

# ORDINARY'S CERTIFICATE

STATE OF GEORGIA

Barrow

COUNTY.

I, Edgell

Ordinary of said County, do certify that I

know Mrs. M. A. Millage the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 29 day of October 1920

That I also know Eustace

witness as to marriage, and I also know

M. A. Millage

that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 29

day of October 1920

(SEAL.)

Edgell

Ordinary.

Barrow

County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give, and that you will not be guilty of perjury." 2. Additional affidavits may be attached if blank space are insufficient. 3. All affidavits must be made before the Ordinary of the county of residence. 4. Only widows who married prior to first January, 1881, are entitled. 5. Attached copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation. 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Millage M. A. (Mrs)  
Barrow County  
Subst Oct 1921  
On Roll No.

## Widow's Application

To Be Put on Roll in Her Own Right When  
Husband Was on the Indigent Roll or  
Put on Under Act of July 11, 1910—  
As Amended by Act of 1919.

County Barrow  
Name Mrs M. A. Millage  
Widow of M. A. Millage  
Company \_\_\_\_\_  
Regiment \_\_\_\_\_  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

11-1-1920

# ORDINARY'S CERTIFICATE

COUNTY }

Ordinary of said County, do certify that I the applicant for this pension, and that she is the in a bona fide continuing resident of said County and was

29 day of October 1920  
 witnesses as to marriage, and I also know that both of the foregoing were duly sworn by me and they are truthful and trustworthy and their statements

of office this 29 day of October 1920  
 A. G. Hill Ordinary  
 Barrow County.

Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient. All affidavits must be made before the Ordinary of the county of residence. Only widows who married prior to first January, 1881, are entitled. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Widow of \_\_\_\_\_  
 Company \_\_\_\_\_  
 Regiment \_\_\_\_\_  
 Approved \_\_\_\_\_  
 J. W. LINDSEY,  
 Commissioner of Pensions.  
 Byrd Printing Co., State Printers, Atlanta.  
 11-1-1920

## ORDINARY'S CERTIFICATE

STATE OF GEORGIA,  
 Barrow COUNTY }

I, A. G. Hill Ordinary of said County, do certify that I know Mrs. M. A. Millesaps the applicant for this pension, and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 29 day of October 1920 That I also know E. W. Smith witness as to marriage, and I also know Mrs. M. A. Millesaps that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 29 day of October 1920  
 (SEAL) A. G. Hill Ordinary.  
 Barrow County.

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth, so help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. All affidavits must be made before the Ordinary of the county of residence. 4. Only widows who married prior to first January, 1881, are entitled. 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation. 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

Millesaps M. A. (Mrs)  
 Barrow County  
 Serial No. 11-1-1920

### Widow's Application

To Be Put in Roll in Her Own Right When Husband Was in Service in Roll or Put on Under Act of August 11, 1910—As Amended by Act of 1919.

County Barrow  
 Name Mrs. M. A. Millesaps  
 Widow of M. A. Millesaps  
 Company \_\_\_\_\_  
 Regiment \_\_\_\_\_  
 Approved \_\_\_\_\_

J. W. LINDSEY,  
 Commissioner of Pensions.  
 Byrd Printing Co., State Printers, Atlanta.  
 11-1-1920

service—because he made no proof of service and was not required to do so.

MA 11385 M.H. (m)  
Barrow County  
Index Oct 1921  
Serial No.

### Widow's Application

To Be Put on Roll in Her Own Right When  
Husband Was on the Indigent Roll or  
Pension Under Act of July 11, 1910—  
As Amended by Act of 1919.

County Barrow  
Name Mrs M. A. Millages  
Widow of M. A. Millages  
Company \_\_\_\_\_  
Regiment \_\_\_\_\_  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.

West Printing Co., State Printers, Atlanta.

11-1-1920

### WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Barrow COUNTY.

Personally before me comes Mrs M. A. Millages of said County,  
who, after being duly sworn, says that she is the widow of M. A. Millages  
to whom, in the County of Barrow State of Georgia she was married on  
the 9 day of December 1872, and that she remained his wife, and resided with him to the  
date of his death in 5 May 1920 and that she has not since his death remarried. At  
the time of his death he was a resident of Barrow County, in said State  
of Georgia, and he was on the Indigent Pension Roll of the State and paid a pension  
of \$400.00 in Barrow County for 1920 per annum, on account of being a soldier in  
Company \_\_\_\_\_ Regiment \_\_\_\_\_ (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Barrow and she  
has so continuously resided since since county was created day of \_\_\_\_\_ 19\_\_\_\_

Sworn to and subscribed before me, this the

29 day of October 1920

A. G. Hill Ordinary

of Barrow County.

(SEAL)

### Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

STATE OF GEORGIA,

Barrow COUNTY.

