

INDIGENT PENSION,

INDIGENT PENSION,

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WARRAST BAXBED TO

Out. N. Alettern, mar France, agence.

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA, Parlow COUNTY. 4. When, where and in what company and regiment did he enlist, sind how do you know? The property of the same company and regiment? Was Coffee of the same company and regiment? Was Coffee of Coffe 6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the sprice? Arm military and the lime and circumstances of his discharge from the sprice? Arm military and the lime to good the law of the law Has be conveyed away, any of his property in the last four years, if so, what was it, and to whom?

Le has had mme to Confuey

What is the applicant's occupation and physical condition? Farming has began

What is the applicant's occupation and physical condition? Farming has began

ACCALLED The Canal of Superior in the applicant unable to support himself by labor of any sort, if so, why? All is 11. Is the applicant unable to support himself by labor of any sort, if so, why? All is according support himself by labor of any sort, if so, why? All is according to the support of the labor of the labor of the labor of the labor of this family.

12. How was he supported during the years 1898 and 1899? Farm the labor of his support or these two years was derived from his own labor or in the labor of his support or these two years was derived from his own labor or in the labor of his support or these two years was derived from his own labor or in the labor of his support or these two years was derived from his own labor or in the labor of his support or these two years was derived from his own labor or in the labor of his support or these two years was derived from his own labor or in the labor of his support or these two years was derived from his own labor or in the labor of his support or these two years was derived from his own labor or in the labor of his support or these two years was derived from his own labor or in the labor of his support or the labor of his support or the support of his support or the support of his support or the support of his support of his support or the support of his s two years was derived from his own labor or income? Give a full and complete statement of the applicant's physical condition that entitles him to a pension present 1254, Code? He has us bad Cancer in his a Ce Has been by bad bor about three efforthat he cauld not wont. Sworn to and subscribed before me, this 2 Swel leaft of las 12 40 ga bredymore Witness Waller Ordinary. In specific & Neel

|  | ad to gross value? To any Kinds  |
|--|--|
| 14. What property, effects or income did you possess in                    | 1894, 1895, 1896, 1897, 1898 and 1899, and   |
| what disposition, if any, did you make of same?                            | me-  |
|  |  |
| 15. In what County did you reside during those years, and                  | what property did you then return for taxation?  |
| 16. How were you supported during the years 1898 and                       | 1899 By my Children  |
| 17. How much did your support cost for each of those yes                   |  |
| 18. What was your employment during 1898 and 1899?                         | What pay did you receive in each year?   |
| 19. Have you a family? If so, who composes such family a homestead?        | y? Give their means of support? Have they  |
| nopuly or in cerue  10. Are you receiving any pension? If so, what amount, | May Kind and   |
| Sworn to and subscribed before me this the day of ly ly 1900.              | tarling Bufurd   |
| of Barton  | County.  |
|  |  |
| 37.00  | Secretary and the second secretary and the second s |

Question

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

| COUNTY.)  |
|---|
| Personally came before meeds Freloach   |
| . V. Calham, both known to me as reputable physician  |
| of said County, who, being severally sworn, say on oath that they have examined carefull.                                 |
| 5 hiling Bullet, applicant for pension under Section 1254, Code, and after  |
| such personal examination say that his precise physical condition is as follows:  |
| the has concer of free which  |
| consumed farge parts of   |
| Theek and about one have I have   |
| hind to good extending to egge 14c  |
| to prograter wear   |
| They further say on oath that the physical condition of applicant renders him unable to labor at                          |
| any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed. |
| Sworn to and subscribed before me this the  |
| Let day of July 1900 A Magel  |
| Juniviels Ordinary.   |
| O'dillary.  |
| ORDINARY'S CERTIFICATE.   |

| being allowed.  Sworn to and subscribed before me this the day of July 1900.  Law Man 1900 1900   | 1 1/1/ - 0  |
|---|---|
| ORDINARY'S  | CERTIFICATE.  |
| STATE OF GEORGIA,  COUNTY.  I. COUNTY.  that the applicant Statisting Broben a bona fide resident of this state grows deep and that the winesees, viz.  are of trustworthy character, and that their statements | olhum a   |
| I further certify that before answering the fo  | pregoing questions the applicant and each witness took  |
| the oath hereon prescribed, and that the full text  | of the affidavits was read to the applicant and witness |
| Lefter same was signed.  I further certify that the tax digests of returned for taxation in his name in 1898.  of property, and in 1899.  | Barlow County show that applicant Dollars Of property.  |
| In my opinion the foregoing claim is.  Witness my hand and seal of office, this.  | made in good faith.                                     |
| <b>\</b>  | of Contow County  |

h. Before any quastions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You you God,"
you God,"
2. Additional addartis may be stateched if blank space are laundlingthment.

Additional affidavits may be attached if blank spaces are insufficient.
 In every case the Ordinary must certify to the character of the wit hers, and as to the execution of the proof out.

| THE PARTY CONTROL OF THE PARTY |  |
|--|--|
| 8. What property, effects or income did the applicant possess in 1898, 1897, 1898 and 1899, and what disposition, if any, did be make of same? How Wholius do do.  |  |
| 10. What is the applicant's occupation and physical condition? Harming has been have the property in the last four years, if so, what was it, and to whom?  10. What is the applicant's occupation and physical condition? Harming has been have offered to the partial occupation and physical condition? Harming has been have been been also been harming has been been applicant. Here playered in warry bank  |  |
| 11. Is the applicant unable to support himself by labor of any sort, if so, why? Also was a support with the support of the su |  |
| 12. How was he supported during the years 1898 and 1899? From the labor of the family 13. What portion of his support or these two years was derived from his own labor or income?   |  |
| 14. Give a full and complete systement of the applicant physical bondition that entitles him to a pension under Section 1264, Code? Shee has the band Carrier in his face, that he has been for Obout three  |  |
| 15. What interest have you in the recovery of a pension by this applicant? A One Sworn to and subscribed before me, shis? I I That Caff of by 40 ga budymot the 26 days of the desired by the gas budymot  |  |
| Justindrick Ordinary. Justin Service   |  |
|  |  |
|  |  |

I further certify that before answering the foregoing questions the applicant and each witness took the oath hereon prescribed, and that the full text of the affidavits was read to the applicant and witness same was signed.

I further certify that the tax digests of \$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\f Barling County show that applicant eturned for taxation in his name in 1898. of property, and in 1899 # 25 Dollars of property. In my opinion the foregoing claim is made in good faith.

Witness my hand and seal of office, this day of July of July of arrow In my opinion the foregoing claim is. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You all true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

County, State of Geoogia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever

of Ju vols
follows: Physical Condition is as follows: Physical Condition is a stremely bad price Cipally form Cancer in nose and sye

condition and poverty he is unable to support himself by his own exertion or labor, and

Deponent desires to participate in the benefits of the Act, approved December 15th, Deponent castres to participate in the descents of the Acts application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Darton = county been allowed a pension for the year 1901. Marking Beauty

18 60; that he is JE years old and

Dollars, that by reason of his physical

that he enlisted in the military service of the Con-

County. Personally appears starling Beautord of Barliow

STATE OF GEORGIA,

Barlow

federate States (or of the State of\_

that his property consists of the following item

that he receives no pension but the one herein applied for.

by occupation a\_

are of trustworthy character, and that their statements are entitled to full faith and credit.

Ordinary in and for said County, hereby certifying Britard resides in said County, and has slate gipte bear acts or gray Mining of years by William County and has been been supported by the said county and has been supported by the said county and has been supported by the said county and has been supported by the said county, and has been supported by the said county, hereby certifying the said county, and has been said county and has said county

STATE OF GEORGIA,

## For Applicants Heretofore Allowed Pensions.

Dersonally appears Stalling Beautord of Bartow

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen

STATE OF GEORGIA,

Darlino

| since the day of Hall 1844 shorts 52  |
|---|
| , that he is V years old and  |
| that he enlisted in the military service of the Confederate States (or of the State of  |
| States, and served for the state of the State of in Company 1, of 40th Regiment   |
| at a tegriment  |
| follows: Desobled from labor on an  |
| follows: De sobled from labor on ac<br>Cumit, of Cancer in his face   |
|   |
| that his property consists of the following items   |
|   |
|   |
| of the value of Dellam day i  |
| Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and |
| that he receives no pension but the one herein applied for,   |
| Deponent desires to participate in the benefits of the Act, approved December 15th,   |
| 1654, and the Acts amendatory thereof, and makes application for the pension to which he  |
| is entitled for the year 1901. I have heretofore as a resident of Barling county been allowed a pension for the year 1900       |
| Sworn to and subscribed before me, this the   |
| The Hudricks Ordinary. Beaufara   |
| OMAMD ON STATE  |

antiro county. I county.

do certify that I am well acquinted with Starting Deaubort the applicant in the foregoing affidavit, and am well satisfied that the statements made by him

in his said affidavit are true, and I know he is the individual he represents himself to be

Given under my official signature and seal, this 12111
day of June 1901. He works

Ordinary Darlin County.

Sworn to and subscribed before me, this the day of Jany 1902. \_Ordinary. STATE OF GEORGIA,
County,
L. TWILLIAM do certify that I am well acquainted with starling Beautora the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Sworn to and subscribed before me, this the Marking Beaufard 1901. Marking Beaufard Swarling ordinary. Starling Beau county been allowed a pension for the year 1901 Sworn to and subscribed before me, this the lon day of Jany 1902. STATE OF GEORGIA,

County.

County.

Ordinary of said County,

Ordinar \_Ordinary. STATE OF GEORGIA,

County,

I. Grdinary of said County,

do certify that I am well acquainted with Statisfied that the statements made by
the applicant in the foregoing affidavit, and am well satisfied that the statements made by in his said affidavit are true, and I know he is the individual he represents himself to be him in his said affidavit are true, and I know he is the individual he represents himself to day of January Gwill New New Wicks be and that he resides in this County. Given under my official signature and seal, this 10 "
day of face 1992

1992 Ordinary Barlin County. Ordinary Wor Yow Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st. 19 POWER OF ATTORNEY. POWER OF ATTORNEY. STATE OF GEORGIA,

Danling County.

18. Beautord hereby authorize George W.

Nemoricks, of Carlinbulle Ga STATE OF GEORGIA, Lending Beaut ord hereby authorize George W. to receive and receipt for the pension allowed and request that he remit some at leasters willy from to receive and receipt for the pension allowed and request that he remit same to by Chick Witness my hand and seal, this I day of Ally Starking Beautiful Witness my hand and seal, this / U day of Jany 1902.

Menting Beaufurents. Executed in presence of Executed in presence of W ML Kodet Jas H. Leake 1901. FOR THOSE ALREADY ENROLLED. SOLDIER'S PENS SOLDIER'S PENS IOHN W. LINDSEY, JOHN W. LINDSEY, INDIGENT INDIGENT

1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1901. I have heretofare as a resident of Sarthav county been aboved a pension for the year 1900.

Deponent desires to participate in the benefits of the Act, approved December 15th,

1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Darton.

