act to carry into effect the amendment
to the Constitution of the State of Texas, providing that aid may be granted to disabled and dependent Confederate
soldiers, sailors, and their widows under certain conditions, and to make an appropriation therefor," and I do solemnly swear that the answers I have given to the following questions are true.
Swear that the answers I have given to the lowering questions are true.
NOTE—Applicant must make answer to all of the following questions, and such answers must be written out plainly in ink.
What is your name? Answer Cor Callinisworth Shuthing
Q. What is your name? Answer Do Communication of Communic
Q. What is your age? Answer.
Q. In what County do you reside? Answer Asswer Eucliseur
Q. How long have you resided in said County and what is your post office address? Answer Face such invoid lawy 15 Jears. P.O. Cathriel
Q. Have you applied for a pension under the Confederate Pension Law heretofore, and been rejected? If so state
when and where. Answer
Q. What is your occupation if able to engage in one? Answer home
Q. What is your physical condition? Answer Greeble
Q. If your physical condition is such that you are unable by your own labor to earn a support, state what caused such
disability. Answer Infurnity of age
Q. State in what company and regiment you enlisted in the Confederate army, and the time of your service?
Answer Collisions D. L. Loug. Miss Colly, Since
Q. If you served in the Confederate navy state when and where, and the time of your service. Answer
Q. State whether or not you have received any pension or veteran donation land certificate under any previous law,
and if you answer in the affirmative state what pension or veteran donation land certificate you have received.
Answer 27aul
Allswei
Q. What real and personal property do you now own, and what is the present value of such property? Give list of
such property and value. Answer Oll horse of the value of
Thisher dallass. One edul and three
yearling all of the First dilla
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REPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES What property, and what was the value thereof have you sold or conveyed within two years prior to the date of this application? Answer What income, if any, do you receive? Answer. Are you in indigent circumstances; that is, are you in actual want, and destitute of property and means of subsishertes Q. Are you unable by your labor to earn a support? Answer... Q. Have you transferred to others any property of value of any kind for the purpose of becoming a beneficiary under this law? Answer Q. Did you ever desert the Confederacy? Answer. Q. Have you been continuously since the first day of H Answer Wherefore your petitioner prays that his application for pension be approved and that such other proceedings be had in the premises as are required by law. Sworn to and subscribed before me this (SEAL) AFFIDAVIT OF WITNESSES. (NOTE-There must be at least two credible witnesses.) THE STATE OF TEXAS, .. County, State of Texas, on this day personally appeared to be credible citizens, who being by me duly sworn on oath, state that they personally know the above named applicant for a pension, and that they personally know that the said ... elopul enlisted in the service of the Confederacy, and performed the duties of a soldier (or sailor) as claimed by him in the above and foregoing application, and that they further know that he, the said applicant, is unable to support himself by labor of any sort. (Signature of Witness)

(SEAL)

	DAVII OI PHISICIAN.
THE STATE OF TEXAS,	
COUNTY OF Alendersen	Before me M. H. Hillmann,
Bart Bright at the control of	County, State of Texas, on this day personally appeared.
	who is a reputable practicing physician of this County, who being by
	d thoroughly examined
	he following disabilities which render him unable to labor at any work or calling
sufficient to earn a support for himself:	
other works sue	h a superobyudance of to
That he can do	no snow han /3 of about
average house	work on the form
And the second second	DA III ORDA
(Sig	mature of Physician
Sworn to and subscribed before me this / Ø	- day of July A. D. 899
	1108 Augus 2000
(SEAL)	
(SMAM)	County Judge Lewell Service County, State of Texas.
OTHER	CATE OF COUNTY WEST
CERTIFI	CATE OF COUNTY JUDGE.
THE STATE OF TEXAS,	
4)	e on of the
COUNTY OF AMENCLESON	1, M. A. Anelman
County Judge of Alexcers	County, State of Texas, do hereby certify that on the / 3
	A. D. 1899, before me came on to be heard the application of
11 11 11 11 11 11	for a pension under the Confederate Pension Law of this
	f said applicant to the questions propounded were made under oath as the same
Market Barrier To the Control of the	affidavits of the witnesses who are credible citizens were made before me as the
same hereinbefore appear, and that the foregoing affid	
	was made before me. I also certify that the said applicant
	, is not an inmate of the Texas Confederate Home, nor otherwise disqualified
	ension Law. I further certify that after considering all the proceedings had before
me relative to the said application for a pension by the	
	y the Confederate Pension Law of this State, and I hereby approve said application.
Witness my hand and se	al of office at 48 herrs, Success this 14
day of	ugust 1. D. 1899
	1 W. A. Freeman
(anax)	N/
(SEAL)	County Judge Ofenderson County, State of Texas.
CERTIFICATE	OF COUNTY COMMISSIONERS.
THE STATE OF TEXAS,	
COUNTY OR Henderson	We, the undersigned members of the Commissioners Court of
Hundersan County, Texas, hereb	by certify that the foregoing application of 9 C Sheptrice
	for a pension together with the proof in support thereof was duly submitted
by Hon Il & Gineeman	County Judge of this Hentlerow
County to the Commissioners Court of this \	unursan County, at a regular term thereof on the 15
County, to the Commissioners Court of this	29 county, at a regular term thereof on the
	, and after a careful consideration of the same we find the said applicant is
	nfederate Pension Law of this State, and we hereby approve said application.
90 Table 1	al of office at Atheur 100 this 15
day of	200 A.D. /899
•	Of mitauntt
	QW/ 8 · · · · · · (TX)
	4 W smills
(Signatures of Com	missioners.)
(CMAT)	

Affidavit of Physician

THE STATE OF TEXAS,
County of Cherolce
Before me CH Gilesow, County Judge of Cherolog County,
State of Texas, on this day personally appeared SEsse Overlow 2000
who is a physician in good standing, who, being by me duly sworn, on oath says that he has carefully examined . C. Shuptime and finds him laboring under the following disabilities.
(If a soldier, state fully whether he lost a limb, or limbs, or is blind or totally disabled; in the latter case stating
specifically the personal ailment and conditions that render. Amentirely helpless and incapacitated, physically or
mentally, for any work or business; if the widow of a soldier, "for any kind of work suitable for her sex.") Jutal Physical Chility also partially
blind hardly able to see his way
suffering from incontinence of serine.
(IX)
Sworn to and subscribed before me, this 6 day of A. D. 191 X
(SEAL.) 1226 CF Gileson
My file number . County Judge Revolus County, Texas.
1328