Personally before me comes G. W. Smith known to be  
responsible and truthful persons, residing in said County, who after having been duly sworn, say: that  
of their own personal knowledge Mrs. M. A. Millages who made the foregoing  
affidavit, is the lawful widow of M. A. Millages who died in Barrow  
County in said State of Georgia on 5 day of May 1920  
and that she has not since remarried. That she became the wife of M. A. Millages on  
the 9 day of December 1872, and that she and he had resided together as man and  
wife continuously since 9 day of Dec 1872, and that the M. A. Millages was  
the same man who was on the pension roll of said State Georgia from Barrow  
County \_\_\_\_\_ when he died.

Sworn to and subscribed before me, this the

29 day of October 1920

A. G. Hill Ordinary

of Barrow County.

(SEAL)

G. W. Smith

of Georgia, and he was on the Pension Roll of the State and paid a pension of \$100.00 in Barrow County for 1920 per annum, on account of being a soldier in Company \_\_\_\_\_ Regiment \_\_\_\_\_ (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Barrow since county was created and she has so continuously resided since \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Sworn to and subscribed before me, this the 29 day of October 1920  
H. G. Hill Ordinary  
of Barrow County.  
(SEAL)

**Affidavit of Witnesses to Prove Marriage and to Whom.  
Date of Death of Husband**

STATE OF GEORGIA,  
Barrow COUNTY.  
Personally before me comes E. W. Smith known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. M. A. Milloyes, who made the foregoing affidavit, is the lawful widow of M. A. Milloyes who died in Barrow County in said State of Georgia on 5th day of May 1920 and that she has not since remarried. That she became the wife of M. A. Milloyes on the 9 day of December 1875, and that she and he had resided together as man and wife continuously since 9 day of Dec 1875, and that the M. A. Milloyes was the same man who was on the pension roll of said State Georgia from Barrow County \_\_\_\_\_ when he died.

Sworn to and subscribed before me, this the 29 day of October 1920  
H. G. Hill Ordinary  
of Barrow County.  
(SEAL)

FEB 7 1934  
VETERAN SERVICE  
A. L. HENSON, Director

TO PAY-  
1930, \$ 55  
Cig. & C. Tax. \$  
TOTAL.

The receipt on back of



FILED  
FEB 7 1934  
VETERANS SERVICE OFFICE  
A. L. HENSON, Director

Winder Ga. Feb 7, 1934  
Recd. of B. A. H. Co.  
B. A. H. Co.  
B. A. H. Co.  
B. A. H. Co.  
B. A. H. Co.

TO PAY-  
1930, \$55  
Cig. & C. Tax. \$  
TOTAL

PAID TO ORDINARY ON THIS CLAIM:  
DATE 2-27-34  
FUND FROM WHICH PAID 45  
2-25-35 1930 65  
TOTAL 110

Approved, and ordered paid,  
Feb 27, 1934  
A. L. HENSON,  
Director, Veterans Service Office.

## Application for Payment of Expenses of Last Illness and Funeral

(Under Act of 1919)  
(To be disbursed by the Ordinary)

GEORGIA, BARROW County:

Before me, the Ordinary of said County, comes A. T. Harrison

of said County, who, after being duly sworn, on oath says that he knew Mrs. Fannie Moore late of said County, a Confed-  
erate pensioner, and that said person is the identical person named and described in the attached  
widow certified copy of burial certificate; and that said pensioner LEFT NO WIDOW and NO ESTATE of  
ANY KIND OR VALUE sufficient to pay the expenses of last illness and funeral, which amounted  
to the sum of \$100.00, as shown by sworn statements FULLY and COMPLETELY

ITEMIZED, hereto attached.

Sworn to and subscribed before me,

this the 6th day of Feb., 1934.  
B. C. H. W., Ordinary.

## CERTIFICATE OF THE ORDINARY

GEORGIA, BARROW County.

I certify that A. T. Harrison who subscribed  
to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and  
credit. I further certify that I knew Mrs. Fannie Moore the deceased  
pensioner referred to in the foregoing affidavit and that said deceased was at the time of death  
regularly enrolled as a pensioner on the records of file in my office. I further certify that said de-  
ceased pensioner is the identical person named and described in the attached certified copy of burial  
certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses  
of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 6th day of February, 1934.

(Seal of Ordinary) B. C. H. W., Ordinary.

### INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of                     , who died without owning sufficient property to pay this bill.
- 4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

ESTABLISHED 1896

WINDER, GA. FEBRUARY 1st 1934.

Mr. J. B. Moore,

Bethlehem, Ga.

BOUGHT OF FERGUSON FUNERAL HOME

Funeral Directors

Private Ambulance

Flowers for all Occasions

1933

Nov 23

For Mrs Fannie Moore, Bethlehem, Ga.