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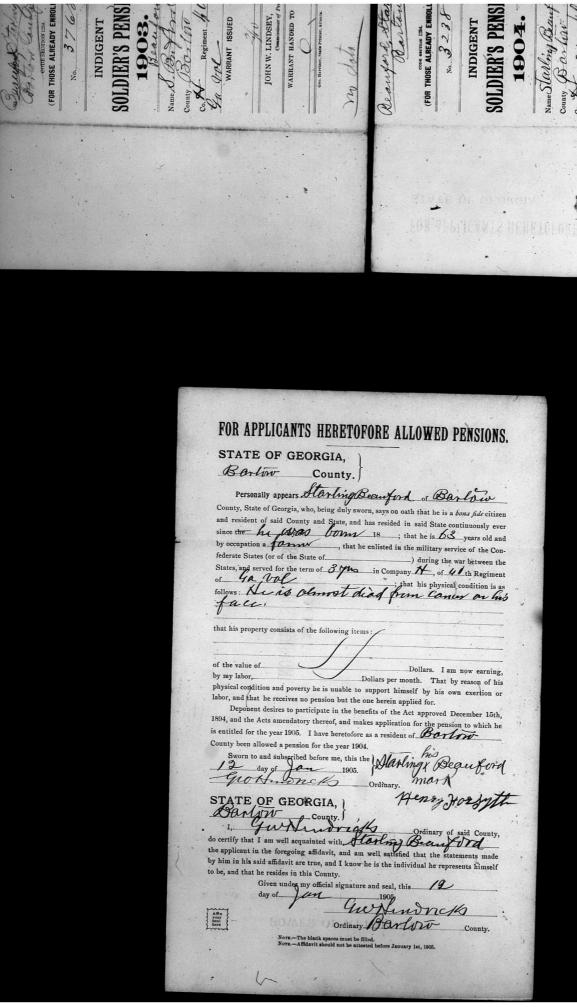
FOR THOSE ALREADY ENROLLS No. 3148 JOHN W. LINDSEY, SOLDIER'S PEN INDIGENT IOHN W. LINDSEY 1901 INDIGENT DIER'S PE FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA, STATE OF GEORGIA, Sactor County. Darlow County. Personally appears Harling Benfork of Personally appears Steeling Beauford of Blirlow County, State of Georgia, who, being garly sworn, says on oath that he is a bona fide citizen. County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of March 1860; that he is O years old and and resident of said County and State, and has resided in said State continuously ever since weight of the continuously ever since weight of the continuously every since weight of the continuously every since weight of the continuously every since of the by occupation a deriver that he enlisted in the military service of the Confederate States (or of the State of during the war between the States, and served for the term of during the war between the States, and served for the term of during the war between the States, and served for the term of during the war between the States, and served for the term of during the war between the States, and served for the term of during the war between the states, and served for the term of during the war between the states, and served for the term of during the war between the states of the confederate states. , that he enlisted in the military service of the Confederate States (or of the State of\_ in Company 14, of 40 th Regiment States, and served for the term of Syra of 49 20 ; that his physical condition is as follows: Suffix very much with dancer only the dely their lege entirely gone ; that his physical condition is as follows: Has a bad Concer in his face. No is Totally disobled that his property consists of the following items: Nearth not good that his property consists of the following items: of the value of Dollars, that by reason of his physical of the value of\_ condition and poverty he is unable to support himself by his own exertion or labor, and Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for. that he receives no pension but the one herein applied for. Deponent desires to participate in the benefits of the Act, approved December 15th, Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the person to which he 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of is entitled for the year 1904. I have heretofore as a resident of War low county been allowed a pension for the year 1 9.0 2 Starling Bufurd County been allowed a pension for the year 1903. Sworn to and subscribed before me, this the day of 1903, 1903, 1903, 1900, 1903, 1900, 190 Sworn to and subscribed before me, this the Harling Accomp and day of 1164 Ordinary. STATE OF GEORGIA,

In To W County.

I, Gro W Hundricke

do certify that I am well acquainted with Starling STATE OF GEORGIA, Darww Sw. Nindviells do certify that I am well acquainted with Montage Brandford the applicant in the foregoing affidavit, and am well saturated that the statements made do certify that I am well acquainted with Stailing Buford the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to by him in his said affidavit are true, and I know he is the individual he represents himself be and that he resides in this County. to be, and that he resides in this County. Given under by official signature and seal, this day of 78 67 1903. Given under my official signature and seal, this day of 1904/3 yw. Nendress Affix your Seal bere. Ordinary Barlino Ordinary Barlow

| sentitled for the year 1903. I have heretofore as a resident of country been allowed a pension for the year 1962  Sworn to and subscribed before me, this the day of 1963.  STATE OF GEORGIA, 1963.  I Grant Accountry.  I Grant Accountry.  I Grant Accountry Country.  I Grant Accountry Country of said Country, do certify that I am well acquainted with Manuary I Juntary of said Country, the applicant in the foregoing affidavit, and am well satisfied that the stafements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this Country.  Given under hy official signature and seal, this day of 1903.  Ordinary Borline Country.  Norz.—The blank spaces must be filled.  Norz.—Affidavit should not be attested before January 1st, 1903.  | is entitled for the year 1904. I have heretofore as a resident of Dar 1800.  County been allowed a pension for the year 1903.  Sworn to and subscribed before me, this the day of 1804.  Ordinary.  STATE OF GEORGIA, County.  1, County. |
|--|---|
| POWER OF ATTORNEY.  STATE OF GEORGIA,  Liver County.  In farling Rufer of Carling Rooms  to receive and receipt for the pension allowed and request that he remit same to at any literature  Witness my hand and seal, this 9 day of February 1903.  Executed in presence of  The Allowed Rooms In the seal of the | POWER OF ATTORNEY.  STATE OF GEORGIA,  COUNTY.  I Starting Beauford bereby authorize George W  Sensor all of Carlin Wills Ga  to receive and receipt for the pension allowed and request that he remit same to  at Carlin Will Ga  by  Witness my hand and seal, this I'm day of HEby  Executed in presence of  M.M. Trippe J. P.   |
| INDIGENT  SOLDIER'S PENSION  INDIGENT  SOLDIER'S PENSION  I DOB  Name J. Br. Hard  Name J. Br. Hard  NARRANT ISSUED  WARRANT ISSUED  WARRANT HANDED TO  One Horse of President  WARRANT HANDED TO  One Horse of President  WARRANT HANDED TO  One Horse of President  One Hors | CONTROL STARBULE  NO. 3-3-8  INDIGENT  SOLDIER'S PENSION  IBOA.  NAME ANT ASSUED  WAREANT ASSUED  WAREANT ASSUED  WAREANT HANDER,  Commission of Posicial  WAREANT HANDER,  WAREANT HANDER, TO  Commission of Posicial  WAREANT HANDER  WAREANT HANDER |
|  | 198 VIM ICANIS HEBELGIANS STEAMED DE MONS   |



JOHN W. LINDSEY

Sworn to and subscribed before me, this the daylings Beauford 1905.

Grant 1905.

STATE OF GEORGIA, Density County.

I, Grant I am well acquainted with Starling Beauford the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this day of 1905.

Affix Ordinary Darlow County.

Nove—The blank spaces must be filled.

Nove—The blank spaces must be filled.

Nove—Affidavit should not be attested before January Ist, 1905.

## POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow COUNTY. Survey Bear Ford hereby authorize

In Marling Bear Ford hereby authorize

to receive and receipt for the pension allowed, and request that he remit same to

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NO. 37 C

INDIGENT

SOLDIER'S PENSION

IBOOS.

Name Meeting Beauford

County Barlond

County Barlond

WARRANT ISSUED

FEB 7

NARRANT HARBED TO

WARRANT HARBED TO

WARRANT HARBED TO

WARRANT HARBED TO

STATE OF GEORGIA

FOR APPLICANTS DERETOFORE ALLOWED PENSIONS

no date

FOUNDER AIREAUE.

(FOR THOSE AIREAUE.)

No. 37 C

INDIGENT

SOLDIER'S PENSION

IDOO.

Name Alendary Been from

Co. M. Regiment 4 C

Co. M. Regiment 4 C

Co. M. Regiment 4 C

NARRANT ISSUED

FEB 7 11906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HABED TO

ON WARRANT HABED TO

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

NAME Beauford, Starling

YEAR 1900 COUN

COUNTY Bertole

WHEN AND WHERE BORN?

December 1st. 1844 in South Camline

ENLISTED WHEN AND MIRE? March 1862 at Big Shanty, Ga. Cobb Co.

RANK Captain

COMPANY AND REGIMENT? Co. H. 40th. Regt. Ca. Vola.

NAME OF CAPTAIN AND COLONEL? Captain J.L. Heel

WO'THTED?

CAPTURED, WHEN AND WHERE?

RELP.SED.

WHEN AND WHERE SURREMDERED? Greensboro, N.C. April 26th. 1865.

IF NOT PARSENT AT SURRENDER, MITTER WERE YOU?

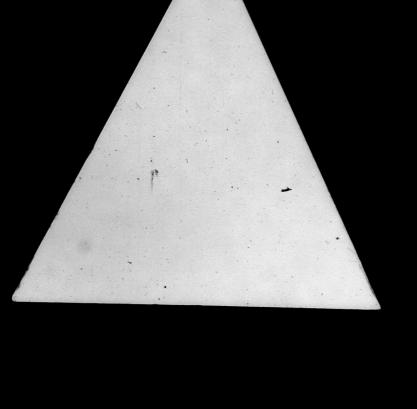
DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

AMA

NAME OF CAPTAIN AND COLONEL? Captain J.L. Heel. WO'NTED? CAPTURED, WHEN AND WHERE? RECT.SED. WHEN EACH WHERE SURRENDERED? Greensbore, N.C. April 26th. 1885. IF NOT PARKENT AT SURRENDER, WE'RE WERE YOU? DIED, WHEN AND WHERE? BURTED. WITNESSES. JWT



Widow's Application Under Act of 1910—As Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937. County\_\_\_Bartow Name Mrs.Elizabeth Bell

Record incland.

Widew of T.J. Bell
Date of Marriage Aug. 30, 1900 Date of Husband's Death Nov. 19 11924. Company. A-Regiment BTh Battn Ga Infantry Approved DEC 27 100 193.

Approved DEC 27 100 193.

Directors.

# Ordinary's Certificate

STATE OF GEORGIA,

Bartow I,.....R.M.Gaines,... COUNTY.

she is the person she represents herself to be, and that she has been, continuously, a bona fide resident citizen of said State since Jattuary 1st, 1920; that I also know. W.P. «Whitewarth, truthful and trustworthy and their statements are entitled to full faith and credit. of said County and were duly sworn by me before signing the foregoing affidavits, and that they are the witness who swears to the service of husband and/or the marriage; that both of them are now residents that I know Mrs.Elizabeth Bell Given under my hand and seal of office this... .....the applicant for pension; that ....., Ordinary of said County, do certify

....County. ... Ordinary:

(SEAL OF ORDINARY)

INSTRUCTIONS:

 Before any questions are narresed the Jedinary shall sware applicant and the witness in the following words: "You do notemally sware that you will true assess make to each of the questions distinct you and the evidence you shall give will be what fruit. So help you God."
 Additional difficient words attached if blank encoura are immificient. dwife may be attached if blant spaces are insufficial, the married piot to Jamesy 1st, 1903, are entitled, and be made below the Ordinary of the County in which the applicant or witness residue and must be

died only of marken liemes if olasimable. If not, prove marriage, by some person, or by general reputation, back of the application entitly.

In bully form of Marriage Certificate in vogue throughout the State. A short, simple form is entire to handle, see an application from any widow who is already receiving a persion.

JUL 27 1937

JUL 27 1937

### APPLICATION FOR PENSION BY-A WIDOW OF A CONFEDERATE SOLDIER

(Under Act of 1910, as Amended by Act of 1919, and Constitutional Amendments of 1920 and 1937.)

QUESTIONS FOR APPLICANT TO ANSWER: STATE OF GEORGIA,

| Bartow |  | COUNTY. |
|--------|--|---------|
|--------|--|---------|

| <br>Personally appears before me Mrs. Elizaheth. Bell  |
|--|
| being duly sworn, true answers to make to the questions propounded, answers as follow, to wit: |
| SECTION I.   |

| 1. What is your name, and where do you reside? | (Give Plat Office and Country) |
|--|--------------------------------|
| Mrs.Elizabeth Bell Adaireville                 | Banton County                  |

2. How long and since when have you been; continuously, a bone fide resident citizen of the State

of Georgia? All my life
Give date, or year, of your birth. June 27, 1264
Age: 73

3. (I)When, (2)where and (3)to whom were you married? Aug. 50, ISOO. Piakens County, Ga. J.T.Bell

a. Have you married since the death of first and soldier husband? b. When and where did your first husband die? Nov. 19, 1924. Adairsville, Ga.....

d. If not, how long had you resided apart? never did separate

g. If so, when and for what cause were you or your husband placed on the roll? confederate soldier.
SECTION II. don't know date, was in Bartow county, Answer the following questions if your husband was not a pensioner

 When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.

2. When and where did the Commands of your husband surrender or discharge from the Service?

3. Was your husband personally present with his Command when it was surrendered or discharged?

If he was not present, state specifically and clearly where he was?

When did he leave the Command?

b. By whose authority did he leave?

c. For how long was his leave of absence granted? . . . . . . . . . . . . d. In what way? . . . .

What was his physical condition when he left his Command?

f. What effort did he make to return to his Command?

In what way was he prevented from going back to his Command?....

Was he captured by the enemy at any time?

