

18

14506

Endorsements Hereon for Comptroller's Use Exclusively

FORM No. 2—AMENDED

OCTOBER 1, 1902

Confederate Pension Application

Name of Applicant

*Mendace Hale*

*Smith Group* County, *Smith*

Postoffice *Group* *Smith*

Comptroller's File No. *14506*

I have carefully examined the within application for pension, together with the proof in support thereof, and I recommend that the application be *Approved*

this *31* day of *March*

A. D. *1909* *E. A. Adams*  
Chief Pension Clerk.

I hereby *approve* the within application for pension, this *31* day of

*March* A. D. *1909*  
*J. W. Stephens*  
Comptroller.

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

COMPTROLLER'S OFFICE  
RECEIVED  
FEB 16 1909  
Referred to  
No.

COMPTROLLER'S OFFICE  
RECEIVED  
MAR 11 1909  
Referred to  
No.

NOTE—The law provides that pensions can begin only on the first day of April and October of each year.

FORM No. 2. Amended October 1, 1902.

APPLICATION of Indigent Widow of Soldier or Sailor of the late Confederacy for pension under the Act of May 12, 1899. Hereafter use no other blank but this.

THE STATE OF TEXAS, }

COUNTY OF *Smith*

To the Honorable County Judge of *Smith* County, Texas.

Your petitioner, Mrs. *Mary Jane Hale* respectfully represents that she is a resident citizen of *Smith* County, in the State of Texas; that she is the widow of *George W. Hale*, deceased, who was a Confederate soldier (or sailor), and that she makes this application for the purpose of obtaining a pension as the widow of said *George W. Hale*

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.

Q. What is your name? Answer *Mary J. Hale*

Q. What is your age? Answer *Sixty three years Old*

Q. In what County do you reside? Answer *Smith County Tex*

Q. How long have you resided in said County and what is your postoffice address? Answer *Four Years*

Q. Have you applied for a pension under the Confederate Pension Law heretofore, and been rejected? If so, state when and where. Answer *Have not*

Q. What is your occupation if able to engage in one? Answer *Not able to follow any*

Q. What is your physical condition? Answer *Very feeble*

Q. What was the name of your deceased husband? Answer *George W. Hale*

Q. Were you married to him anterior to March 1, 1866? If so, on what date were you married to him and where? Answer *Yes was married in 1864*

Q. What was the date of his death? Answer *Three years*

Q. Are you unmarried, and have you so remained unmarried since the death of your said husband for whose services you claim a pension? Answer *Yes*

Q. In what State was your husband's command originally organized? Answer *In West Co Tex*

Q. How long did your husband serve? Give date of enlistment and discharge. Answer *3 years up to the surrender*



Q. What was the name or letter of your husband's company and name of number of his regiment? Answer *Co F*

*17th Texas Cavalry, after fall of Ark Post was merged into 17th Consolidated Regiment Post Police 1894*

Q. State whether he served in the infantry, artillery, cavalry, or the navy. Answer *Infantry*

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 *Have not rec'd anything*

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 None

Q. What property, and what was the value thereof, have you sold or conveyed within two years prior to the date of this application. Answer Sold none

Q. What income, if any, do you receive? Answer None

Q. Are you in indigent circumstances; that is, are you in actual want, and destitute of property and means of subsistence? Answer I am

Q. Are you unable by your labor to earn a support? Answer Yes

Q. Have you transferred to others any property of value of any kind for the purpose of becoming a beneficiary under this law? Answer No

Q. Did your husband for whose services you claim a pension, ever desert the Confederacy? Answer No

Q. Have you been continuously since the first day of March, 1880, a bona fide resident citizen of this State? Answer Yes

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) Mary Jane Hale

Sworn to and subscribed before me this 13 day of January A. D. 1908

(SEAL.)

W. A. Pope  
RR No 6

W. A. Pope Notary Public  
County Judge Smith County, Texas.

AFFIDAVIT OF WITNESSES

(NOTE—There must be at least two credible witnesses.)

THE STATE OF TEXAS,

COUNTY OF Smith } Before me

County Judge of \_\_\_\_\_ County, State of Texas, on this day personally appeared

J. W. Smith and R. B. Walker

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. Mary Jane Hale, applicant for a pension as the widow of

George W. Hale, deceased, is in truth and fact the widow of the said

George W. Hale, deceased, that they personally know

George W. Hale that the said Mrs. Mary Jane Hale

deceased, is unable to support herself by labor of any sort.