Casket and outside case

80.00

Clothing,

10.00

Hearse service,

10.00

\$100.00

GEORGIA BARROW COUNTY.

The above and foregoing account is rendered for the burial expense of Mrs Fannie Moore, who died without sufficient funds to pay this bill.

C. M. Ferguson

Funeral director,  
Winder, Ga.

Sworn to and subscribed before me  
this 6th day of Feb., 1934.

B. C. H. W.

Ordinary,  
Barrow County Georgia.

GEORGIA, BARROW COUNTY.

OFFICE OF ORDINARY.

I, W. H. Maxwell, Clerk of Court of Ordinary of said county, do hereby certify the within is a true and correct copy of the original of file in this office.

In Testimony whereof, I hereunto set my hand and affix the seal of the Court of Ordinary.

This 10th, day of February, 1934.

W. H. Maxwell  
Clerk Court of Ordinary.



Sworn to and subscribed before me,  
this the 5th day of Feb., 1934.  
B.C. Hill, Ordinary.

A.T. Harrison

## CERTIFICATE OF THE ORDINARY

GEORGIA, BARROW COUNTY, Georgia.

I certify that A.T. Harrison who subscribed to the foregoing affidavit is known to me to be a person whose statement is entitled to full faith and credit. I further certify that I knew Mrs. Fannie Moore the deceased pensioner referred to in the foregoing affidavit and that said deceased was at the time of death regularly enrolled as a pensioner on the records of file in my office. I further certify that said deceased pensioner is the identical person named and described in the attached certified copy of burial certificate, was not survived by a widow and left no estate of any kind sufficient to pay the expenses of last illness and burial for which claim is made.

Given under my hand and seal of office, this the 5th day of February, 1934.  
(Seal of Ordinary) B.C. Hill, Ordinary.

### INSTRUCTIONS:

- 1st. Certified copy of Burial Certificate must accompany this application.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or funeral expenses, as the case may be) of \_\_\_\_\_, who died without owing sufficient property to pay this bill."  
4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed and signed as indicated.
- 5th. The completed voucher—this blank and the bills—must be sent to the Veterans Service Office for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 6th. Return this application, and attached bills, properly receipted, to the Veterans Service Office.
- 7th. Ordinary should see that the back of this blank, when folded, is filled out.
- 8th. This voucher, if approved, will be sent back to you with the funds with which to pay the approved bills. When you have paid the bills and obtained a receipt for each payment, return the voucher, with bills and receipts, to be permanently filed in the Veterans Service Office.
- 9th. The State does not authorize the payment of these expenses in the event a soldier pensioner is survived by a widow, nor if the pensioner left any estate of any kind or value sufficient to pay them, nor if the pensioner had been outside of the State of Georgia for more than twelve (12) months immediately preceding date of death.

Sworn to and subscribed before me  
this 6th day of Feb., 1934.

Ordinary,  
Barrow County Georgia.

### OFFICE OF ORDINARY.

I, W.H. Maxwell, Clerk of Court of Ordinary of said county, do hereby certify the the within is a true and correct copy of the original of file in this office.

In Testimony Whereof, I hereunto set my hand and affix the seal of the Court of Ordinary.  
This 10th, day of February, 1934.

W.H. Maxwell  
Clerk Court of Ordinary.

## CERTIFICATE OF DEATH

GEORGIA STATE BOARD OF HEALTH  
Bureau of Vital Statistics

1 PLACE OF DEATH State—Georgia County—Barrow City or Town—Bethlehem		Militia District No. _____ Registered No. _____ St. _____ Ward _____ (If death occurred in a hospital or institution, give its NAME instead of street and number).	
2 FULL NAME Mary Frances Moore (a) Residence _____ (b) Length of residence (If less than one year, give date when death occurred) _____ yrs. _____ mos. _____ ds. If non-resident give city or town and state of residence.			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX Female	4 Color or Race White	5 Single, Married, Widowed, or Divorced Widow	6 DATE OF DEATH (month, day and year) Nov. 22nd, 1933
7 AGE Years 83 Months 5 Days 27 If less than 1 day, — hrs. — min. — sec.			17 I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to Nov. 22, 1933 that I last saw her alive on Nov. 22, 1933 and that death occurred, on the date stated above at _____ The CAUSE OF DEATH was as follows: Valvular Heart Disease
8 OCCUPATION (a) Trade, Profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) Housewife			
9 BIRTHPLACE (State or Country) Walton County, Ga.			
10 NAME OF FATHER David Thompson			
11 BIRTHPLACE OF FATHER (State or Country) Walton County, Ga.			
12 MOTHER'S NAME Elizabeth Austin			
13 BIRTHPLACE OF MOTHER (State or Country) Walton County, Ga.			
14 The Above is True to the Best of My Knowledge. (Informant) J.R. Moore (Address) Bethlehem, Ga.			
15 Filed Dec. 5th, 1933. Registrar J.T. Harrison			
16 MEDICAL CERTIFICATE OF DEATH (duration) _____ yrs. _____ mos. _____ ds. CONTRIBUTORY Chronic Nephritis (duration) _____ yrs. _____ mos. _____ ds. 18 Where was disease contracted? _____ If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) W.T. Randolph, M.D. (Address) Winder, Ga. 19 Place of Burial, Cremation, or Removal Date of Burial Thompson Cemetery 11-23-1933 20 UNDERTAKER C.M. Ferguson Address Winder, Ga.			

