OCT 10 1932
COMPTROLLER'S OFFICE

| 50947                             |
|-----------------------------------|
| FORM B.                           |
| WIDOW'S APPLICATION FOR A PENSION |

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

Name of Applicant.

Name of Applicant.

No. L. M. Mark.

County.

R. F. D. or Street No.

Postoffice Likhart, Texas.

Filed October 10th, 1932.

Approved Oct. 10th, 1932.

Pension allowed from Nov. 1st, 1932.

Comptroller of Prolic Accounts.

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50947

#### Widow's Application for Confederate Pension

| THE STATE OF TEXAS,  |
|--|
|  |
| County of anderson   |
| I, Mrs. 6, M. Walf 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 am a widow of E M Walf deceased, who departed this life on the   |
|  |
| I have not remarried since the death of my said husband; (or in case of remarriage that I am now a   |
| widow); and I do solemnly swear that I was never divorced from my said husband   |
| and that I never voluntarily abandoned him during his life but remained his true, faithful and lawful wife   |
| up to the date of his death. I was married to him on the 3 day of Oct  A. D/894, in the county of McLenner, in the State of Julius  My husband, the said & M Walf, served as a Confederate   |
| My husband, the said & M Way , served as a Confederate   |
| soldier (or sailor) in the war between the States of the United States; or (that he 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 he was a soldier of the militia of the State of |
| who was in active service during said war.) That my said husband served honorably from the date of his enlistment until the close of the war, (or until he was discharged or paroled in some military organization regularly mustered into the army or navy of the Confederate States until the                                    |
| surrender). He was honorably discharged or paroled /865, why the   |
| war in us over, and peace declared   |
| (Give date and cause.)   |
| That I have been a bona fide resident of this State continuously since the   |
|  |
| 1. What is your age, and date of birth? May, 3, 18 1, age  |
| 1. What is your age, and date of birth? May, 3, 87, age () years  2. How long have you resided in the county of your present residence? 35 years   |
| 3. What is your postoffice address? (ON) WWW JY  |
| 4. Have you applied for a pension under the Confederate pension law and been rejected? 20  |
| 5. If rejected, state when and where   |
| 6. Did your husband draw a pension? Ms If so, give his file number 40085   |
| 7. Give, if possible, the postoffice address of your deceased husband at the time of his enlistment  |
| 8. What was your husband's full name? #085   |
|  |
| 9. In what State was your husband's command originally organized? #555   |
| 10. How long did your husband serve? 40085  11. If known to you, give date of enlistment and discharge 40085   |
| 11. If known to you, give date of enlistment and discharge   |
| 12. What was the name or letter of the company, or number of the regiment in which your husband served? If he was transferred from one branch of service to another, give time of transfer, description of command and time of service. (If applicant's husband was a pensioner give his file number, which is evi-                |
| command and time of service. (If applicant's husband was a pensioner give his file number, which is evidence sufficient for proof of service.)   |
| 13. Name branch of service in which your husband served, whether infantry, cavalry, artillery, or the navy, 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  |
| 14. To what race do you belong? Comunicae.   |
| Wherefore your petitioner prays that her application for a pension may be approved and such other proceedings be had in the premises as required by law.   |
| (Signature of Applicant) Mr. L. M. Wolf.   |
| Sworn to and subscribed before me this 8th day of October A. D. 1933.  |
| (Seal) Q. E. Syttons  County Judge anderson County, Texas.   |
| [Seal] County Judge anders County, Texas.  |
| *Where applicant has remarried it is necessary that she state facts covering particulars of last marriage, date, to whom married, and date of last husband's death. She must also state that she is now a widow.   |

## 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 of anduson ....., County Judge of andersa County, State of Texas, on this day personally appeared J. M. John , 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. E. M. Welf , applicant for a pension as the widow of C. In Wolf deceased, is in truth and fact the widow of Co. World 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 14th day of So Rennedo County Judge andura County, Texas. [Seal.] \*Where applicant has remarried it is necessary that she state facts covering particulars of last marriage, date, to whom married, and date of last husband's death. She must also state that she is now a widow. AFFIDAVIT OF WITNESSES [Note.—There must be at least two creditable witnesses.] THE STATE OF TEXAS, County of Um County Judge of Gradens 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 1897and that they have no interest in this claim. (Signature of Witness) Sworn to and subscribed before me, this / Hath day of Leptanber, A. D. 1932.

[Seal.]

County Judge County, Texas.

# HEPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES

### AFFIDAVIT OF WITNESSES

| (If possible the one witness should have serve   | ed with the applicant's h  | ichand in                      | 41                          |  |
|--|--|--------------------------------|-----------------------------|--|
| let him state it in his oath, also any other informs   | ation recording the  | isband in                      | the army, a                 | ind if so,   |
| THE STATE OF TEXAS,  | addit regarding the army   | service of                     | applicant's l               | iusband.)  |
| County of  |  |                                |                             |  |
| J  |  |                                |                             |  |
| Before me,   |  |                                |                             | <b>.</b>   |
| State of Texas, on this day personally appeared  |  |                                |                             |  |
| izen, who, being by me sworn, on oath states that (he plicant, and that the facts set forth and statements | e or she) is personally known account of the made in her application a | vn to me duainted ware correct | to be a credirith the foreg | table cit-   |
| of (his or her) knowledge and belief, and that (he   | e or she) has no interes   | t in this                      | claim. And                  | further  |
| make oath to the following facts touching the serv   | vice of applicant's husba  | nd in the                      | Confederate                 | Armsr  |
| (Witness must state fully the source of (his or her)   | knowledge of service of  | applicant's                    | husband)                    |  |
|  |  |                                | ,                           |  |
|  |  |                                |                             |  |
|  |  | ,                              |                             |  |
|  |  | A                              | J                           |  |
| See fil  | 2 #40085   |                                |                             |  |
|  |  |                                | , big                       | ne ton are all the gar my law at an any gag and .    |
| Black of the   |  | *                              | 1                           | om had may don may don had not had done may may had. |
|  |  |                                |                             |  |
|  | 3)   |                                |                             |  |
| Sworn to and subscribed before me, this  | day of   |                                | , A. D. 1                   | 9  |
| [Seal.]  | County Judge   |                                |                             |  |



## B. J. KENNEDY COUNTY JUDGE OF ANDERSON COUNTY , PALESTINE, TEXAS

October 10th, 1932

Hon. Geo. H. Sheppard, State Comptroller, Austin, Texas.

Dear Mr. Sheppard:

In reply to yours of October 8th in regard to application of Mrs. E. M. Wolf. Will state that Mrs. Wolf returned to Anderson County and I took her affidavit and forwarded application for pension 10-8, on last Saturday, to you. I hope this application will have your immediate attention, because Mrs. Wolf is in need of same.

Yours very truly,

D.J. Kennedy County Judge

BJK:LMc





No. 11 September 1997

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| 1,  | ., do certify that I am a practicin |
|---|-------------------------------------|
| physician, and that I attended  | in his last illness, an             |
| am of the opinion that his ailments were                                |                                     |
|   |                                     |
|   |                                     |
| ·   |                                     |
| I further certify that I am of the opinion that the Mortuary Warrant a  |                                     |
| the name of the aforementioned applicant, in accordance with Act passed | by the Thirty-eighth Legislatur     |
| and approved March 2, 1928  |                                     |

5/775 apr 19

Signed.

Physician's Address

TX

50947 april 22,1936