If so, when and where? In what prison was he held and when was he released?

ed before me, this the Care, Ordinary

Maines 1937 Un Elizabeth Bartow County. County.

#### Ordinary's Certificate

Date of Husband's Death Now Is 11924

Widow of. T.J. Bell. Date of Marriage. Aug. 30, 1900

Mrs.Elizabeth Bell

nemt. BTh. Battn. Ga. Infantry

| STATE | OF | GEORGIA, |  |
|-------|----|----------|--|
|-------|----|----------|--|

Widow's Application

Act of 1910—As Amended by , and Constitutional Amendem of 1920; and 1937.

-----COUNTY.

that I know. Mrs.Elizabeth Bell ..... the applicant for pension; that she is the person she represents herself to be, and that she has been, continuously, a bona fide resident

citizen of said State since January 1st, 1920; that I also know ... W.P. Whitworth, ss who swears to the service of husband and/or the marriage; that both of them are now residents

Given under my hand and seal of office this. 26 day of July 193.7

EAL OF ORDINARY)

of Bartow County. (SEAL OF ORDINARY)

ily. ilineate in vogue throughout the State. A short, simple form is easier to handle y widow who is already receiving a pension.

|  | Confederate Army or County Millet. (C)   |
|--|--|
| Ordinary's Certificate   | Confederate Army or Georgia Militia. (Give name of Colonel and Captain.) State whether Infantry, Cavalry, Artillery, Reserves, State Guards, State Militia or State Troops.  |
| STATE OF GEORGIA,  |  |
| Bertow COUNTY.   |  |
| 1, R.M. Gnines,, Ordinary of said County, do certify   | 2. When and where did the Commands of your husband surrender or discharge 6  |
| that I know Mrs.Elizabeth Bell the applicant for pension; that   |  |
| she is the person she represents herself to be, and that she has been, continuously, a bona fide resident  | 3. Was your husband personally present with his Command when it was surrendered or discharged?   |
| citizeh of said State since January 1st, 1920; that I also know W.R. Whitworth,  | 4. If he was not present, state specifically and clearly where he was?   |
| the witness who swears to the service of husband and/or the marriage; that both of them are now residents  | When did he leave the Command?     For what cause did he leave?  |
| of said County and were duly sworn by me before signing the foregoing affidavits; and that they are  | b. By whose authority did he leave?  |
| truthful and trustworthy and their statements are entitled to full faith and credit.   | c. For how long was his leave of absence granted?  |
| Given under my hand and seal of office this. 26 day of 117 193.7   | e. What was his physical condition when he left his Command?   |
| (SEAL OF ORDINARY) July Gridinary:   | What effort did he make to return to his Command?  |
| of Bartow County.  | g. In what way was he prevented from going back to his Command?.  h. Was he captured by the enemy at any time?   |
| INSTRUCTIONS:  | i. If so, when and where? In what prison was he held and when was he released?   |
| 1. Before any questions are asserted the Ordinary shall swear applicant and the princess in the following words: "You do sedemaly swear that you will true asswers make to each of the questions sized you and the evidence you shall give will be 2. Additional affinities may be statched if blank spaces are insufficient. 2. Additional affinities may be statched if blank spaces are insufficient. 4. All affindavits must be made before the Ordinary of the Country in which the applicant or witness resides and must be exceeded by the country of the Country in which the applicant or witness resides and must be certified by such Ordinary.  Ordinary of the Country in which the applicant or witness resides and must be exceeded by the country of the Country in which the applicant or witness resides and must be exceeded by the country of the Country in which the applicant or witness resides and must be exceeded by the country of the Country in which the applicant or witness resides and must be exceeded by the country of the Country in which the applicant or witness resides and must be exceeded by the country of the Country in which the applicant or witness resides and must be exceeded by the country of the Country in which the applicant or witness resides and must be exceeded by the country of the Country in which the applicant or witness resides and must be exceeded by the country of the Country in which the applicant or witness resides and the country of the Country in which the applicant or witness are considered by the country of the Country in which the applicant or witness resides and the country of the Country in which the applicant or witness are considered by the country of the Country in which the applicant or witness are considered by the country of   |  |
| Additional affidavits may be attached if blank spaces are insufficient.     Only widows who married prior to January 1st, 1920, are entitled.  | Sworn to and subscribed before me, this the  |
| 4. All affidavits must be made before the Ordinary of the County in which the applicant or witness resides and must be excited by such Ordinary, or marriage liness for behandable. If not, prove marriage, by some person, or by general reputation. 6. Fill out the base of the application carefully. 7. Don't use the bully form of Marriage Certificate in vogue throughout the State. A bort, simple form is easier to handle. 8. Do not take an application from any widow who is already receiving a pension.  | 128 Jayor Jaly 193? Mrs Elizabeth Bell Marsopolicant.  |
| Fill out the back of the application carefully.     Don't use the bulky form of Marriage Certificate in vogue throughout the State. A short, simple form is easier to handle.     Do not take an application from any sedom what is also the state. A short is small from the state of the state.  | of Bartow County.  |
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| An Affidavit   |  |
|  |  |
| (Read carefully before making this affidavit.)   | Questions for Witness as to Marriage and Service of Husband  |
|  | Questions for Witness as to Marriage and Service of Husband.   |
| State of Georgia,  | Bartow   |
| State of Georgia, County of.   | Bartow COUNTY.  W.P.Whitworth  |
| County of  | Bartow   |
| County of  Before me, the Ordinary of said County, comes Mrs. who, after being duly sworn, deposes and says:   | Bartow COUNTY.  W.P.Whitworth of said State and County is hereby presented as a winess in support of the application of Wrs. Elizabeth Rell for the pension provided by the Act of 1910, as amended by the Act of 1910 and the Constitutional Amendments of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded to the constitutional propounded to the constitutional propounded to the constitutional propounded to the constitutional propounded to the constitution of 1920 and 1937, in said State, who, after being sworn true answers to make to the questions propounded to the constitution of the constitu |
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| Before me, the Ordinary of said County, comes Mrs. who, after being duly sworn, deposes and says:  1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;  2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;  3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;  4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.  Sworn to and subscribed before me, this the   | Bartow   |
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| Before me, the Ordinary of said County, comes Mrs. who, after being duly sworn, deposes and says:  1. That she is an applicant for the Georgia pension allowed to widows of Confederate soldiers;  2. That her deceased husband was not a pensioner of the State of Georgia at the time of his death, and, therefore, his Confederate military service has not heretofore been proven in connection with an application for pension;  3. That she is unable to obtain from any person or source evidence as to the Confederate military service of her deceased soldier husband;  4. That this affidavit is being made to authorize the use, as evidence, of any official record of said Confederate military service as may be preserved either at the Capitol in Atlanta, or in the office of the Adjutant-General, Washington, D. C.  Sworn to and subscribed before me, this the   | Bartow   |
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14. Was the husband of applicant personally present with his Command at its surrender? 

How do you know all that you have stated to be true? (If of your own knowledge, state clearly and speci-

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com-

16. What effort did he make to return to his Comma

of Bartow County. (SEAL OF ORDINARY)

STATE DEPARTMENT OF PUBLIC WELFARE

HURT BUILDING

Honorable R. M. Gaines, Ordinary, Bartow County, Cartersville, Georgia.

MRS. ELIZABETH BELL, WIDOW OF T. J. BELL,

has filed in this office an application for the Georgia pension allowed to widows of Confederate veterans; and it appearing that the late husband of this applicant proformed actual military service as a Confederate soldier and was honorably separated from such service; and that applicant was married to said soldier prior to January 1st, 1920, and that she was not remarried; it is, therefore,

ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January 19 38 , and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December

Director, Confederate Divis State Department of Public Wolfare

| 12 . W.  |
|--|
| 13. Were you personally present with this Command when it was surrendered?                                       |
| not, where were youand how came you there?   |
| 14. Was the husband of applicant personally present with his Command at its surrender?,                          |
| hen, where and for what cause did he leave his Command? (Give date.)   |
| whose authority did he leave his Command?  |
| d how long was he granted leave?   |
| ow do you know all that you have stated to be true? (If of your own knowledge, state clearly[and speci-<br>ally) |
| 15. For what cause, if you know of your own knowledge, was he prevented from returning to his Commd?             |
| 16. What effort did he make to return to his Command and how do you know this?                                   |
| 77. Was he captured as a prisoner?If so, when and where?what prison was he held?what prison was he held?         |
| worn to and subscribed before me, this the   |
| 28 day of July 193 ? (Witness)  Barton County  |
| (SEAL OF ORDINARY)   |

- W. P. WHITWORTH
FURNITURE, STOVES, RANGES AND FLOOR
COVERING
FUNERAL DIRECTOR AND EMBALMER
\*AMBULANCE SERVICE\*

ADAIRSVILLE, GA. July 24th 1957

I C.B.Bishop a notary public in and for the County of Barton State Of Georgia, comes W.P.Whitworth an undertaker in Adairsville Ca, who on Oath says he buried T.J.Bell at Dewey Ga Nov 80th 1984L

Signe 21, P. Whitwark

Bartow County, Ga. 1937

State of Georgia, County of Bartow.

Marriage Certificate.

This certifies that T.J.Bell and Elizabeth Worley, were joined in the Holy bonds of Matrimany, by Rev. James A.Simmons, on the 30 day of August 1900.

as appears of record in Marriage record book Page 80, in this office. A. M. Juin

This July 26,1937.

Ordinary Bartow County, Georgia.

weterans; and it appearing that the late husband of this applicant performed actual nilitary cor-vice as a Confederate soldier and was homorably separated from such service; and that applicant was married to said 30 dier prior to January let, 1820, and that she was not remarried; it is, there-fore,

#### ORDERED:

That said applicant be admitted to the pension roll of the State of Georgia for the month of January 19 38, and thereafter; and that a copy of this order be sent to the Ordinary of said County.

This, the 27th day of December 1937 .

Atlanta, Ga., July 3, 1937.

Dar Judge Telfies:
Thomas Jefferson Bell was placed on the pension relabout 1900, Bartow County, on the following record:
hlisted as a private in to. 4, 8th Battn. Ca. Inf.
ay 9, 1862. Surrendered, Greensboro, N. C., Apr.26,

Very truly yours, Delin Sinduran.

State of Georgia, County of Bartow.

Marriage Certificate.

This certifies that T.J.Bell and Elizabeth Worley, were joined in the Holy bonds of Matrimany, by Rev. James A.Simmons, on the 30 day of August 1900.

in this office.

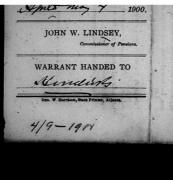
Ordinary, Bartow County, Georgia.

This July 26,1937.

| Bell J.J.  |
|--|
| Baltaw County Code Section 1250. No. 35 H                  |
| INVALID  |
| SOLDIER'S PENSION,   |
| Name J. J. Bell<br>County Barton                           |
| Disability Bodily Dickness Amount, & VV Aprils may 4 1900. |
| JOHN W. LINDSEY, Commissioner of Pensions.                 |
| WARRANT HANDED TO  |
| 900. W Harrison, Base Printer, Alanse. 4/9-1914            |

| PB Bred         | of the so | SECTION NI   | usy that he require            | Control               | Layer .                    | STATE OF GEORGIA, |
|-----------------|-----------|--|--------------------------------|-----------------------|----------------------------|-------------------|
| MBRushshir + 0. | 1900.     | IN WITHESS WHEREOF, I have become set my hand and seal, this | request that he possit same to | rillo &               | Gartine County, Sunty Sich | RGIA,             |
| 3.              | 63        | ereunto set my hand  | ζ,                             | A. to receiv          | , -                        | _                 |
|                 | 10 9 B.LC | and seal, this   | of Che                         | e and receipt for the | ens                        |                   |
| 1               | [L. 8.]   | 194  | 1                              | pension allowed an    | 9                          |                   |

Power of Attorney.



Power of Attorney.

request that he remit same to by by.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this.

day of Frby 1900.