THE INFORMANT AND UNDERTAKER MUST BOTH SIGN THIS CERTIFICATE

N. Y. S. Form 11. THIS IS A PERMANENT RECORD. Every item of information should be carefully and correctly filled in. If the CAUSE OF DEATH is not known, so that it may be properly classified. Exact statement of OCCUPATION in every instance. If deceased was in military or nautical service, or occupation, so state.

N. Y. S. Form 11.

Received from B.C. Hill, Ordinary  
Fifty Five and no/100 Dollars  
Balance Burial Expense of Mrs. Fannie Moore.

\$55.00

Winder, Ga. FEB 28 1935 19  
Ferguson Funeral Home  
W.H. Ferguson



THE INFORMANT AND UNDERTAKER MUST NOT  
N. Y. R. Form 11.

1. NAME OF DECEASED: **Fannie Moore**

2. SEX: **Female**

3. RACE: **White**

4. STATUS: **Widow**

5. NAME OF HUSBAND OR WIFE, IF MARRIED, WIDOWED OR DIVORCED: **David Thompson**

6. DATE OF BIRTH (month, day and year): **June 10, 1873**

7. AGE: **63** Years **5** Months **27** Days

8. OCCUPATION: **Housewife**

9. BIRTHPLACE (State or Country): **Walton County, Ga.**

10. NAME OF FATHER: **David Thompson**

11. BIRTHPLACE OF FATHER (State or Country): **Walton County, Ga.**

12. MAIDEN NAME OF MOTHER: **Elizabeth Austin**

13. BIRTHPLACE OF MOTHER (State or Country): **Walton County, Ga.**

14. The Above is True to the Best of My Knowledge.  
(Informant) **J. E. Moore**  
(Address) **Bethlehem, Ga.**

15. Filed **Dec. 5th, 1933**  
Registrar **J. T. Harrison**

16. (Month, day and year) **Nov. 22nd, 1933**

17. I HEREBY CERTIFY That I attended deceased from **June 10, 1933** to **Nov. 22, 1933**  
that I last saw her alive on **Nov. 22, 1933**  
and that death occurred on the date stated above at **Walton County, Ga.**  
The CAUSE OF DEATH was as follows:  
**Valvular Heart Disease**

18. Where was disease contracted (if not at place of death)?  
Did an operation precede death? Date of:  
Was there an autopsy?  
What test confirmed diagnosis?  
(Signed) **W. T. Randolph** M.D.  
(Address) **Winder, Ga.**

19. Place of Burial, Cremation, or Removal: Date of Burial  
**Thompson Cemetery** **11-23-1933**

20. UNDERTAKER **C. M. Ferguson**  
Address **Winder, Ga.**

Received from **E. C. Hill, Ordinary**

**Fifty Five and no 100** Dollars

Balance Burial Expense of Mrs. Fannie Moore.

\$25.00

*Signature of Funeral Home*  
**C. M. Ferguson**

Winder, Ga. FEB 28 1935 19

THE INFORMANT AND UNDERTAKER MUST NOT  
N. Y. R. Form 11.  
N. Y. R. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. It should be filled out as soon as possible after death, and before the body is moved. It is very important. When death is due to infectious or dangerous conditions, it should be filled out as soon as possible after death, and before the body is moved.

1. Name of Deceased: Fannie Moore  
2. Name of Husband or Wife, if Married, Widowed or Divorced: Widow  
3. Date of Birth (month, day and year): June 10, 1873 to Nov. 22, 1933  
4. Age: 60 Years 5 Months 27 Days  
5. Occupation: Housewife  
6. Birthplace (State or County): Walton County, Ga.  
7. Name of Father: David Thompson  
8. Birthplace of Father (State or County): Walton County, Ga.  
9. Maiden Name of Mother: Elizabeth Austin  
10. Birthplace of Mother (State or County): Walton County, Ga.  
11. The Above is True to the Best of My Knowledge. (Informant) J. E. Moore  
(Address) Bethlehem, Ga.  
12. Filed Dec. 5th, 1933  
Registrar J. T. Harrison  
13. Name of Undertaker: C. M. Ferguson  
(Address) Winder, Ga.  
14. I HEREBY CERTIFY, That I attended deceased from June 10, 1933 to Nov. 22, 1933  
that I last saw her alive on Nov. 22, 1933  
and that death occurred, on the date stated above at Winder, Ga.  
The CAUSE OF DEATH was as follows:  
Valvular Heart Disease  
15. Where was disease contracted? Chronic Nephritis  
16. Did an operation precede death? No  
17. Was there an autopsy? No  
18. What test confirmed diagnosis? W. T. Randolph, M.D.  
(Signed) W. T. Randolph  
(Address) Winder, Ga.  
19. Place of Burial, Cremation, or Removal: Date of Burial  
Thompson Cemetery 11-23-1933  
20. Undertaker: C. M. Ferguson  
(Address) Winder, Ga.

