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980-713-3M

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## FORM A For Use of Soldiers Who Are In Indigent Circumstances

THE STATE OF TEXAS

County of Mul

Long 1. Ina do hereby make application to the Commissioner of Pensions for a pension to be granted me under the Act passed by the 33rd Legislature of the State of Texas, and approved 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. nen

withour pumission from my · cens, (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 cource, 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:

- in Franklin 1. What is your age?.....
- man Co 2. Where where you born?......
- 3. How long have you resided in Texas ? Snik 4. In what county do you reside?..... Ca
- 5. How long have you resided in said county and what is your postoffice address? Ance how Hu 27-1891-- Zylin Jecas,

6. Have you applied for a pension under the Confederate pension law and been rejected? If rejected, state when and where the mun applied

Jail 7. What is your occupation, if able to engage in one !.....

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.

10. What was the letter of your company, number of battalion, regiment or battery?

highning of Canalny. TX 11. If transferred from one command to another, give time of transfer, name of command and time of service master

12. What branch of the service did you enlist in-infantry, cavalry, artillery or navy?

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	13. If (	commessioned dir	ect by the President, what	at was your rank and lin	e of duty?	
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			al service, under the law	of conscription, what w	as the nature of your	gowdee of t
	long did you	serve? bun	en Time Co,	laces of all	Level. Cr	
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	15. Hay	ve you transferre	is contined	of any kind for the pu	rpose of becoming a	peneficiary under
	this law?	<u>nu.</u>				
	Wherefor	e your petitione	r prays that his applicat	ion for pension be app	coved and such other	proceedings be
	had in the pro	emises as are requ	iired by law.			
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			AFFIDAVIT	OF WITNESSI	ËS	
	[NOTE.]—Thei	e must be at lea	ast two credible witnesses	「「」「」「」」「」」「」」「」」「「」」「」」「」」「」」「」」「」」「」」		
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	State of Texas,	on this day pers	onally appeared.	hto flags I	De Tore	are personally
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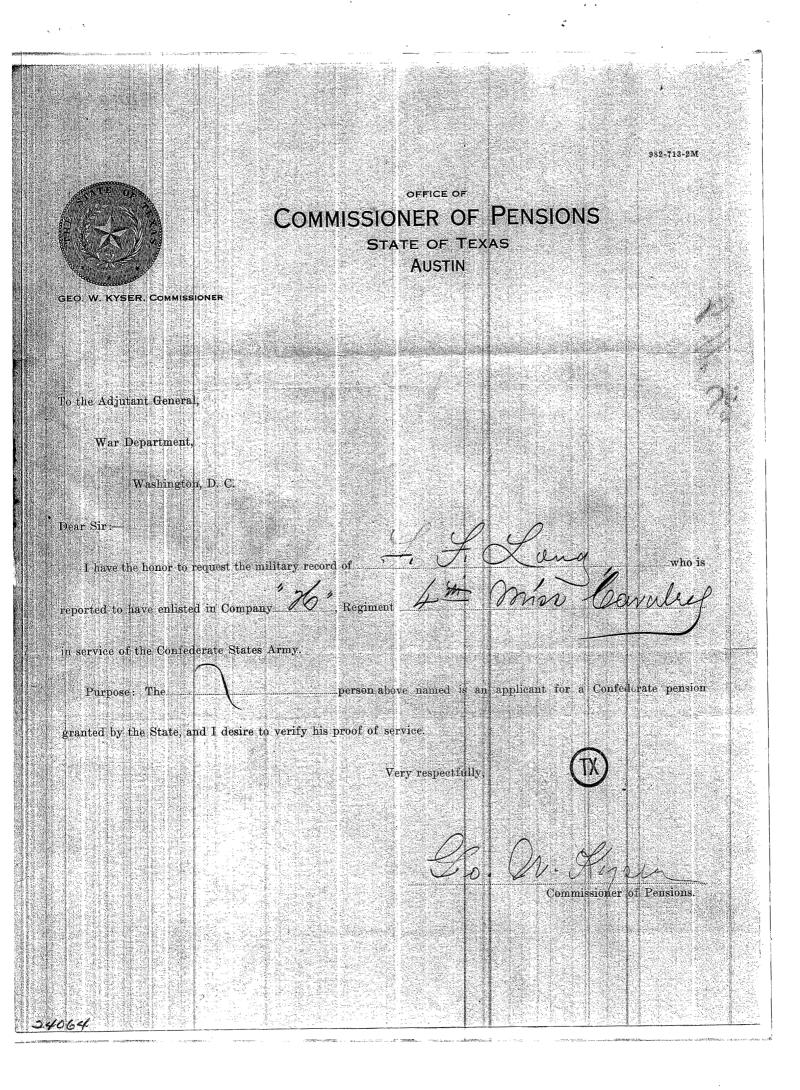
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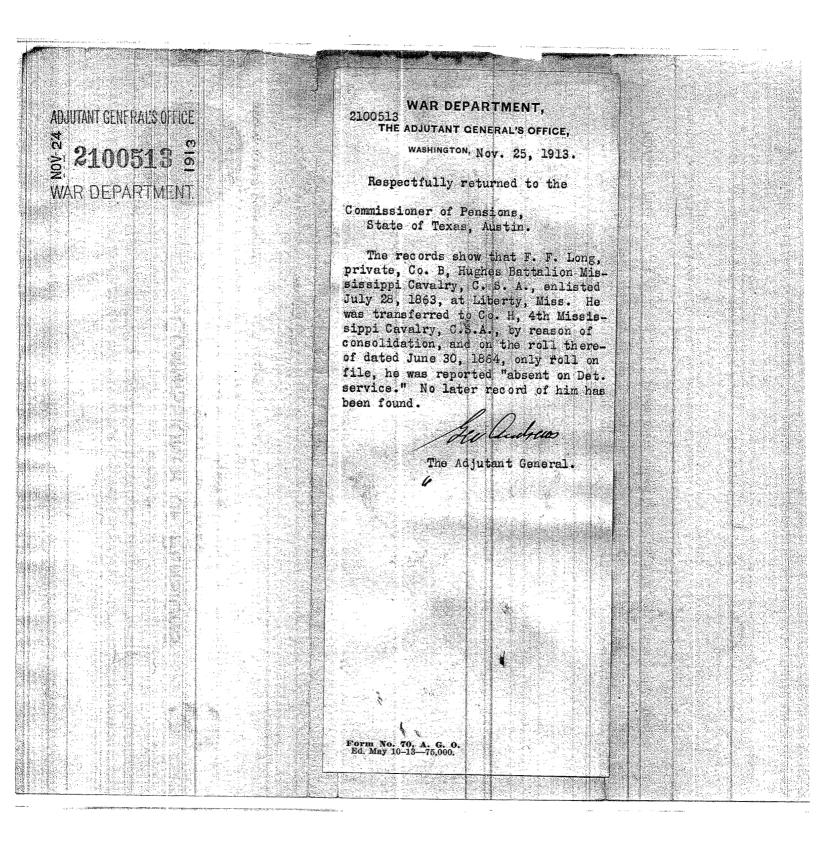
applicant's habits are good and free from dishonor. And He allow-further make oath to the following facts touching the applicant's service in the Confederate Army: (State fully your source of knowledge.) X J 76 a. m. adetron a sended of Ano u e Rent, ad w & a 1862 6 186 7.00 (Signature of Witness) middlet Ko (Signature of Witn Sworn to and subscribed before me, this 16th day of [SEAL.] CERTIFICATE OF STATE AND COUNTY ASSESSOR 11. M. Matthews, State and County Assessor in the County of State of Texas, do certify that Francis Floring or his wife, or his trustee, or trustee for his wife, whose name is signed to the foregoing application for a pension, under the Act of the 33rd Legislature, approved April 7, 1913, is charged on the land and personal property rolls of said county with estate, real personal mone and mixed, at the assessed value of ... dollars. Sift-Given under my hand, this \_\_\_\_\_\_ day of \_\_\_\_\_\_ A. D. 19/3 17.3 marchino State and County Assessor. 2406d