WBBrukshir, for

|         | For Use of Applicants Who Have Not Heretofore Drawn.  |
|---------|---|
| ,       | STATE OF GEORGIA,  County,  PERSONALLY appears J. J. Bell of said Borting   |
| ď       | County, State of Georgia, who being duly sworn says on oath that he was born on the day of                        |
| OLVE    | 1843, that he is a bona fide citizen and resident of Georgia, and has been  |
| 986     | continuously since theday of Jaurey 1850, that he enlisted in   |
| ő       | the military service of the Confederate States (or the State of   |
| 0       | day of A during the war between the States, and served in Company A of States and Wolunteers                      |
| t,      | Brigade, and was honorably discharged on the 26' day of   |
| 7       | Chril 1865; that whilst engaged in such military service, and in line of duty in the                              |
| H       | State of Lenn, on the day of fall 1864  |
| 8       | he you disabled on manufed as follows: X Lehan a throat disease and has Catarrh of the head and suffern with very |
| ğ       | Lever pains in his expalled about his heart   |
| A       | and has Ot frequent intervals Duffered from   |
| P O     | of first as of becant year, and of process  |
| 4       | and for the last the reas he has outlined   |
| #       | qually from the offer the foregoing   |
| g       | by firform the aningry vocations it life:   |
|         | that the obone disipos and the fres und continue  |
| get     | if health of Officiant is due to Exposure   |
| 90      | from Attoute you to populling I march   |
| 9       | Last by North booling A Strant in the   |
| HO<br>H | Dioly of Summery was bore footed, gin finght  |
| 10t     | and the bolly of drawling dynnine boutonto  |
| 7       | and march back to Moth booking bout out he  |
| Pe d    | brought on the foregoing choises if which he new suffer   |
| H       | Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof,     |
| 4       | and makes application for the pension to which he is entitled for the year thereunder, ending October 26th, 1900. |

SOLDIER'S PENSIO WARRANT HANDED TO JOHN W. LINDSEY, 1900. Mundeling

| Code Section 1200. | SOLDIER'S PENSION, | Name J. T. BELL County B. Descriptor Disability B. D. Ly de Chares Amount, & D. | JOHN W. LANDSEY, Commissions of Pentions, WARRANT HANDED TO  **CLILLINGS** GROWN BEATFORM, ALERA, Grown Beatforms, Alexand. | 4/9-1911 |
|--------------------|--------------------|---|---|----------|

| Affidavit for Three Witnesses.  |
|---|
| STATE OF GEORGIA,   |
| County.   |
| Personally appears before me, the undersigned Ordinary in and for said Quanty.  |
| Grownshor, John P. Lewis and W Stupps   |
| personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally   |
| say, under oath, that they are personally and well acquainted with . J Sell   |
| whose application is herewith presented for a pension, that he has resided in this State continuously since the   |
| Gil day of Elliculary 1850, that he served in Company of the  |
| be, while in line of duty, was injured by the service as follows:  Give full in line of duty, was injured by the service as follows:  Give full statement, and tell in your own language  when, where and how the simply Appended or the disease was contracted.  |
| the gains in line of duty, was injured by the service as follows: give full statement, and tell in your own language, when, where and how the surprise physpersal, or the disease was normated, and to what extent applicant is disabled from work as a display of the does any lapor, or can do any, state what! |
| Allawor Township and had to be and tell on the more from  |
| mon horefored in I aid mord, any that a rid Rell Contrated  |
| Chieve of the head and throat Catarih and number which has  |
| a come or opa that he is now mable to perform the Drivery   |
| of Exposure in live of duly on said moros.  |
| at motile   |
| from the subject day, he was not with the command on the  |
| of meridian miss that he familia of missee but met with it  |
| Ofmost notice; The said will health is more work had  |
| from alorn neurolgie and over throat which  |
| the more of one named that a in Bill is from on   |
| able to fort ome the usual overling it his  |
| John P. Lewis days he was in the above many morty with  |
| Clother At Control Bell was without shows and obnut without   |
| of life for a support, Bell was a forthful soldier  |
| We personally know above stated facts. We were with him in the army and have known him ever since.  |
| He was honorably discharged or retired from the service on 26' day of Chul  |
| 186 D. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18   |
| the have no interest in the recovery of a pension by him.   |
| Sworn to and subscribed before me, this   |
| day of 11 Ph - 1900. A. W. Shirbs   |
| The Lewis   |
| Ordinary.   |

| . N      | 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally |
|----------|--|
| unlified | the same.  |
| 2.       | itnesses are asked to make their statements full and explicit, tracing disability to its true cause                    |

| H swom to and subscribed before me, this the   | 10 g. Dell   |
|--|--|
| 1900.)   | P 7 .10  |
| Ordinary.  | Post Office Ceartersville  |
|  |  |
| Norm—State fully nature of wound or character of dis-<br>of the disability. If claim is based on disease, give full and o  | sase which causes the disability, and explain particularly the extent  |
| NOTE-Do not trouble to mention wounds which do not   | disable.   |
| Note.—The Ordinary will see that all blank spaces are  | filled when the affidavits are signed.   |
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| THE RESERVE THE PARTY OF THE PA |  |
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| Di   | Form No. 3.  |
| rnysician  | s' Affidavit.  |
| STATE OF GEORGIA,  |  |
| Barlow County.   |  |
| PERSONALLY comes before me 2003  | 160 111  |
|  | Jenoriel Ordinary of said County,  |
|  | OM Hightower, both known to  |
| me as reputable physicians of said County, who being sev   | erally sworn, say on oath, that they have carefully examined   |
| d. J. Well   | and after such personal examination, say that the present  |
| condition of applicant is as follows: That   | At a annual examination, say that the present  |
|  |  |
| and show her de  | Elimina Tourilletis  |
|  | underable heart Trans  |
| that prostels wasi   | severe palpelation   |
| That provides were   | vuchle alumans   |
|  | about his woudition  |
| which promits him,   | se forming manual labo   |
| and that such condition is permanent. Said condition ari   | ses from the following facts:  |
| some of the the surre  |  |
|  | Grown more mali - x  |
| 1 / 21 2   |  |
|  | went his health is men,  |
| Respondent and confident The   | Fronthe new brought about by ly  |
| treated applicant professionally for A Gree  | years, and his condition, as above stated  |
| arise from hereditary or con   | genital causes, or from vicious or intemperate habits,   |
| Sworn to and subscribed before me, this  | L. Prairie In D.   |
| day of Chil 1900.  | In Hightower   |
| TWHEndrick   | o, ru, rightness   |
| Ordinary.  |  |
| Nore 1. State fully the physical condition and especially injury, state its location, character and present condition. If from a understood by affant.   | the extent of disability. If disability results from would or  |
| as understood by affiant.  Note 2. The physicians will be careful to fill every blank a  | space in oath.   |
| Committee of the commit | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| STATE OF GEORGIA,  | Form No. 4.  |
| Darlyov County.  |  |
| i gurale drie  | Ki   |
| the state of the s | R // Ordinary of said County,  |
| do certify that I am well acquainted with  | Uses the   |
| applicant in the foregoing affidavit, and am well satisfied the  | at the statements made by him in his said affidavit are  |
| true, and he is disabled, as he claims, and I know he is the   |  |
| resides in this County and has been a bona fide resident sin   | or the Maring Imountains   |
| I also certify that the witnesses, to wit: IV.   | wither f. W. Shibles   |
| and John P. Lewis are persons  | of respectability, that their statements are worthy of   |
| run credit and benef and that the full text of the affida  | vit was read to and understood by them before then   |
| orgined the same,  | is me o  |
| Given under my official signature and seal this  | day of Chul 1900.  |
| I.W. Her   | wicks -  |
| Ordin  | ary Barlow County.   |
| All amending proofs must be executed with the same formelity   | cas original area (  |

| The month obove named that sail Bill is now not  |
|--|
| Oble to fort ome the usual vocations of life   |
| John P. Lewis Days he was in the above named harsh with  |
| Corles At present he as mobile to perform the world rocations  |
| The fir a support, Bell was a fortatel Solden  |
| We personally know above stated facts. We were with him in the army and have known him ever since.   |
| 9/1  |
|  |
| 186. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18 We have no interest in the recovery of a pension by him. |
| MB Barress   |
| Sworn to and subscribed before me, this  |
| 6 day of 118h 1900 1 Shirts  |
| Mox Lewis  |
| Ordinary.  |
| Norz 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same,               |
| 2. Witnesses are asked to make their statements full and explicit, tracing disability to its true cause  |
| All blank spaces must be filled when signed.     Three witnesses are required.   |
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## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

Hendricks Ordinary Barlow

- ZWHendrick

Barlow C

| STATE OF                       | GEORGIA.   |   |                             |       |
|--------------------------------|--|---|-----------------------------|-------|
| Bartin                         | County   |   |                             |       |
| Personally appea               |  |   | Barlo                       | w     |
| County, State of Geor          | rgia, who being duly sw  | orn. says on oath th                          | at he is a home 64 at       |       |
| and resident of said S         | State, and has resided   | therein continuously                          | ever since the              | tizen |
| day of fale                    | 1857; that I   | he enlisted in the m                          | ilitary service of the      | Con   |
| federate States (or of         | the State of   | , dı  | uring the war between       | n the |
| States, and served as          | aprivate   | in Company                                    | 7, of 8 th RA               |       |
| of The                         | Volunteers, Gel  |   | gade; that whilst eng       |       |
| in such military servi         | ce in the State of   | ein   | _, on the                   | _day  |
| of 018649                      | 1865 , he was  | wounded; injured o                            | r diseased as follows:      |       |
| Conhacle                       | Shumali  |   | le neurale                  | in    |
| and long                       | ilites to  | im Otta                                       | rula Ca                     | Li    |
| Franklin                       | i and mo   | Levillo Ze                                    | -2 A. F                     | 1     |
| to North                       | Corolina ,   | maha  | 201                         | 100   |
| 20 Bosel                       | The state of the s | weather                                       | on any                      | -     |
| Chexense                       | & Cend Boom  |   |                             |       |
| 1. 0. 6.                       | 1 -  | Le . 00 1                                     | mich deser                  | 1     |
| Denouve in p                   |  | acobled i                                     | e lover for                 | 0     |
| ending October 28th            | application for the p  | ension to which he                            | e is entitled for the       | year  |
| (Day)                          | 1902. I have hereto  |   |                             |       |
| filty.                         |  |   | wed an invalid pensio       | n of  |
| 0.1                            |  | ollars, for the year 1                        | 901.<br>D 10                |       |
| 111                            | scribed before me, this t  | 201   | Delle .                     |       |
| Children &                     | 190  | 2. Post-office                                | wer go                      |       |
| Mymo                           | nay you  | conf.   | /-                          |       |
| particularly the extent of the | nature of the wound or chan<br>disability resulting from the w   | acter of disease which ca<br>ound or disease. | uses the disability, and ex | plain |
| STATE OF GEO                   | DOLL .   |   |                             |       |
| Barton                         |  |   | x                           |       |
| wagion                         | County.  |   |                             |       |
| 1, 2007                        | tuone  |   | Ordinary of said Cour       | ntv.  |
| do certify that I am v         | well acquainted with_  | Lh-Rel  | -                           |       |
| the applicant in the for       | egoing affidavit, and ar   | n well satisfied that                         | the statements made         | bv    |
| him in his said affidavi       | t are true, and I know   | he is the individual                          | he represents himsel        | f to  |
| be and that he resides i       | in this County.  | CHOOL SOLD TO THE                             |                             |       |
| Giv                            | ven under my official si   | gnature and seal, th                          | is 1011                     |       |
| day                            | of loung o   | 1909.   |                             |       |

POWIEK OF ATTORNE

Ordinary Jantur Con

Affix your seal here

STATE OF GEORGIA, Barlow County. Personally appears J. Dell of Dartons
County, State of Georgia, who being daly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 1875; that he enlisted in the military service of the Con-States and served as a Marin of in Company of Subsection of La Volunteers, Lists 's Brigade; that while engaged in such military service in the State of Land Order of Land Windowski in Such military service in the State of Land Order of Land Windowski in Such military service in the State of Land Order of Land Windowski in Such Control of Land Control of L federate States (or of the State of Spored to the Cold weather, marched have for the and thus Contracted Cartonth I by near and throat which has decame to be a as to hinder him specially to perform the mound of coldins of high horstoffer under said law as a continue of the coldins of the person to which he is entitled for year end-October 26th, 1901. I have heretofore under said law as a resident of County been allowed an invalid pension of Dollars, for the year 1900. to bud subscribed before me, this the day of femous 1901, Postoffice STATE OF GEORGIA, County. the applicant in the foregoing affidavit, and am we latisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

For Applicants Heretofore Allowed Pensions.