Received from Winder, Ga. FEB 28 1935 19  
E. C. Hill, Ordinary  
Fifty Five and no 100 Dollars  
Balance Burial Expense of Mrs. Fannie Moore.  
\$25.00  
Thompson Funeral Home  
W. T. Randolph

TO PAY-  
1930. \$127.  
Cig. & C. Tax. \$  
TOTAL.

MORRIS, MATILDA (Mrs.) 216  
BARROW CO ✓  
For BARROW County

**1.9**<sub>32</sub>

## Application for Pension Due Deceased Pensioner (UNDER ACT 1904)

(UNDER ACT 1904)  
(To pay expenses of last illness and funeral)

B.C.H111 ..... Ordinary

For Mrs. Matilda Morris  
Date of Death July 1st. 1932

Date of Death July 1st, 1932  
Amount \$100.00  
Approved and ordered paid

~~CONFIDENTIAL~~  
Commissioner of Pensions

APPROVED FOR PAYMENT

*[Signature]*  
Director

VETERANS SERVICE OFFICE

PAID TO ORDINARY ON THIS CLAIM:					
DATE 1935	FUND FROM WHICH PAID				
2-25	1930			127	RS
<b>TOTAL.</b>				127	00

APPROVED FOR PAYMENT  
*[Signature]*  
 Director  
 VETERANS SERVICE OFFICE

PAID TO ORDINARY ON THIS CLAIM:  
 1935 FUND FROM WHICH PAID \$  
 2-25 1930 127.00

TOTAL 127.00

(Under Act Approved August 15, 1904)

1st. Require those claimants expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form:

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_, who died without owing sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—the blank and the bills—must be presented to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

5th. Return this application, and attached bills, properly receipted, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filled out.

(Ordinary will please complete and return immediately to A. L. Henson, Director, Veterans Service Office, State Capitol, Atlanta, Ga.)

GEORGIA, BARROW County.

Personally before me, the Ordinary of said County, comes

A.T. Harrison of said County, who, after being sworn, on oath says that he knew Mrs. Matilda Morris of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in BARROW County, in this State, on the 1st day of July, 1932, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$216.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,  
E.C. Hill Ordinary  
BARROW County  
(Seal of Ordinary)

A.T. Harrison

### CERTIFICATE OF ORDINARY

GEORGIA, BARROW County.

I, E.C. Hill, Ordinary of said County, do certify that I personally know A.T. Harrison, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. Matilda Morris while in life and that this was the same person whose name appears on the Pension Roll of BARROW County, and was paid a Pension of One Hundred Eighty (\$180.00) Dollars in said County for 1932, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 19th day of July, 1932.  
(Seal of Ordinary) E.C. Hill Ordinary  
BARROW County

#### INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_, who died without owning sufficient property to pay this bill."
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached hereto to this blank after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

In consideration of the Atlanta Casket Company releasing the firm of Verner & Tuggle and R. W. Verner, we the undersigned transfer, sell and assign all of the accounts and notes of Verner & Tuggle to the Atlanta Casket Company without recourse.

This the 17th day of August, 1932.

(Signed) H. C. Tuggle

(Signed) R. W. Verner

Witness:

(Signed) Joe Guillien

For the funeral expenses of Mrs. Matilda Morris.

#### COUNTY OF FULTON, STATE OF GEORGIA:

Personally appeared before me, Common Young, Assistant Secretary & Treasurer, who on oath states that the above is a true copy of the assignment made by H. C. Tuggle and R. W. Verner to the Atlanta Casket Co. Sworn to and subscribed before me this 3rd day of January, A.D. 1933.

H. C. Tuggle  
Notary Public, State of Georgia,  
My Commission Expires Dec. 5, 1933

ATLANTA CASKET CO.  
Common Young  
Assistant Sec. & Treasurer.

### A Certificate

STATE OF GEORGIA, County of BARROW

IN RE: Expenses last illness and funeral Mrs. Matilda Morris

This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:

1. Died inside of the State of Georgia;
2. Left no estate of any kind or value, sufficient to pay these expenses.

This the 7th day of August, 1932.

