8

7.40 ptroller's Use Exclusively. Endorse FORM No. 2. DEAD CONFEDERATE PENSION APPLICATION. Name of Applicant, Post Office 10102 Comptroller's File No. I have carefully examined the within application for pension, together with the proof in support thereof, and I recommend that the application be roved 1904 MAR day of this E. A. Boline A. D Pension Clerk. the within application I hereby for pension, 1904 MAH Comptroller No Application Rejected by County Judge or County Commission Should be Forwarded to Comptroller. CK-CLARKE LITHO CO., BAN

FORM No. 2.

RODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES

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

THE STATE OF TEXAS, COUNTY OF & and is our To the Honorable County Judge of Handaron County, Texas. Your petitioner, Mrs..... respectfully represents that county, in the State of Texas; that she is the widow she is a resident citizen of. , deceased, who was a Confederate soldier (or sailor), and of that she makes this application for the purpose of obtaining a pension as the widow of said... deceased, 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. 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. 0. What is your age? Answer. Q. In what County do you reside? Answer. Q. How long have you resided in said County and what is your post office address 0. O. Have you applied for a pension under the Confederate Pension Law heretofore, and been rejected? If so state Q. 6 22 when and where. Answer.... Answer. What is your occupation if able to engage in one? Q. What is your physical condition? Answer... Q. What was the name of your deceased husband? Answer Q. Were you married to him anterior to March 1, 1866? If so, on what date were you married to him and where? Q. Answer 16th -on What was the date of his death? Answer. Q. Are you unmarried, and have you so remained unmarried since the death of your said husband for whose services Q. you claim a pension? Answer. .20 State in what company and regiment your deceased husband for whose services you claim a pension enlisted in the Q. Confederate Army, and the time of his service therein? Answer If your deceased husband served in the Confederate Navy, state when and where, and the time of such service? Q. Answer State whether or not you have received any pension or veteran donation land certificate under any previous law, Ο. and if you answer in the affirmative state what pension or veteran donation land certificate you have so receive m Answer...

GED FROM THE HOLDINGS OF THE TEXAS SIATE ANGHIVES Q. What real and personal property do you now own, and what is the present value of such property? Give list of none such property and value. Answer..... What property, and what was the value thereof have you sold or conveyed within two years prior to the date of 0. A. C. S. in so a M work A lin m this application? Answer.... von What income, if any, do you receive? Answer..... Q. Are you in indigent circumstances; that is, are you in actual want, and destitute of property and means of subsis-Q. 200 tence? Answer.... Q. Are you unable by your labor to earn a support? Answer... Have you transferred to others any property of value of any kind for the purpose of becoming a beneficiary under Q. 220 this law? Answer. Led Q. Did your deceased husband for whose services you claim a pension, ever desert the Confederacy? Answer... Q. Have you been continuously since the first day of January, 1880, a bona fide resident citizen of this State? Answer Wherefore your petitioner prays that her application for pension be approved and that such other proceedings be had in the premises as are required by law. (Signature of Applicant). Sworn to and subscribed before me this 2 .day of 1. 12 (SEAL) County Judge AFFIDAVIT OF WITNESSES. (NOTE-There must be at least two credible witnesses.) THE STATE OF TEXAS, underan Before me, UCurcounty, State of Texas, on this day personally appeared County Judge of. A. M.Lod W who are personally known to me to be credible citizens, who being by me duly sworn on oath, state that they personally know unat, applicant for a pension as the widow of that Mrs , deceased, is in truth and fact the widow of the said ..., deceased; that they personally know that the said , deceased, enlisted in the service of the Confederacy, and performed the duties of a soldier (or sailor) as claimed by his said widow in the above and foregoing application, and that they further Thousa know that the said Mrs. ni 1 ..., widow of the said deceased, is unable to support herself by labor of any sort. an Carillell (Signature of Witness) (Signature of Witness) (Signature of Witness) (Signature of Witness) 20 day of. Sworn to and subscribed before me this. (SEAL) County Judge Hunder County, Texas.