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THE STATE OF MISSISSIPPI,	N NMODIE
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CHANCERY CLERK'S OFFICE.	Court of said Courts, do hereby certify that
CHANCERI CLERR S ()FFICE.	whose [genuine signature] appears
	to the annexed certificate, is now, and was at the date thereof,
	an acting Justice of the Peace, in and for said County, duly elected,
	qualified and commissioned, that his said certificate is in due form, and
	that all his official acts are entitled to full faith and credit.
	Given onder my hand and the seal of said Court, at office,
	this dry of the tage is the ta
	A. W. WAOR CLERK
영화 한 방법에 다시 같은 것이다.	





Form 763b---S3390-234-6m **APPLICATION FOR MORTUARY WARRANT** THE STATE OF TEXAS. Chas B.C. County of do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late Frances F. L. , who was a pensioner of the State of Texas, and whose file number was 147 and whose briginal county was ¥, ucis The selfa pensioner , died on the 19. in the town of\_ day of are. County of reliders The pensioner died in the home of. 4 is who was related to the pensioner as\_ 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 Tuuccio 7. drug I further certify that the warrant for the current month has not been cashed by the pensioner, to the best of my knowledge and belief. I am related to the pensioner as. that my postoffice address is. Street or R. F. D ush Signed Sworn to before me this\_\_\_\_ 13 \_day of\_ Notary Public in and for State of Texas. CERTIFICATE OF UNDERTAKER I. do certify that I am undertaker in the , State of Ferra County of town of that I had charge of the body of. who died in the State of Arguer town County 5. That said body was prepared for burial by me on the dav and that I am of the opinion that on the day of warrant herein applied for should be issued to the said who makes the foregoing application. Signed Indertaker. CERTIFICATE OF PHYSICIAN I. . \_, do certify that I am a practicing physician, and that I attended. \_\_in his last illness, and am of the opinion that his ailments were\_ 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. Tro let ismuel Physician's Address... 24064