(SEAL)

E.C. Hill, Ordinary  
(Ordinary will please complete and return immediately to A. L. Hanson, Director, Veterans Service Office, State Capital, Atlanta, Ga.)

#### Verner & Tuggle Funeral Directors

Barrow County  
For Funeral Expenses of Mrs. Matilda Morris

July 1-1932

Casket & Box	\$ 175.00
Dress & Hose	16.00
Embalming	15.00
Hearse & Services	10.00
	\$ 216.00

Personally appeared before H.C. Tuggle who after being sworn says that the above account is just true due and unpaid and was for the funeral expenses of Mrs. Matilda Morris, who died without leaving sufficient property to pay this bill.

Sworn to and subscribed  
before me this July 19, 1932

A.T. Harrison  
Deputy Clerk Superior Court  
Barrow County, Ga.



# CERTIFICATE OF ORDINARY

GEORGIA, Barrow County.  
I, E.C. Hill, Ordinary of said County, do certify that I personally know A.T. Harrison, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. Matilda Morris while in life and that this was the same person whose name appears on the Pension Roll of Barrow County, and was paid a Pension of One Hundred Eighty (\$180.00) Dollars in said County for 1932, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.  
Given under my hand and official seal, this 19th day of July, 1932.  
(Seal of Ordinary) E.C. Hill, Ordinary  
Barrow County

- INSTRUCTIONS:
- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
  - 2nd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_ who died without owning sufficient property to pay this bill."
  - 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
  - 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
  - 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
  - 6th. Ordinary should see that the back of this blank, when folded, is filled out.

COUNTY OF FULTON, STATE OF GEORGIA:  
Personally appeared before me, Common Young, Assistant Secretary & Treasurer, who on oath states that the above is a true copy of the assignment made by H. G. Tuggle and R. W. Vermer to the Atlanta Casket Co.  
Sworn to and subscribed before me this 3rd day of January, A.D. 1935.

H. G. Tuggle  
Notary Public, State of Georgia at Large.  
My Commission Expires Dec. 5, 1935

ATLANTA CASKET CO.  
Assistant Secy & Treasurer.

## A Certificate

STATE OF GEORGIA, County of Barrow  
IN RE: Expenses last illness and funeral Mrs. Matilda Morris  
This is to certify that from an examination of the records in my office, and from personal knowledge, or inquiry, it is ascertained that this pensioner:  
1. Died inside of the State of Georgia;  
2. Left no estate of any kind or value, sufficient to pay these expenses.  
This the 7th day of August, 1932.  
(SEAL) E.C. Hill, Ordinary  
(Ordinary will please complete and return immediately to A. L. Hanson, Director, Veterans' Service Office, State Capitol, Atlanta, Ga.)

Verner & Tuggle  
Funeral Directors  
Barrow County  
For Funeral Expenses of Mrs. Matilda Morris

July 1 1932

Casket & Box	\$ 175.00
Dress & Hose	16.00
Embalming	15.00
Hearse & Services	10.00
	\$ 216.00

Personally appeared before H.G. Tuggle who after being sworn says that the above account is just true due and unpaid and was for the funeral expenses of Mrs. Matilda Morris, who died without leaving sufficient property to pay this bill.

Sworn to and subscribed before me this July 19, 1932

J. B. Harrison  
Deputy Clerk Superior Court  
Barrow County, Ga.

Received from E.C. Hill, Ordinary  
One Hundred Twenty Seven and no/100 Dollars  
for Funeral expense of Mrs. Matilda Morris.  
Atlanta Casket Co.  
By E. R. Harris Secretary  
\$ 127.00

Personally appeared before H.G. Tugale who after being sworn says that the above account is just ~~the~~ true due and unpaid and was for the funeral expenses of Mrs Matilda Morris, who died without leaving sufficient property to pay this bill.

*H. G. Tugale*

Sworn to and subscribed before me this July 19, 1932

*Jack B. Harrison*  
Deputy Clerk Superior Court  
Barrow County, Ga.

<i>Received</i>	Winder, Ga. Mar. 1st, 1935.
	from E.C. Hill, Ordinary
	One Hundred Twenty Seven and no/100 Dollars
	for Funeral expense of Mrs. Matilda Morris.
	<i>Atlanta Carpet Co.</i>
\$ 127. 00	<i>By E R Paris Secretary</i>

STATE OF GEORGIA  
Ordinary's Certificate

I, Barney Hill COUNTY Barrow  
Ordinary of said County, do certify  
that I know Mrs. E. M. Moulder the applicant for pension. She  
is the person she represents herself to be and she is a bona fide continuing resident citizen of said County  
and was on the 4th November 1908; that I also know

the witness who swears to the service of husband; that both of them are now residents of said County and  
were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-  
worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 17 day of Sept 1910  
(SEAL) Barney Hill Ordinary,  
Barrow County.