STATE ARCHIVES CERTIFICATE OF COUNTY JUDGE. THE STATE OF TEXAS. COUNTY OF Hunderoun 1 M. F. FerriaCounty, State of Texas, do hereby certify that on the...... m County A. D. 1930, before me came on to be heard the application of day Mrs 20 ...widow of deceased, for a pension under the Confederate Pension Law of this State, approved May 12, A. D. 1899; that the answers of said applicant to the questions propounded were made under oath as the same appear in writing in the foregoing application; that the affidavits of the witnesses who are credible citizens were made before me as the same hereinbefore appear. I also certify that the said applicant is not disqualified under any of the provisions of Section 12, of the Confederate Pension Law. / I further certify that after considering all of the proceedings had before me relative to the said application for a pension by the said Mrs. as widow of Thou deceased, I find the said applicant is lawfully entitled to the pension provided for by the Confederate Pension Law of this State, and I hereby approve said application. Witness my hand and seal of office at, this 121 (SEAL) saureounty, State of Texas. County Judge 2 CERTIFICATE OF COUNTY COMMISSIONERS. THE STATE OF TEXAS, COUNTY OF Hundiscon (. We, the undersigned members of the Commissioners Court of und in current County, Texas, hereby certify that the foregoing application of Mrs..... Y The widow of a. deceased, for a pension, together with the proof in support thereof, was duly submitted by Hon. 20.4. County Judge of this flender County, to the Commissioners Court of this Hender County, at a regular term thereof on the 12 day of 2001 A. D. 1403, and after a careful consideration of the same we find the said applicant is lawfully entitled to the pension provided for by the Confederate Pension Law of this State, and we hereby approve said application. Witness our hands and seal of office at this how (Signatures of Commissioners.) (SEAL)



Comptroller's Nepartment.

State of Texas,

J. W. STEPHENS, COMPTROLLER. Austin.

I, J.W.Stephens, Comptroller of Fublic Accounts for the State of Texas, do hereby certify that the records of this Department show the following facts, towit:

lst. The application of G.A.Thomas for a Confederate pension(see file #7481) was approved by R.W.Finley, Comptroller, Sept.17th,1900.

2nd. The proof on file with said application shows that said G.A.Thomas enlisted in Company "K", 5th Alabama Regiment of Infantry, serving four years.

In witness whereof I have hereto set my hand and caused the seal of said officeotoobe impressed hereon this the 14th day of November A.D. 1903.

bluns Comptroller.

Hand & Bitmer

No. 205

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OFFICE OF

COMMISSIONER OF PENSIONS

STATE OF TEXAS

AUSTIN

Correct, for the sum of \$_____

Charge to

Commissioner of Pensions.

683-417-3M F. L. STECK, AUSTI MORTUARY WARRANT In accordance with Law passed by Thirty-fifth Legislature of Texas in Regular Session Murchiso Texas. .191 1n STATE OF TEXAS To Dr. Ixao WRITE ADDRESS PLA 13 . 201 Account of Death of Pensioner No. 10102 Henderson . County___ Pensioner's Name in full Mrs. Susan Thomas ITEMIZE ACCOUNT NOT TO EXCEED THIRTY DOLLARS. COMPTROLLSR'S OFFICE JUN 16 1919 Reiened to To above account for. Dollars Thomas is just, due and unpaid. Sworn to and subscribed before me this. ...day of Notary Public, County 10102

REPORT THE HOLDINGS OF THE TEXAS STATE ARCHIVE 376-119-1M APPLICATION FOR MORTUARY WARRANT STATE OF TEXAS, County of Hundersan Τ. do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the Mrs. Susan Thomas late, who was a pensioner of the State of Texas, and whose file number is 10102 and whose original county is Henderson Mrs. Susan Thomas The said pensioner. died on the , 191 1 4, in the town of 3 Miles S & Murchisday of Dendustan County of... A. Texas. homas The pensioner died in the home of who was related to the pensioner as... In That the warrant which application is hereby made for, shall be applied to paying all or part of the expenses incurred by the said pensioner 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. son. I am related to the pensioner as (Friend)..... , County of and that my home is in the town of ... , that my postoffice address is Much State of..... Jugas C Thon Signed Inplie Eary (in and for the County State of Texas, personally appeared who being by me du'y sworn did cert (Seal of Office) Tolat in and for les Texas. **ERTIFICATE OF UNDERTAKER** Mertaker , do certify that I am an undertaker in , County of, State of the town of that I had charge of the body of , who died in the town of, County, of, State ofday of on the..... the. .day of..... and that I am of the opinion that warrant herein applied for should be State of. issued to the said. , who makes the foregoing application. Signed. Undertaker. CERTIFICATE OF PHYSICIAN , do certify that I am a practicing physician I. in his last illness, and and that I attended. enli am of the opinion that his ailments were weath geor Farulesis S mediate 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 Legislature, and approved . .1917. Signed Physician. Physician's Address

10102