| Dollars, for the year 1900.  Sworn to and subscribed before me, this the  day of County 1901. Postoffice  Note.—State July the nature of the wound or character of disease which causes the disability, and explain purticularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  I, July County.  I, Goldinary of said County, the applicant in the foregoing affidavit, and am web satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.  Gifn under my official signature and seal, this  day of Aug.  Grdinary County.  Ordinary County.  Ordinary County. | Sworn to and subscribed before me, this the S. J. Bell  And J.   |
|--|--|
| POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  Left hereby authorize Leorge for the pension paid hereon and request that he remit same to by Phul  IN VITNESS WHEREOF, I have hereunto set my hand and seal this day of Aug.  1901.  Executed in presence of  J. J  | POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  I, If, Bell hereby authorize Leve gelli,  Andrich of Continuous for  to receive and receipt for the pension paid hereon and request that he remit same to  by at Coulow bille for  IN WITNESS WHEREOF, I have hereunto set my hand and seal this 10%  day of Juneary 1902.  Executed in presence of  J. H. Hendricks |
| SOLDIER'S PENSION.  No. 1162.  No. 1162.  Name J. C. M.  County Gold Co.  Disability J. C. M. A. S. C.  Maneum, S. C. C. C.  Marke Art 1, MASSEN.  WARE ART 1, MASSEN.  WARE ART 1, MASSEN.  WARE ART 1, MASSEN.  WARE ART 1, MASSEN.  | CONT. S. S. F.  DISABLED  SOLDIER'S PERSION  1900-2.  Name C.L., Coll.  County Procedure  (191 1902)  JOHN W. LINDSEY,  Commission of remission  (192 1902)    |

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS. STATE OF GEORGIA. Personally appears J. J. Bell of Barlow

County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of foll 1850; that he enlisted in the military service of the Con-States, and served as a with of in Company A, of States of volunteers, with service in the State of the State of of the State of of the State of the Deponent makes application for the pension to which he is entitled for the year Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1903. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of Dollars, for the year 1902.

Sworn to and subscribed before me, this the day of day 1903. Post-office Post-office Post-office Post-office Nora-State folly the nature of the wound or garacter of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. STATE OF GEORGIA, county.

County.

County.

Ordinary of said County,

do certify that I am well acquainted with J. B. W.

the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to Given under my official signature and seal, this 163 day of January 9, 1993.

DESABLED

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

DISABLED

JOHN W. LINDSEY

WARRANT HANDED TO

| STATE OF GEORGIA,  |
|--|
| Barton County.   |
| Personally appears J. J. Well of Bartow  |
| County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen  |
| and resident of said State, and has resided therein continuously ever since the  |
| day of 1807; that he enlisted in the military service of the Confederate States (or of the States)   |
|  |
| States, and served as a fravote in Company , of the war between the  |
| of Volunteers Cutoff   |
| in such military service in the State of   |
| of 164-5-186, he was wounded, injured or diseased as follows:  |
| Us march to Franklin and Nashvill Im   |
| and fack to merinan biss he was bareforted   |
| and being exposed in said morch to the other   |
| vod weather, Contracted tinsillitie a  |
| Catorh of the throat which became Cloung   |
| permanent les bents that les the   |
| manut disoble to perform the ordinary vocations of   |
| Deponent makes application for the pension to which he is entitled for the year  |
| ending October 26th, 1904. I have heretofore, under said law, as a resident of   |
| County, been allowed an invalid pension of   |
| Dollars, for the year 1903.  |
| Sworn to and subscribed before me, this the  |
| day of Jany 1904 3 9 Bell  |
| Grandle Colon Del 1 Postoffice De 11   |
| The state of the s |
| Norz.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  |
|  |
| STATE OF GEORGIA,  |
| County.  |
| 1, Twandrilles   |
| do certify that I am well acquainted with J. Bell Ordinary of said County,   |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made   |
| by him in his said affidavit are true, and I know he is the individual he represents himself   |
| to be, and that he resides in this County.   |
| Given under my official signature and seal, this   |
| day of Jany 0 1904   |
| AME) Willed a si   |
| Seal Seal Seal   |
| Ordinary January County.   |

| County, been allowed an invalid pension of Dollars, for the year 1902.  Sworn to and subscribed before me, this the 1903.  1903.  Post-office County Bell  Which with Division Post-office County for the wound or disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County County   | Sworn to and subscribed before me, this the day of 1904.  Fruction of the wound or challeter of disease which causes the disability, and experienced by the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  County.  |
|--|--|
| I. Au Jumber of County, do certify that I am well acquainted with J. B. W. The applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.  Given under my official signature and seal, this day of January G. 1903.   | do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements much by him in his said affidavit are true, and I know he is the individual he represents him to be, and that he resides in this County.  Given under my official signature and seal, this day of January 1904.  |
| Nore.—Hill all blanks and of Company and Regiment.  Nore.—All vouchers and affidavits must bear date after January 1, 1903.  | Norz.—Fill all blanks and of Company and Regiment. Norz.—All vouchers and affidavis must bear date after January 1, 1994.  |
|  |  |
| POWER OF ATTORNEY.  STATE OF GEORGIA,  County.  I, J., R. II   | POWER OF ATTORNEY.  STATE OF GEORGIA,  COUNTY.   |
| to receive and receipt for the pension paid hereon and request that he remit same to  by Check  at Danies Whereof, I have hereunto set my hand and seal this /b'  day of 1903.  Executed in presence of  | hereby authorized to receive and receipt for the pension paid hereon, and request that he remit same to receive and receipt for the pension paid hereon, and request that he remit same to by the chick at particular of the pension paid hereon, and request that he remit same to be chick at particular of the pension paid hereon, and request that he remit same to be chick and the pension paid hereon, and request that he remit same to be chick and the pension paid hereon, and request that he remit same to receive and recei |
|  | Executed in presence of JED Pratt  |
| SOLDIER'S PENSION  No. 996  DISABLED  SOLDIER'S PENSION  TOOM.  Name J. BELL  County County  County County  Amount, & Charles of County  Amount, & County  A | CORD C.  |
|  |  |

| FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.   |
|---|
|   |
| STATE OF GEORGIA, COUNTY,   |
| 7 1 0   |
| Personally appears I. J. Bell of Bartow   |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the              |
| day of 185/; that he enlisted in the military service of the Con-   |
| federate States (or of the State of ) during the war between the  |
| States, and served as a property in Company A, of S th Regiment of HA Volunteers Gists 's Brigade; that whilst engaged  |
|   |
|   |
| The was of board to very had cold washer in   |
| hashville and leggle by use of for the  |
| into NC. He Commented Cold Courses Calarrh and  |
| Into Me He Contractor cold County Calarrh and Touselitis neurolew of the heart be the as  |
| Every of lichel from said discores, which have been chance and permeantie unable to loting for hung   |
| Deponent makes application for the pension to which he is entitled for the year   |
| ending October 26th, 1905. I have heretofore, under said law, as a resident of  |
| County, been allowed an invalid pension of  |
| Dollars, for the year 1904.  Sworn to and subscribed before me, this the  |
| 18 day of Jan 1905.   |
| Gw Nindricks Ordinary Post-office bass Stoline R.J. D. 1  |
| Norz.—State fully the nature of the would or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease. |
|   |
| STATE OF GEORGIA,   |
| 1. 1. W. Hindr 1011 Ordinary of said County   |
| do certify that I am well acquainted with J. J. B. ff   |
| the applicant in the foregoing affidavit, and am well satisfied that the statements made  |
| by him in his said affidavit are true, and I know he is the individual he represents himself  |
| Given under my official signature and seal, this 181  |
| day of Jan 1905.  |
| (ARE) FLW. Nonoricks  |
| Ordinary (Bestow County.  |
| Norz.—Fili all blanks and of Company and Regiment. Norz.—All vouchers and affidavits must bear date after January 1, 1905.  |
|   |
|   |

SOLDIER'S PENS

1903.

JOHN W. LINDSE

DISABLED

( FOR THOSE ALREADY ENF

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

SOLDIER'S PENSI

1904.

JOHN W. LINDSEY,

DISABLED

No. 1538

(FOR THOSE ALREADY ENRO

| State             | of Georgia,   | י מווטוטווט.        |
|-------------------|---|---------------------|
| Bull              | , or Georgia,   |                     |
| Bar               | County.   |                     |
| Person            | 708:0   | artivo              |
|                   | of of Georgia, who, being duly sworn, says on oath that he is a   | bruw                |
| and resident      | t of said State, and has resided therein continuously ever since  | bona fide citizen   |
| day of ha         | 1857; that he enlisted in the military ser  | ce the              |
| federate State    | tes, (or of the State of) during the  | vice of the Con-    |
| States, and se    | served as a privote in Company A, of  | war between the     |
| of 40             | Volunteers Visto 's Brigade; that   | th desident         |
| in such milit     | itary service in the State of Service , on the  | whilst engaged      |
| Olad Ivin         | The was wounded, injured of disc  | ie fall day         |
| In me             | wich from Frankling Jume to M   | eased as follows:   |
| in to             | mit Coroling he was without that  | USA, CLAD           |
| proper            | clothing and leny over posed  | and                 |
|                   | des Calorob, Aliena litres and  | 1/2                 |
| offich            | in which disoble for  | 1                   |
|                   | and overalin of life  | portin.             |
| U                 | the contraction of upe  |                     |
| Depone            | ent makes application for the pension to which he is entitl   |                     |
| ending Octobe     | ber 26th, 1906. I have heretofore, under said law, as   | ed for the year     |
| 100               | County, been allowed an inv   | a resident of       |
| - Hax             | Dollars, for the year 1905.   | and pension of      |
| . (               |   | ,                   |
| 1.                | o and subscribed before me, this the  | ell.                |
| d                 | day of 1906.  | . 1.                |
| Yw                | New of Only Post-Office Collins   | sulla               |
| NorzState         | te fully the nature of the wound or character of disease which causes the disa<br>tent of the disability resulting from the wound or disease. |                     |
|                   |   | bility, and explain |
|                   | of Georgia,   |                     |
| Jarl              | County.   |                     |
| · I,              | Judundnells Ordinary  | f said County       |
| do certify that   | t I am well acquainted with 7 9 Rell  | said County         |
| the applicant in  | in the foregoing affidavit, and am well satisfied that the sta  | tements made        |
| by him in his s   | said affidavit are true, and I know he is the Individual he repr  | econts himself      |
| to be, and that h | he resides in this County.  | coents nimsen       |
|                   | Given under my official signature and seal, this  | 6                   |
|                   | day of Jan 1906,  | The state of the    |
|                   | 11 - ywith on   | 12                  |
| Affix<br>your     | B   |                     |

| Norg.—State fully the nature of the wounder character of disease which causes the disability and explain particularly the extent of the disability resulting from the wound or disease.  STATE OF GEORGIA,  COUNTY.  I, W. Hundr ICM  Ordinary of said County, do certify that I am well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this  1905.  ARE  Ordinary Borrow County.  Norg.—Fill all blanks and of Company and Regiment.  Norg.—All vouchers and affidavits must bear date after January 1, 1806.  | Dollars, for the year 1905.  Sworn to and subscribed before me, this the day of 1906.  Gay of 1906.  Nora.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from she wound or disease.  State of Georgia,  County.  I, While a man well acquainted with the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal, this day of 1908.  Nora.—Pill all blanks and of Company and Regiment.  Nora.—Pill all blanks and of Company and Regiment.  Nora.—All voschers and affidavits must bear date after January 1st, 1906. |
|--|--|
| POWER OF ATTORNEY.  STATE OF GEORGIA,  Barliow Country Bell hereby authorize  for receive and receipt for the pension paid hereon, and request that he remit same to  by ek  at Rearliowalle GA  IN WITKESS WHEREOF, I have hereunto set my hand and seal, this 18th  day of 1905.  Executed in the presence of [L. 8.]  | POWER OF ATTORNEY.  STATE OF GEORGIA,  Barling  County.  I. J. J. J. Hereby authorize  for receive and receipt for the pension paid hereon, and request that he remit same to  by  at Calamarilla II  IN WITNESS WHEREOF, I have hereunto set my hand and seal, this day of June 1908.  Executed in the presence of  L. S. J. Bell [L. S.]   |
| COURT THOSE ALREADY ENFOLLED.  NO. 1888  DISABLED  SOLDIER'S PENSION  1905.  Name of Manual Bolt.  County C | COURTY COUNTY OF SHELLED.  NO. S. S. C. S.   |

VINE THE DESIGNATION ADDRESS PENSIONS.