NOTES: 1. Before any questions are answered the Ordinary shall receive applicant and the witness in the following words:  
"You do solemnly swear that you will true answers make to the questions asked you and the witness  
shall be sworn by me before signing the foregoing affidavits and that they both are truthful, trust-  
worthy, and their statements are entitled to full faith and credit."  
2. Additional affidavits may be attached to the foregoing affidavits.  
3. All affidavits were sworn prior to January 1st, 1909, are entitled.  
4. All affidavits were sworn before the Ordinary of the residence of the person to be sworn and certified by  
such Ordinary.  
5. This Ordinary's certificate of marriage license is obtainable. If not, give's marriage, by some person, or by general  
reputation.

Moulder, E. M. (Mrs.)  
April 1910  
No. 107  
Barrow County  
**Widow's Pension**  
Under Act 1910—as Amended by Act of 1919.  
County Barrow  
Name Mrs. E. M. Moulder  
Widow of E. M. Moulder  
Company (See inside)  
Regiment 43 La  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions.  
Byrd Printing Co., State Printers, Atlanta.

10-1-1919

Approved \_\_\_\_\_  
J. W. LINDSEY,  
Commissioner of Pensions.  
Byrd Printing Co. State Printers, Atlanta.  
10-1-1919

Certificate  
Ordinary of said County, do certify  
\_\_\_\_\_ the applicant for pension. She  
is a bona fide continuing resident citizen of said County  
and of them are now residents of said County and  
affidavits and that they both are truthful, true  
and credit.  
17 day of Sept 1919  
H. G. Hill Ordinary,  
Barron County.  
I shall swear applicant and the witness in the following words:  
I make to each of the questions asked you and the evidence  
of the residence of the person to be sworn and certified by  
able. If not, prove marriage, by some person, or by general

Ordinary's Certificate

STATE OF GEORGIA,

Barron COUNTY

I, H. G. Hill Ordinary of said County, do certify  
that I know Mrs. E. M. Maulder the applicant for pension. She  
is the person she represents herself to be and she is a bona fide continuing resident citizen of said County  
and was on the 4th November 1908; that I also know  
the witness who swears to the service of husband; that both of them are now residents of said County and  
were duly sworn by me before signing the foregoing affidavits and that they both are truthful, true  
worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 17 day of Sept 1919  
(SEAL) H. G. Hill Ordinary,  
Barron County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:  
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence  
you shall give will be the truth. So help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. Only widows who married prior to January 1st, 1881, are entitled.  
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by  
such Ordinary.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general  
reputation.

Application for Pension by a Widow Under Act of 1910  
As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

Barron COUNTY

Personally before me comes Mrs. E. M. Maulder of said State and County,  
and, after being duly sworn, says that she desires to apply for a pension allowed under the Act  
of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to  
the following questions to-wit:

1. What is your name, and where do you reside? Mrs. E. M. Maulder - Barron Co.
2. How long and since when have you been a continuing resident of the State of Georgia? All my life
3. When, where and to whom were you married? Sept 2nd 1878 - Jefferson Co. Ga.  
J. M. Maulder
4. Have you married since the death of first and soldier husband? I have not
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service) 1st Co. 1st Regt. 4th Va. Cavalry
6. When and where did the commands of your husband surrender or discharge from the army? He was in Prison at Point Lookout
7. Was your husband personally present at the time of the surrender or discharge of this command? In Prison
8. If he was not present state clearly where he was? In Prison - at Point Lookout Md.
9. Where was his command when he left? Captured
10. For what cause did he leave his command? Captured
11. By whose authority did he leave his command? Captured
12. For how long was he granted leave of absence? None
13. What was his physical condition when he left his command? He was in Prison
14. What effort did he make to return to his command? He was in Prison
15. In what way was he prevented from going back to Command? He was in Prison
16. Was he captured by the enemy at any time? Yes
17. If so, when and where captured and where held as a prisoner, and when and for what cause released? He was held at Point Lookout Md.
18. When and where did your first husband die? at Point Lookout Md.
19. Were you residing together when he died? Yes
20. If not, how long had you resided apart? Yes
21. Are you now a widow? Yes
22. Have you or your husband heretofore been paid a pension by the State? My husband has
23. If so, when and for what cause were you or your husband placed on the roll? He was placed on the service roll - He lost his arm

Sworn to and subscribed before me this the 17 day of September 1919  
H. G. Hill Ordinary  
Barron County.  
(SEAL)

Widow's Pension

Under Act 1910 - as Amended by Act of 1919

County Barron  
Name Mrs. E. M. Maulder  
Widow of E. M. Maulder  
Company (See index)  
Regiment 43 Co.  
Approved \_\_\_\_\_

J. W. LINDSEY  
Commissioner of Pensions.  
Byrd Printing Co. State Printers, Atlanta.  
10-1-1919




is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know \_\_\_\_\_  
 the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.  
 Sworn under my hand and official seal of office this 27 day of Sept 1917  
 (SEAL) H. G. Hill Ordinary,  
Barron County.