(Signature of Witness) J. W. Smith

(Signature of Witness) R. B. Walker

Sworn to and subscribed before me this 13 day of January A. D. 1908

(SEAL.)

J. A. [unclear]  
County Judge Smith County, Texas.

CERTIFICATE OF COUNTY JUDGE

THE STATE OF TEXAS,

COUNTY OF

Smith

I,

J. A. Bullcock

County Judge of

Smith

County, State of Texas, do hereby certify that on the

10<sup>th</sup>

day of

January

A. D. 1908

before me came on to be heard the application

of Mrs.

Mary Jane Hale

as widow of Geo. W. Hale

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 herein-

before appear. I also certify that the said applicant

Mary Jane Hale

is not disqualified under any 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.

Hale

as widow of G. W. Hale

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

Fyler Jet

this

10<sup>th</sup>

day of

Jan 1908

J. A. Bullcock

(SEAL)

County Judge

Smith

County, State of Texas.

CERTIFICATE OF COUNTY COMMISSIONERS

THE STATE OF TEXAS,

COUNTY OF

Smith

We the undersigned members of the Commissioners Court of

Smith

County, Texas, hereby certify that the foregoing application of Mrs.

Jane Hale

widow of

G. W. Hale

deceased, for a pension, together with the proof in support thereof, was duly submitted

by Hon.

J. A. Bullcock

County Judge of this

Smith

County, to the Commissioners Court of this

Smith

County, at a regular term thereof on the

9<sup>th</sup>

day of

Nov

A. D. 1908

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

Fyler Jet

this

9<sup>th</sup>

day of

Nov

A. D. 1908



(Signature of Commissioners)

(SEAL)

J. C. Boyer  
D. J. Boyer  
E. L. Loker  
W. H. Strong



Comptroller's Department

State of Texas

Austin

MAR 1 2 1909

J. W. STEPHENS, COMPTROLLER  
JOHN T. SMITH, CHIEF CLERK

To the Military Secretary,  
War Department,  
Washington, D. C.

Dear Sir:

I have the honor to request the military record of

*Geo. W. Hale*

who is reported to have enlisted in

Company *F*, *17<sup>th</sup>* Regiment *Texas Cavalry*

in the service of the Confederate States army.

Purpose: The *widow of the* person above named is an applicant for a Confederate pension granted by this State, and I desire to verify his proof of service.

Very respectfully,



*J. W. Stephens*  
Comptroller

14506

ADJUTANT GENERAL'S OFFICE

MAIL ID

1500505

Address: "The Adjutant General,  
War Department, Washington, D. C."

1500505-

**WAR DEPARTMENT,**

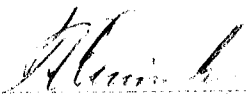
**THE ADJUTANT GENERAL'S OFFICE,**

**WASHINGTON, March 17, 1909.**

*Respectfully returned to the*

Comptroller,  
State of Texas,  
Austin.

The records of this office show that George W. Hale, private, Company F, 17th Texas Cavalry, Confederate States Army, was enlisted March 1, 1862. On a muster roll of the company dated April 30, 1864 (last on file), he is reported absent in trans-Mississippi Department. No later record of him has been found.



The Adjutant General.

J. A. BULLOCH  
COUNTY JUDGE, SMITH COUNTY  
TYLER, TEXAS

In State of Texas  
County of Smith } Before me J. A. Bulloch County  
Judge Smith County - Texas  
This day personally appeared Mat. Smith, and B. B.  
Walker, residents of Smith Co Tex. who by me being  
duly sworn, say - that Mat. Smith is 61 years old and  
B. B. Walker is 62 years old - and they each knew  
George W. Hale, deceased - and know personally that  
he enlisted in Confederate Army - in Co "F" Tex. Desert  
Cavalry - don't remember just when he enlisted but know  
he served over three years - that each of them  
saw him in the service, saw him frequently during  
the time and know personally that he was  
good soldier and did not desert Army  
that he is now dead - and Mrs. Mary Jane  
Hale is his widow, and has been remarried  
He enlisted in Rock County Texas

Mat. Smith

(TX)

B. B. Walker

Sworn to before me this the 13<sup>th</sup> day of Jan 1908

J. A. Bulloch  
County Judge

Smith Co Texas

14506

October,  
16th.,  
1919.