COUNTY CONTROL AND SOLD IER SPENSION

SOLD IER'S PENSION

Name of A Control

CONTROL STATE OF THOSE ALBERT ENDING

CONTROL STATE OF THOSE ALBERT ENDING

No. CO. A CONTROL AND SOLD ENDING

No. CO. A CONTROL ENDING

NO. CO. A CO

## FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia, County. Bartino Personally appears J. J. Sell of Borton
County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 185/; that he enlisted in the military service of the Confederate States (or of the State of\_\_\_\_ \_\_\_) during the war between the States, and served as a finned in Company A, of States and States, and served as a finned in Company A, of States and Volunteers Sixty 's Brigade; that whilst engaged in such military service in the State of , on the day 1864, he was wounded, injured or diseased as follows: Sie Contracted Cotorch of the he ad and tousideties which be come coming and permanently impain his health to one has a extent that he cannot be sought and extent that he cannot be sought month and extent that he cannot be sought month of the sought and vacoline of left for a support Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of County, been allowed an invalid pension of ix ly Dollars, for the year 1906. Sworn to and subscribed before me, this the 5. day of fan 1907. Guxfindricks Daniary Postoffice Adaissule & Nors.—State fully the nature of the wound or character of disease State of Georgia. 19 arling County. (withmonds Ordinary of said County, do certify that I am well acquainted with J. J. IR ell the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. 07:1 Given under my official signature and seal this\_ day of Jan JwHindrick 1907

Ordinary Barton County

Norz.—Fill all blanks and of Company and Regiment.

Norz.—All vouchers and affidavits must bear date after January 1st, 1937.

NAME Bell, T.J.

YEAR

YEAR

YEAR

OCUNTY

WHEN AND WHERE BORN? Resident of Ge. since 1850.

ENLISTED WHEN AND MUKE?

FAUK

COMPANY AND REGIMENT?

Co. A, Sth. Pettalion Ge.

Gist's Brigade.

NATA OF CAPTAIN AND COLONEL?

Thistypes and heart since the wer, diseases caused from exposure.

CAPTINATO, WHEN AND WHENE?

WHEN AND WHEN SURREMBER AD?

April 26th, 1868.

E.B. Brooksher, John P. Lewis and J. . Stubbs, same con

IF NOT PARSENT AT SURREIDER, WHERE WERE YOU?

DIAD, WHERE?

BURLED.

Sworn to and subscribed before me, this the 5" day of fare 1907. Guxlindrich Danion Postoffice Adainsulle GL State of Georgia, Darling LW Handrick \_Ordinary of said County, do certify that I am well acquainted with J. Bell the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County. Given under my official signature and seal this\_\_\_\_\_\_ day of Jan \_1907. (Judinovices Ordinary Barton County. Norz.—Fill all blanks and of Company and Regiment.

Norz.—All vouchers and affidavits must bear date after January 1st, 1937. POWER OF ATTORNEY. STATE OF GEORGIA, Darton I, J. J. Dell , hereby authorize with nanick of antistelle Ga to receive and receipt for the pension paid hereon, and request that he remit same to at adainfully Ga IN WIPSESS WHEREOF, I have hereunto set my hand and seal, this. \_\_\_1907. 61 9. B.M. [L. s.] Executed in presence of 13 Glood No CODE SECTION 1250. FOR THOSE ALREADY ENROLLED) No. 1 Gra DIER'S PEN

U. WHEN AND WHERE? WHEN AND WHERE SURRENDERED? april 26th. 1868. IF NOT PARSENT AT SURRENDER, WARRE WERE YOU? DIAD, WHEN AND WHERE? BURIED. WITNESSES. \*.B. Brooksher, John P. Lewis and J.W. Stubbs, same con No data. File Ball, T. Jofferson YEAR 1018 COUNTY WHEN AND WEERE BORN? Resident of Georgia, 60 years. ENLISTED WHEN AND WHERE? By 9,1800;- 8 RANK: COMPANY AND RECEIVENT? . Co.A. Sth.Ca. Bettn. NAME OF CAPTAIN AND COLONEL? WOUNDED? CAPTURED, WHEN AND WHERE? July 1964, Jonesboro, Ga.

Does not state where imprisoned.

RELEASED: Exchanged August 1864, (one month).

WHEN AND WHERE SURRENDERED? April 36,1865,-

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: John P. Lowis, - J.A. White, -- . S

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

| De la congra,  |       |
|--|-------|
| Bartino county.  |       |
| Personally appears d. J. Sell oi Borton  | r_    |
| County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citiz   | en    |
| and resident of said State, and has resided therein continuously ever since the  |       |
| day of 180/; that he enlisted in the military service of the Co  | n-    |
| federate States (or of the State of  |       |
| States, and served as a private in Company A of States   | 1     |
| of Volunteers Law 's Brigade: that whilst engage   | nd ha |
| in such military service in the State of , on the d  | av    |
| of 1864, he was wounded, injured or diseased as follows  | s :   |
| De Contracted Catorsh of the head  | ,     |
| wine tousibletis, which became chunic  |       |
| and permanuity impain his health   | 9     |
| le ouch an extent that he connot   |       |
| Dione the usual vacolinoflife for a  |       |
| Dupont The County file for a   |       |
| 77-01.1  |       |
| Deponent makes application for the   | _     |
| Deponent makes application for the pension to which he is entitled for the yes<br>ending October 26th, 1907. I have heretofore, under said law, as a resident of                   | ir    |
| County, been allowed an invalid pension of   | of    |
| Dollars, for the year 1906.  | 1     |
| Sworn to and subscribed before me, this the  |       |
| day of 1907.   |       |
| LUNINATION Daning Postoffice Racinsully  | in    |
| Note.—State fully the nature of the wound or character of disease which causes the disability, and explainmental the extent of the disability resulting from the wound or disease. | in    |
| State of Georgia,  |       |
| Darling County.  |       |
| 1, July new County Ordinary of said County   |       |
| o certify that I am well acquainted with . J. J. O.  |       |
| he applicant in the foregoing affidavit, and am well satisfied that the statements made  |       |
| min in his said amdavit are true, and I know he is the individual he represents himself  | ſ     |
| o be, and that he resides in this County.  |       |
| Given under my official signature and seal this  |       |
| day of 1907.   |       |
| 6/10/10  |       |

RELEASED: Exchanged August 1864, (one month). WHEN AND WHERE SURRENDERED? April 26,1865,- Oriensbore, North

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED:

WITNESSES: John P. Lewis, - J.A. White, -- Same Company

Application for Pension Due Deceased Soldier

| ATO DO LETT TO HIR MICHON OF | Dependent | Children) |
|------------------------------|-----------|-----------|
| (UNDER ACT APPROVED          | OCTOBER   | 9. 1891)  |
| 0                            |           |           |

| 9 | County.  |
|---|--|
|   | Personally before me, the Ordinary of said County, comes Mrs. Signic Bells   |
|   | of said County, who after being duly sworn, on oath says that she is the widow of  |
|   | and that said Pensioner was on the Pension Roll of Ball-   |
|   | and was paid a Pension of one humbres (\$ 100- ) D. W.   |
|   | from said County for 1924, and that the said Pensioner died in Adamourles  Bowlow County on the 19, day of Nov 1924              |
|   | and at the time of his death a Pension of \$ 160 was due him from Barles County  |
|   | and unpaid for 1925. Applicant further swears that she married the said 7. Rele  |
|   | on the 3.0 day of Quy 1900 in Picking County and State of GA, and resided with him from the date of marriage to his death as his |
|   | lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.                     |
|   | Sworn to and subscribed before me this 28 n day of Opril 1925  |

| A                           | FFIDAVIT             | OF WIT          | MECC                |               |
|-----------------------------|----------------------|-----------------|---------------------|---------------|
|                             | Cartine              | OF WITT         | VESS                |               |
| STATE OF GEORGIA,           | annu-                | -County         | The Control of      |               |
| Personally before me co     | mes VV               | White           | rerete              |               |
| on oath says that he knew   | 7.9_13               | . 28            |                     | who           |
|                             | Wasie (              | P . De          | N                   | vhile in life |
| and that he knows Mrs       | warre,               | nere,           |                     | the           |
| above applicant; and knows  | that the said        | 1 Roll          | e                   |               |
| and diggie W                | Merken               | 0               |                     |               |
| 9.00                        | 17                   | were in due for | m of law married in | the County    |
| of presum                   | in the Sta           | te of           | Ze v                | on            |
| the 30 day of G             | manos                | - 10            | AL.                 |               |
|                             |                      |                 | Wand that they we   | re-residing   |
| together as husband and wif | at the time of his c | leath on the    | 75                  | day of        |

\_\_(L. S.)

| Nov.            | al.                | or mis death on th  |                  | ds      |
|-----------------|--------------------|---------------------|------------------|---------|
|                 | 1924,              | and that she is his | dependent widow. |         |
| Sworn to and au | bscribed before me | this 28% day of     | aprix            | 1       |
| Swid            | morrom             | Ordinary            | 11/11/11         | 11:     |
| D               |                    | , ordinary          | 1117,117         | nehuman |

Borton Ordinary Occurity (Seal of Ordinary)

INSTRUCTIONS:

2. Proof of facroting must be made.

2. Proof of facroting must be must be must be made.

2. Proof of facroting must be mus

To The widow apparatus win your final accidement to the Pennion Dipartment.

The widow apparatus win your final accidement to the Pennion Dipartment.

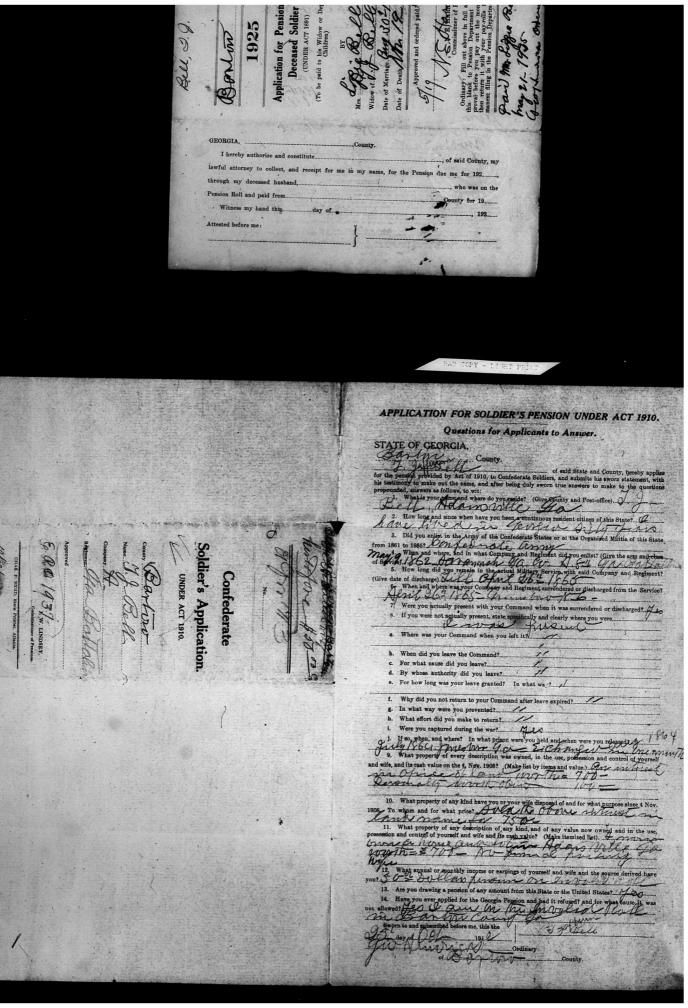
The widow apparatus win your final accidement to the pennion by aigning name, as widow, opposite tall.