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."  
 2. Additional affidavits may be attached if blank spaces are insufficient.  
 3. Only widows who married prior to January 1st, 1881, are entitled.  
 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.  
 5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Moulder, E. M. Moulder  
No. 100  
Barron County  
**Widow's Pension**  
 Under Act 1910 - as Amended by Act of 1919  
 County Barron  
 Name Mrs. E. M. Moulder  
 Widow of E. M. Moulder  
 Company (See inside)  
 Regiment 43  
 Approved \_\_\_\_\_  
 J. W. LINDSEY,  
 Commissioner of Pensions,  
 New Printing Co. State Printer, Atlanta.  
10-1-1919

(Barron) COUNTY.]  
 Personally before me comes Mrs. E. M. Moulder of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:  
 1. What is your name, and where do you reside? Mrs. E. M. Moulder - Windsor, Ga.  
 2. How long and since when have you been a continuing resident of the State of Georgia? all my life  
 3. When, where and to whom were you married? Sept. 25th 1878 - Jefferson, Ga. Jackson County - Mr. E. M. Moulder  
 a. Have you married since the death of first and soldier husband? I have not  
 4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) 1st Ga. Regiment 2nd Co. - 1st Ga. Regiment  
 5. When and where did the commands of your husband surrender or discharge from the army? He was in Prison at Point Lookout  
 6. Was your husband personally present at the time of the surrender or discharge of this command? in Prison  
 7. If he was not present state clearly where he was? in Prison at Point Lookout Md.  
 8. Where was his command when he left? captured  
 a. For what cause did he leave his command? May 24th Brandy  
 b. By whose authority did he leave his command? captured  
 c. For how long was he granted leave of absence? Good  
 d. What was his physical condition when he left his command? He was in Prison  
 e. What effort did he make to return to his command? He was in Prison  
 f. In what way was he prevented from going back to Command? Yes  
 g. Was he captured by the enemy at any time? Yes  
 h. If so, when and where captured and where held as a prisoner, and when and for what cause released? He was held at Point Lookout Md.  
 i. When and where did your first husband die? at Windsor, Ga. Barron Co.  
 k. Were you residing together when he died? Yes  
 l. If not, how long had you resided apart? Yes  
 m. Are you now a widow? Yes  
 9. Have you or your husband heretofore been paid a pension by the State? My husband has  
 If so, when and for what cause were you or your husband placed on the roll? He was placed on the disallow roll - He lost his arm  
 Sworn to and subscribed before me this the 19th day of September 1917  
H. G. Hill Ordinary  
 of Barron County.  
 (SEAL)

  
 Certificate of Release of Prisoner of War.  
 HEAD QUARTERS, POINT LOOKOUT, MD.  
 Provost - Marshal's Office, June 5 1865.  
 I hereby Certify, That Amelia M. Moulder  
 Prisoner of War, having this day taken the Oath of Allegiance to the UNITED STATES, as prescribed by the Proclamation of December 8th, 1864, is in conformity with instructions from the War Department, hereby released and discharged.  
 In witness whereof, I hereunto affix my official Signature and Stamp.  
A. G. Brady  
 Maj. and Provost Marshal.





# Certificate of Release of Prisoner of War.

HEAD QUARTERS, POINT LOOKOUT, MD.

Provost Marshal's Office, June 5, 1865.

I hereby Certify, That *Edmund M. Moulden*  
Prisoner of War, having this day taken the Oath of Allegiance to  
the UNITED STATES, as prescribed by the President's proclamation  
of December 8th, 1862, is in conformity with instructions from the War  
Department, hereby released and discharged.

In witness whereof, I hereunto affix my official Signature  
and Stamp.



*A. B. Brady*

Major, and Provost Marshal.

the United States of America.

1920  
Barrows  
Moulden

*Edmund M. Moulden*

solemnly swear that I will support, protect, and defend the Constitution and Government of the United States against all ene-  
mies, whether domestic or foreign; that I will bear true faith, allegiance, and loyalty to the same, any ordinance, resolution, or  
laws of any State, Convention, or Legislature to the contrary notwithstanding; and further that I will faithfully perform all the  
duties which may be required of me by the laws of the United States; and I take this oath freely and voluntarily, without any  
mental reservation or evasion whatever.

*Witness W. C. Brady, Esquire, M. L. Knodler.*

Subscribed and sworn to before me, this  
A. D. 1865.

*John*  
day of *June*

Major and Provost Marshal.

The above-named has *Dark* complexion, *Dark* hair, and *Dark* eyes; and is *Five*  
*8 1/2* inches high.