Mr. R. A. Hall,  
Buffalo, Texas.

Dear Sir:-

Replying to your favor of October 12th.,  
I am enclosing Mortuary Warrant application blanks  
on account of the death of Mrs. M. J. Hale, Confed-  
erate Pensioner.

Please have these blanks filled out and  
return to this Department, when a warrant for \$30.00  
will be issued in favor of the party filing claim.

Very truly yours,

Comptroller.

KR:t  
Encl.



14606

(TX)

over

Smith

14506

Buffalo  
10/14/11

COMPTROLLER'S OFFICE  
RECEIVED  
OCT 14 1911  
Referred to  
No.

J. G. Jones

Dear sir you will find enclosed certificate of my mother's death and if not made out properly you can notify me as how and what to do my mother has been practically helpless 3 or 4 years but just old age was all that carried her away if any more information is needed write me and oblige.

Yours Respect  
B. C. Hale

R E Hale  
Buffalo Tx

Mrs M J Hale



TX

Buffalo Tex

12/1/19

J. B. Jones

Dear sir as my  
mothers Pension check come  
in (M. J. Hale) and if I  
under stand it it is to  
be returned so you will  
find enclosed same as  
she died the 4<sup>th</sup> of Oct. 19

Yours Respt.

R. E. Hale

NOTE WELL

Write Plainly with unfading ink—This is a Permanent Record

No. 58

Where Stillborn is given as cause of Death, file birth Certificate. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH County <u>Deer</u> City <u>Buffalo</u>		Texas State Board of Health BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF DEATH Reg. Dis. No. _____ Registered No. _____ St.: _____ Ward _____	
2 FULL NAME <u>W. P. Hales</u> (No. _____)			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 Color of Race <u>White</u>	5 Single, Married, Widowed or Divorced <u>Widow</u> (Write the word)	
6 DATE OF BIRTH <u>Dec. 21, 1898</u> (Month) (Day) (Year)			
7 Age <u>90</u> yrs. <u>9</u> mos. <u>12</u> ds. If less than 2 years, state if breast fed If less than 1 day Yes _____ No _____ hrs. _____ mins.			
8 OCCUPATION (a) Trade, Profession or Particular Kind of Work (b) General Nature of Industry, Business, or Establishment in which employed (or employer) <u>none</u>			
9 BIRTHPLACE (State or Country) <u>Ill.</u>			
10 NAME OF FATHER <u>Calverna</u>			
11 BIRTHPLACE OF FATHER (State or Country) <u>Don't know</u>			
12 MOTHER NAME <u>Don't know</u>			
13 BIRTHPLACE OF MOTHER (State or Country) <u>Don't know</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. (Informant) <u>R. G. Hales</u>			
(Address) <u>Buffalo, Tex</u>			
15 Filed <u>191</u> Registrar			
MEDICAL PARTICULARS			
16 DATE OF DEATH <u>Oct. 4, 1919</u> (Month) (Day) (Year)			
17 I HEREBY CERTIFY, That I attended deceased from <u>Aug. 1916</u> to <u>Oct. 4, 1919</u> that I last saw her <u>alive on Sept. 28, 1919</u> and that death occurred, on the date stated above, at <u>10 a.m.</u> The CAUSE OF DEATH* was as follows: <u>old age</u>			
Contributory (Secondary) <u>(Duration) _____ yrs. _____ mos. _____ ds.)</u>			
(Signed) <u>W. A. Sanderson</u> (Duration) <u>1919</u> yrs. _____ mos. _____ ds.) <u>1919</u> (Address) <u>Buffalo</u> M. D.			
*Use International List of Cause of Death—State the Disease Causing Death, or, in deaths from violent causes, State (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____			
19 PLACE OF BURIAL OR REMOVAL <u>Buffalo</u>		DATE OF BURIAL <u>Oct. 11, 1919</u>	
20 UNDERTAKER <u>W. P. Haines</u>		ADDRESS <u>Buffalo</u>	

## INSTRUCTIONS

**To Physicians.**—Follow the International List of Causes of Death.—Furnish undertaker with all particulars, especially as to cause of death, assist in security information and be sure to sign certificate of death.