Salt. Only the one pennion is covered by this application. Take another application, on the white blank, to admit widow to relix to a win right. Somewhere it is in the salt filling date for the another application, on the white blank, to admit widow to relix to a

+

| Sworn to and subscribed before me, this the day of 1907.  1907.  Postoffice Add insulled.  Norn-State fully the nature of the wound or character of disease which causes the disability, and explain proficularly the expent of the disability resulting from the wound or disease.  State of Georgia,  Day County.  Ordinary of said County,  do certify that I am well acquainted with J. J. J. J.  do certify that I am well acquainted with well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.  Given under my official signature and seal this J.  day of J. J.  Norn-Fill all blanks and of Company and Regiment.  Norn-All vouchers and affidavits must bear date after January 1st, 1937. | Personally before me comes and the second se |
|--|--|
| that I personally know the state of the lawful widow of . I . I . I . I . I . I . I . I . I .  | County for 192 4, and at the time  192 4 there was due to  192 10 there was due to   |
| GEORGIA.  I becassed Soldier  (To be paid to his Willow or Dependent  Through my deceased Nobland  Deceased Soldier  (To be paid to his Willow or Dependent  Witness my hand this  Attested before me:   | Wildow of L. W. Wildow of L. W. Wildow of Marring Manage of Marring Manage of Dark of Marring Manage of Mana |

| well acquainted with J. J. D. Ell foregoing affidavit, and am well satisfied that the statements made  | together as husband and wife at the time of his death on theday of   |
|--|--|
| foregoing affidavit, and am well satisfied that the statements made  | 1907, 1954 and that she is his dependent widow.  |
|  | Swarn to and subscribed before me this 28 day of Church 1925.  |
| fidavit are true, and I know he is the individual he represents himself  | Swamman, Ordinary) 2/7 1/7   |
| sides in this County.  | De Tion I Al Cal Millioner   |
| 5 1907.  | (Seal of Ordinary)   |
| Luxli sanin  | INSTRUCTIONS:  |
| R. T   | lst. This form is for widows of Bervice and Disable Boldler pensioners, who died after November 1st. If pensioner died after Jan-<br>nay 1st., having dependent children but no widow, their guardian may use this form in their behalf.   |
| Ordinary Burlow County.  | Jet. This form is for widows of merics and Disables Soldier posadoners, who died after November Int. II posadoner, died after Janius 17, leaving deposition thilliers have in the grantian may use this form in their behalf.  But I was a substantial to made the substantial to the s |
| org.—Fill all blanks and of Company and Regiment, org.—All vouchers and affidavits must bear date after January 1st, 1937.   | oth. Pay out no money on this application when folded, is filled in.   |
|  | 6th. Return this application with your final actionment to the Pension Department.   |
|  | anse of husband on the soldier pay roll.  Sit. Only the one pendien is covered by this application. Take another application, on the white blank, to admit widow to rolls in her own right. Kovember 1st is the last filing date for the next year's rolls.  |
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| CERTIFICATI  | E OF ORDINARY  |
| STATE OF GEORGIA BOLL  | Constitution of the Consti |
|  | County.  |
| 1 Swhindrick   | Ordinary of said County, do certify  |
|  | the applicant and that she   |
| is the lawful widow of 7. 9 Bo   | fle  |
|  | tor who was on   |
| a Pension from Benjum  | County, and was paid   |
|  | County for 192 & and at the time   |
|  | 109 / / 41   |
| him and unpaid his Pension of Cerce &  | undrea Dollars from the State  |
| of Georgia, and I know W. P. W.K.  | MW or the within   |
| witness, and he is of a truthful and trustworthy chi   | aracter and entitled to fall an 21   |
| Given under my hand and seal this  | 10 Au  |
| (Seal of Ordinary)   | of 1925.   |
| (Sear of Ordinary)   | (11) Alex Arela)   |
|  | DOMMONGO, Ordinary   |
|  | & Onlow County   |
| City on F  |  |
| 330 170  |  |
| Base Bell  | examplify.   |
|  | Rentario   |
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| County   | S. L. Per and the state of the  |
| n Due  | The state of the s |
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| S County  Ension Due ioldier w or Dependent  | The state of the s |
| 7. Q.  1. County 1.25  r. Pension Due 1. Soldier Act 1891)  Widow or Dependent Fresh   | The state of the s |
| for Pension Due 18 Acr 1891)  Ba Acr 1891)  By Acr 1891)  By Acr 1891)  By Acr 1891)  By Acr 1891  | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |
| 1925  On for Pension Due ceased Soldier  On his Widow or Dependent, to his Widow or  | The state of the s |
| Thum County  1925  Cation for Pension Due Deceased Soldier (UNDER ACT 1891)  profit to his Widow or Dependent Children)  By  By  Children  | age. Her MO - 1992  oved and ordered paid! (0 0.)  The Markette of a prestreen for appearance for appearance for appearance for appearance for appearance for appearance of the Pennion Department.  |
| Poll of Person Due Deceased Soldier (TVDER ACT 1891)  be paid to his Wildow or Dependent Children)  By B   | age. Her MO - 1992  oved and ordered paid! (0 0.)  The Markette of a prestreen for appearance for appearance for appearance for appearance for appearance for appearance of the Pennion Department.  |
| THE SOLUTION COUNTY COUNTY OF THE SOLUTION OF  | ago, the MO L R. 1992  Oved and ordered paid! (C. C. M. B. Markette; A. B. Markette; A. B. Markette; A. B. Wendon Department for apventy out the money, and the Pension Department.  The Remain Department.  |
| Hell J. J.  1925  1925  Deceased Soldier (UNDER ACT 1891)  be paid to has Widney or Degendent Children)  By B  | oved and ordered paid! [10]  The Marketter of the Periodical Competition of Periodical Commissions of Periodical Periodical Periodical Periodical Periodical Periodical Periodical Periodical Competition of the Periodical Periodical Periodical Periodical Competition of the Periodical Periodical Competition of the Periodical Period |
| Bell, J. G.  1925  plication for Pension Due Deceased Soldier (WNDER ACT 1891) be paid to his Wildow or Degendent Gilldren)  | to of Maring Bry 101 ff.  to of Death Man. R. 193  Approved and ordered paid! [O C. S. R. Harder, S. S. R. |
| Application for Pension Due Deceased Soldier (To be paid to his Widow or Dependent   | to of Maring Bry 101 ff.  to of Datal Man R. 193  Approved and ordered paid! [O C. S. R. Harder, S. S. R. Harder, S. S. Maring Bry 100 combinations of Pensions bedinary: Fill our above has for speriment for appraisant in with your pury colls for personal limits in the Pension Department.  |
| Application for Pension Due Decased Soldier  (To be paid to his Wayner or Dependent Children)  | to of Maring Bry 101 ff.  to of Death Man. R. 193  Approved and ordered paid! [O C. S. R. Harder, S. S. R. |
| Application for Pension Due Deceased Soldier (To be paid to his Widow or Despendent Reg. By  | Widow of L. C. C. Date of Maringo Bref. 101 L. 193 Date of Death Maringo Bref. 102 L. 193 Approved and ordered paid! [C. C. F. E. Harder, S. Commissions of Parsions. Ordinary: Fill out above in full and seed this black to Persion Department for approved before you pay out the money, and proved before you pay out the money, and have return it with you have also for persions of the persion Department.  From Min. Please Bref. Programment.  |
| Application for Pension Due  Application for Pension Due  Deceased Soldier (To be paid to his Widow or Dependent  Countries)  The country of the paid to his Widow or Dependent  Country of the paid to his Widow or Dependent  Country of the paid to his Widow or Dependent  Country of the paid to his Widow or Dependent  Country of the paid to his Widow or Dependent  | Man Willow of L. J. C. C. L. 199  Date of Death Mr. 199  Date of Death Mr. 199  Date of Death Mr. 199  Approved and ordered paid! (100)  This blank to Pension Department for approved before, you put the monty, and have return it with you try scale for parament thing in the Pension Department.  Para Mr. C. P. C.   |
| GEORGIA,  1925  Application for Pension Due Deceased Soldier (To be paid to his Widow or Dependent Issue)  (To be paid to his Widow or Dependent Issue)  (To be paid to his Widow or Dependent Issue)  | Many of L. C.  |
| GEORGIA.  I peceased Soldier  (To be paid to his Widow or Dependent through my deceased purpose in through my deceased purpose.   | Many of L. C.  |
| GEORGIA.  1 1925  TO ME Application for Pension Due (To be paid to his Widow or Dependent through my deceased House and Consultation for Pension Both and through my deceased under through my deceased husband.  By B   | Widow of Marings British A. C. 199  Date of Death Mar. R. 199  Date of Death Mar. R. 199  Date of Death Mar. S. 199  O'Chilmay: Fill out shore in full and seed before you pay out the money, and the blank for apprehensel for apprehensel for payage before, you pay out the money, and manent flings in the Pension Department.  May be seed to be |
| GEORGIA.  1925  TOTAL ON  Com  Thereby authorize and constitute  (To be paid to his Widow or Dependent  (To be paid to his Widow or Dep | County, for the Pension of the County of the |
| GEORGIA.  I hereby authorize and constitute.    Application for Pension Duceased Soldier (Top be paid to his Widness Act 1891)   1925  | Widow of Marings British A. C. 199  Date of Death Mar. R. 199  Date of Death Mar. R. 199  Date of Death Mar. S. 199  O'Chilmay: Fill out shore in full and seed before you pay out the money, and the blank for apprehensel for apprehensel for payage before, you pay out the money, and manent flings in the Pension Department.  May be seed to be |
| GEORGIA  I herchy authorize and constitute  (To be paid to his Widow or Dependent through my deceased hosping  Though my deceased hosping  (To be paid to his Widow or Dependent  Though my deceased hosping  Though my deceased h | County, for the Pension of the County of the |
| GEORGIA.  I hereby authorize and constitute.  I harful attorney to collect, and receipt for me in through my deceased Soldier.  Thereby my deceased Soldier.  (To be paid to his Widow or Dependent  Mitness my hand this.  Gay One.   | County, for the Pension of the County of the |
| GEORGIA.  I hereby authorize and constitute  Taken Soldier  (To be paid to his Widow or Dependent  Through my deceased Soldier  (To be paid to his Widow or Dependent  Witness my hand this  day of.   | County, for the Pension of the County of the |
| GEORGIA,  I hereby authorize and constitute  I with attorney to collect, and receipt for me in through my deceased Soldier  (To be paid to his Widow or Dependent  Mitness my hand this  Witness my hand this  day of  | County, for the Pension of the County of the |

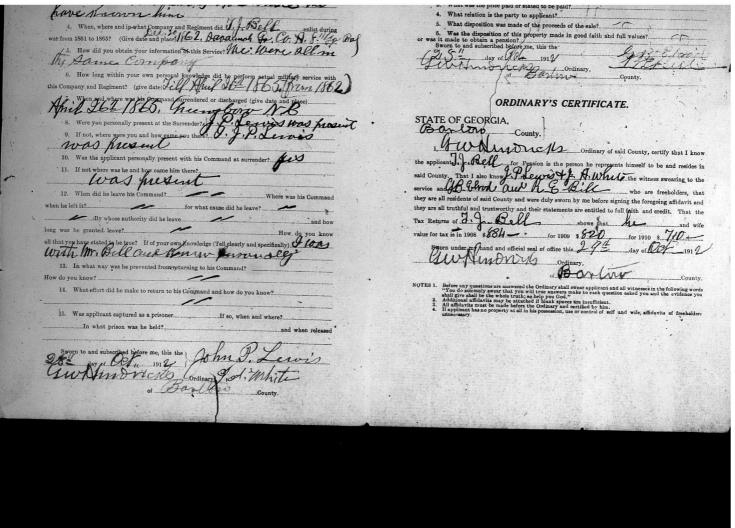


| QUESTIONS FOR WITNESS AS TO SERVICE.   |
|--|
| STATE OF GEORGIA, County,  |
|  |
| as a witness in support of the application of G. J. Bell for the pension provided  |
| by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded  |
| Answers as follows:  |
| Barliswill Gar Whit Ga   |
| Since we were in the applicant?  |
| 3. Where does he now regide, and since when has he begin bona file, ontinuing resident in this step and how do you know? Hayswally Ha. Since Mu  |
| pare sown him  |
| 4. When, where and in what Company and Regiment did 1. 1. 1821 enlist during war from 1861 to 1865? (Give date and place) 162, Devaluach G. Co. N. S. G. Co.   |
| 15. How did you obtain your information of this Services The Were all in   |
| 6. How long within your own personal knowledge did he perform actual milifary service with is Company and Regiment? (give date) Left Africa 150 Jel Marn 1862)   |
| And It Is a gramand surrendered or discharged (give date and place)  |
| 8. Were you personally present at the Surrender? Programs was mosent   |
| was present  |
| 10. Was the applicant personally present with his Command at surrender?  |
| 11. If not where was he and how came him there?  |
| 12. When did he leave his Command?   |
| en he left it?for what cause did he leave?   |
| By whose authority did he leave and how as the granted leave?  |
| g was ne granted teave?  How do you know that you have stated it be true? If of your own knowledge (Tell clearly and specifically).  |
| with Mr. Bell and Monty Justice of the pearly and specifically).   |
| 13. In what way was he prevented from returning to his Command?  |
| w do you know?   |
| 14. What effort did he make to return to his Command and how do you know?  |
| 15. Was applicant captured as a prisoner   |
| In what prison was he held?and when released   |
| A STATE OF THE STA |
| sworn to and subscribed before me, this the Abhus A Lewis  |
| Junovicio Cordinary 9 of White   |
| oi Barleyo County.   |
| of Farland County.   |