**To Undertakers.**—When furnishing supplies for a funeral, or burying the dead, the certificate of death should be accurately and properly filled in as to personal and statistical particulars; then have attending physician, or coroner, fill in and sign medical particulars; after which file certificate with county clerk within five days. However, if death occurs inside or body buried inside corporate limits file with city registrar and obtain burial permit before burying the dead.

**To Registrar.**—Death certificates when filed with the registrar should be copied in a permanent record book and by the 10th of each month all original certificates of births and deaths for the previous month are to be forwarded to the State Registrar of Vital Statistics, Austin, Texas.

**To Everyone.**—All births and deaths occurring within an incorporated town should be reported to the city health officer or local registrar, and all occurring outside of an incorporated town should be reported to the county clerk.

## VITAL STATISTICS LAW.\*

**Rule 39. Undertaker Shall Fill Out Certificate and Obtain Particulars.**—In case of death, (including stillbirths) in which any undertaker buries the dead, or assists at such burial, it shall be the duty of such undertaker to accurately and properly fill out the death certificate as provided by the State Registrar, in so far as regards the "personal and statistical particulars," and further he shall obtain from the physicians or coroner the answers to questions under the heading of "medical particulars" of the death certificate; said death certificate to be mailed or handed in by the undertaker to the county registrar within five days after said death occurs; provided, that in case the undertaker can not communicate with the physician or coroner within the five days specified, he shall mail the death certificate to such physician or coroner, as accurately and properly filled out as possible, for such physician or coroner to complete the "medical particulars" of the death certificate, in which event the aforesaid physician or coroner shall make report to the proper registrar.

**Rule 40. Physicians Shall Promptly Give Medical Particulars to Undertaker.**—It shall be the duty of every physician in the event of a death (including stillbirths) occurring in any case at which said physician is the last in attendance, to promptly and accurately fill out the questions in the "medical particulars" of the death certificate when the death certificate is presented by the undertaker.

**Rule 41. Physician Last in Attendance Shall Report Rural Deaths.**—In the event of a death occurring in the rural districts of this State, and no undertaker being in attendance or responsible for the report of the death, the physician last in attendance or the coroner, in the event of his being called in, shall accurately and completely fill out the certificate of death and transmit it to the county registrar.

**Rule 42. Coroner Shall Give Information, Also Head of House.**—In case of a death (including stillbirths) where a coroner shall hold an inquest to ascertain the cause of death, the said coroner shall answer the questions (medical particulars) as in Rule 39 to be answered by the attending physician, and answer them in as full and complete manner as the information from such coroner's inquest will permit; and when a person dies without medical attendance and does not require the attendance of a coroner, the head of the household where such death occurs, or the next of kin, shall immediately notify the local health authority who shall, after the proper investigation, and, if deemed necessary by him, after an autopsy to determine the cause of death, issue a certificate of death.

**Rule 43. Superintendent of Hospitals to Give Information.**—If the deceased died in a hospital or other institution, the person acting as undertaker shall present the certificate to the superintendent or

head of such institution for the special information indicated on the blank in such cases. The undertaker shall then fill in the other information above required and transmit the completed certificate to the proper registrar.

**Rule 44. Undertakers Shall Report Physicians for Neglect to Give Information.**—In the event of the neglect or refusal of the physician, coroner, superintendent or person in charge of any hospital or other institution to promptly and accurately fill out the death certificate as above required, and sign it, when so requested by an undertaker, the same shall be immediately reported by the undertaker to the State Registrar for the purpose of prosecution.

**Rule 45. Stillborn or Those Dead Births of Seven Months Gestation to Be Reported.**—All stillborn children (those dead at birth after seven months gestation) shall be registered as births and also as deaths, and a certificate of both the birth and the death shall be filed with the proper registrar, in the usual form and manner, the certificate of birth to contain in place of the name of the child, the word "stillborn." The medical particulars" of the death certificate shall be signed by the attending physician, if any, or midwife, and shall state the cause of death as "stillborn," with the cause of stillbirth, if known, whether a premature birth, and, if born prematurely, the period of uterine gestation, in months, if known.

**Rule 47. Sextons Shall Keep Record.**—All sextons or superintendents of cemeteries are required to file all burial permits received and to record in a permanently bound book the names of all persons interred, date of interment, place of burial, number of the grave or section of cemetery where buried and name of undertaker; and shall before the tenth of the following month make a report to the State Registrar of all deceased persons deposited in their respective cemeteries during the preceding month.

**Penalty.**—Any person violating any rules and regulations of the Sanitary Code is guilty of a misdemeanor and upon conviction is liable to a penalty of not less than \$10 nor more than \$1000.

\*Sanitary Code, Operative March, 1911.

=====

No. ....

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\$ .....

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..... Fund

=====

OFFICE OF  
COMMISSIONER OF PENSIONS  
STATE OF TEXAS  
AUSTIN

=====

Correct, for the sum of \$ .....

Charge to .....

.....  
Commissioner of Pensions.

=====

100  
100  
100

MORTUARY WARRANT

In accordance with Law passed by Thirty-fifth Legislature of Texas in Regular Session

Buffalo, Texas, 11/17/19. 191

STATE OF TEXAS

To R. E. Hale, Buffalo, Texas Dr.  
WRITE ADDRESS PLAINLY

Account of Death of Pensioner No. 14596, County Leon

Pensioner's Name in full Mrs. M. J. Hale

ITEMIZE ACCOUNT NOT TO EXCEED THIRTY DOLLARS.

Coffin and Robe \$91.00

My expense, difference \$61.00

Net amount, charged to the state of Texas, \$80.00

(TX)

7267

COMPTROLLER'S OFFICE RECEIVED NOV 20 1919

To above account for Thirty and No/100 Dollars  
is just, due and unpaid.

Sworn to and subscribed before me this 17th day of November 1919

*[Signature]*

Notary Public, Leon Texas

14506



### APPLICATION FOR MORTUARY WARRANT

THE STATE OF TEXAS,

County of Smith I, J.C. Hale

do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late Mary J. Hale, who was a pensioner of the State of Texas, and whose file number was 14506 and whose original county was Smith

The said pensioner Mary J. Hale, died on the 2nd day of June, 1926, in the town of Troup, R F D No 6 County of Smith, Texas.

The pensioner died in the home of G.A. Hale of Troup, R F D No 6 State of Texas. who was related to the pensioner as son

That the warrant, which application is hereby made for, shall be applied to paying all or part of the funeral expenses incurred by the said pensioner Mary J. Hale

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.

I am related to the pensioner as (~~Estate~~) Son that my postoffice address is 221 E. Front St Tyler Texas City State

Sworn to before me this 29th day of June, 1926. Signed J.C. Hale

Wendell Pae  
County Judge Smith County Texas.  
Notary Public in and for \_\_\_\_\_ State of Texas.

#### CERTIFICATE OF UNDERTAKER

I, J.F. Daniel, do certify that I am undertaker in the town of Tyler County of Smith, State of Texas, that I had charge of the body of Mrs Mary J. Hale, who died in the town of Troup County of Smith, State of Texas on the 2nd day of June 1926. That said body was prepared for burial by me on the 2nd day of June 1926, and that I am of the opinion that warrant herein applied for should be issued to the said J.C. Hale who makes the foregoing application.

Signed J.F. Daniel  
Undertaker.

#### CERTIFICATE OF PHYSICIAN

I, Dr. B.R. Willingham, do certify that I am a practicing physician, and that I attended Mrs. Mary J. Hale in his last illness, and am of the opinion that his ailments were Indigestion and proberly Malinancy of Stomach

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-eighth Legislature and approved March 2, 1923.

Signed Dr. B.R. Willingham  
Physician's Address Whitehouse Texas

est  
Baseman

Must return before  
40 days expires from  
date of Pensioner's death

and approved by the Board

in the name of the State of Texas, and the same is hereby certified to the proper authorities of the State of Texas.

I hereby certify that the above is a true and correct copy of the original as the same appears on the records of the State of Texas.

and of the original of the same as the same appears on the records of the State of Texas.

and of the original of the same as the same appears on the records of the State of Texas.

THE

COMPTROLLER OF PUBLIC ACCOUNTS

and approved by the Board

in the name of the State of Texas, and the same is hereby certified to the proper authorities of the State of Texas.

I hereby certify that the above is a true and correct copy of the original as the same appears on the records of the State of Texas.

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COMPTROLLERS OFFICE  
RECEIVED  
JUL 1 1860  
Referred To  
No.

and approved by the Board

I hereby certify that the above is a true and correct copy of the original as the same appears on the records of the State of Texas.

and approved by the Board

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THE

COMPTROLLER OF PUBLIC ACCOUNTS