|                      | and more you prevented   |                            |                               |
|----------------------|--|----------------------------|-------------------------------|
| h. What e            | effort did you make to return?                                       | //                         |                               |
| i. Were ye           | ou captured during the war?  | Mes                        |                               |
| Fruy /XI             | hen, and where? In what prison                                       | in Zichm                   | lest on men                   |
| and wife, and its ca | ash value on the 4, Nov. 1908?                                       | Make list by items and val | 10) An interest               |
| 10. What p           | property of any kind have you or                                     | your wife disposed of and  | for what purpose since 4 Nov. |
| 1908 To whom a       | and for what price?  | all obone                  | wherest .                     |
|                      | name for   | 500                        |                               |
| possession and cont  | roperty of any description of a<br>trel of yourself and wife and its | cash value? (Make itemi    | zed list).                    |
| marga.               | nous and w   | m Haa                      | anotte cia                    |
| wint =               | 100- pr-   | timal f                    | white the                     |
| you? 5 6 2 2         | nual or monthly income or ear  | nings of yourself and wife | and the source derived have   |
| 13. Are you          | drawing a pension of any amoun                                       | t from this State or the U | nited States? Man             |
|                      | u ever applied for the Georgia P                                     | ension and had it refused  |                               |
| Sworn to and         | subscribed before me, this the                                       | 1 1 3 70                   | ull                           |
| July 1               | or of the  | Ordinary Coun              | ty.                           |
|                      |  |                            |                               |

## AFFIDAVIT OF TWO FREEHOLDERS.

| STATE OF GEORGIA.  |
|--|
| County.  |
| Personally before me comes B. Blook and B. E. B. T. who on oath  |
| says that they are freeholders residing in said County and we know I Be II                                 |
| the applicant for pension and we know the property that is a second to                                     |
| and wife and of its cash value to wit: (Make List by items and value.)                                     |
| some and solver thankitte to whole   |
| In value of 711-1  |
| 1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov             |
| 1908? (State it fully by items.)   |
| /1 0 1   |
| 2. When and to whom was it sold or given to?   |
| 3. What was the price paid or stated to be paid?   |
| 4. What relation is the party to applicant?  |
| 5. What disposition was made of the proceeds of the sale?  |
| 6. Was the disposition of this property made in good faith and full values?                                |
| Sworn to and subscribed before me, this the  |
| ( day of 10 1911)  |
| July ordinary, Tetsell   |
| of County.   |
|  |
| OPDINA DVIG OFFICE   |
| ORDINARY'S CERTIFICATE.  |
| STATE OF GEORGIA.  |
| Ban I Tan  |
| County,  |
| Ordinary of said County, certify that I know   |
| the applicants Rell for Pension is the person by   |
| a contract the person he represents himself to be and resides in   |
| said County. That I also know The grant to the   |
| service and D. www Our h & Bill who are facility   |
| they are all residents of said County and were duly sworn by me before signing the foregains and           |
| they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the |
| Tax Returns of de la   |
| CO D   |
| for 1910 \$ 170 ±  |
| Soorn under my hand and official seal of office this 2 4 day of Oct 1912                                   |
| MILLAND WAS  |



# INDIGENT PENSION

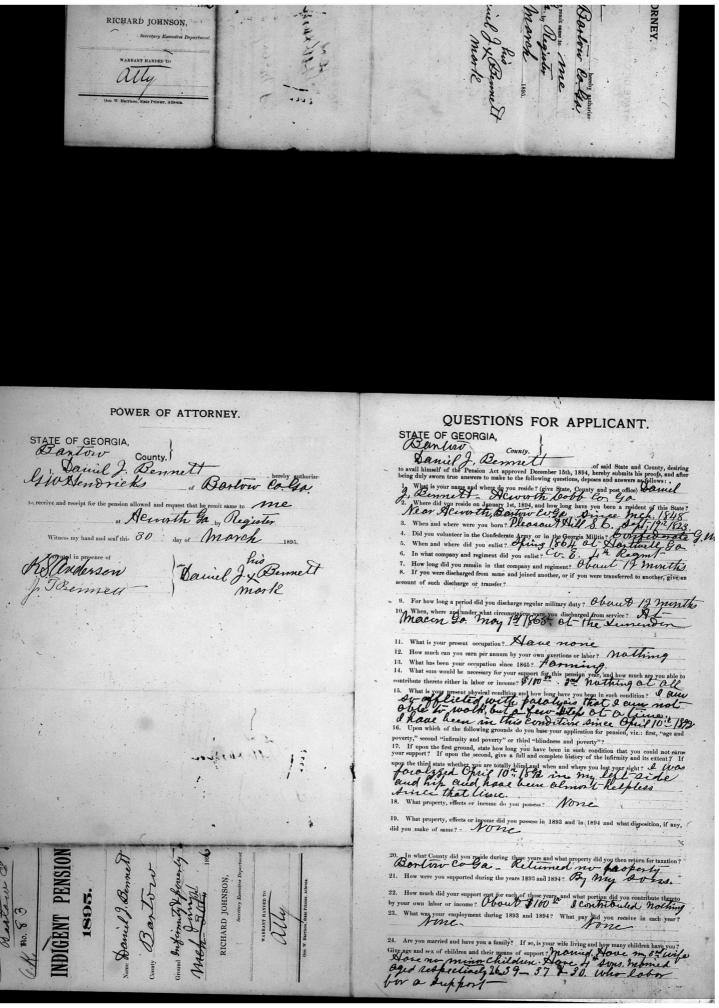
1895.

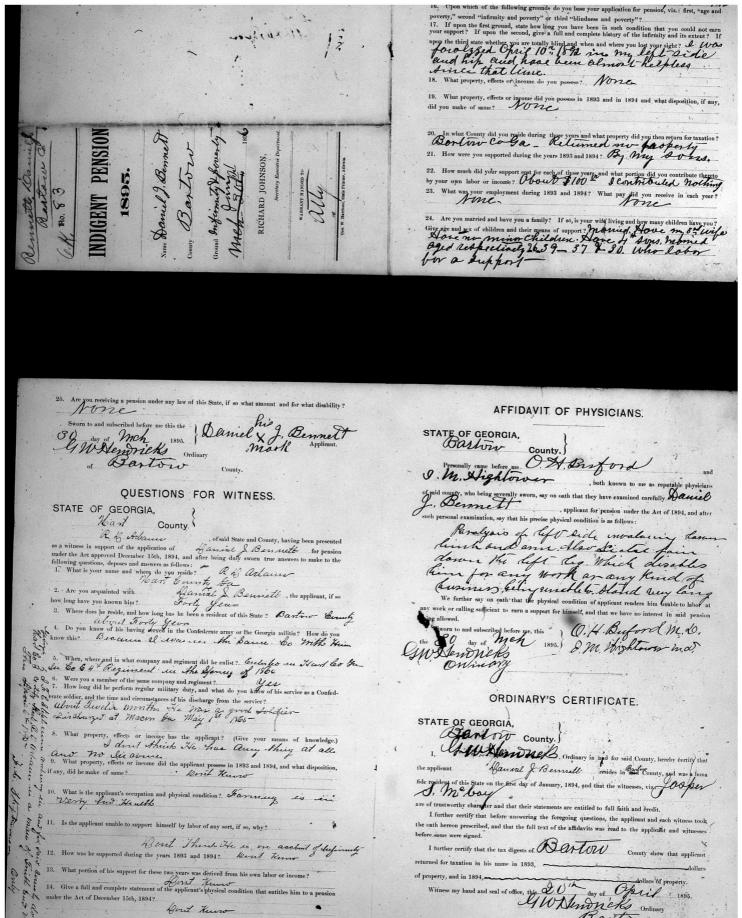
Name Daniel J. Bennett County Bartow

RICHARD JOHNSON,

ally

POWER OF ATTORNEY.





under the Act of December 15th, 1894?

6. Stype

In to and subscribed before me, this Swin to and substitute of day of april: 1895.

Gord Kuro

Hart Gunty you

Rot Adams

15. What interest have you in the recovery of a pension by this applicant? Home

Before any questions are answered, the Ordinary shall awar applicant and the witnesses in the following words: "You shall answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you fool."

of Bartow

County.

Note-The blanks spaces must be filled

ORDINARY'S CERTIFICATE

|               | 1894, and the is entitled for county been Sworn STATE Law do certify the applicant in in his said af and that he r  | day of the foregoing and subtract I am we the foregoing day in the foregoing and the | GEOF  Call acquair  cing affida  ce true, and  chis Count  Given, und  | RGIA,<br>ounty<br>tited with<br>wit, and a<br>I I know | this, the 1897. Ordinar Ordinar well sa he is the | y.  January.  Lished that individual ature and s 1897. | Ordin Bensh the states he repre           | his Besont Salary of sain ments many of sain ments from the sain seems him to the sain seems him to the sain sain sain sain sain sain sain sain   | d County, the de by him | 7       |
|---------------|---|--|--|--|---|--|---|--|-------------------------|---------|
|               | ieal bere.  |  |  |  | -01   | B  | onl                                       |  | IS.                     |         |
|               | Note-The blanks   | spaces must be   | e filled.  |  | Ordin   | ary OO   | one                                       | 010  | County.                 |         |
|               |   |  |  |  |   |  |   |  |                         |         |
|               |   |  |  | i di mini  |   |  |   |  | 1                       |         |
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|               |   |  | deliberal  |  | (A) 200 (B) (B)                                   |  |   |  |                         | 100     |
|               |   |  |  |  |   |  |   |  |                         | ,       |
|               | STATE OF  |  |  | ER OI  | F ATT   | TORNI  | EY.                                       | `  |                         | 1       |
|               | STATE OF  | GEORG  | IA,  | ty. }  |   |  | 0.  |  | -                       | ,       |
|               | STATE OF  | GEORG  | IA,  | ty. }  | hereb   | TORNE  y authorize  LED 0                              | &   | W-90   |                         |         |
|               | Dan   | GEORG<br>Wielf<br>Hich<br>receipt  | County Bank  | ne t   | hereb<br>f Oa<br>aid hereon                       | y authorize  | Willy that I                              | he remit   |                         | )       |
|               | John John to receive and  | GEORG<br>Wield<br>receipt<br>Lesson  | County Bin for the per   | net;  ension p   | hereb<br>f Oa<br>aid hereo                        | y authorized   | Will west that leec,                      | he remit   | same to                 | ,       |
|               | John John to receive and  | receipt LESS WI  | County Branch  | nession p  | hereb   | y authorized   | will land seal                            | he remit   | same to                 | )       |
|               | Dan John to receive and to receive and IN VITI day of fair  | receipt LESS WI  | County, County | nession p  | hereb   | y authorize  Less a  and request  by Conservations     | will land seal                            | he remit   | same to                 |         |
|               | Dan John to receive and to receive and IN VITI day of fair  | GEORGIAN CESSINIA  | County, County | nession p  | hereb   | y authorized   | will land seal                            | he remit   | same to                 |         |
|               | Dan John to receive and to receive and IN VITI day of fair  | GEORGIAN CESSINIA  | County, County | nession p  | hereb   | y authorized   | will land seal                            | he remit   | same to                 |         |
|               | Dan John to receive and to receive and IN VITI day of fair  | GEORGIAN CESSINIA  | County, County | nession p  | hereb   | y authorized   | will land seal                            | he remit   | same to                 |         |
|               | Dan John to receive and to receive and IN VITI day of fair  | GEORGIAN CESSINIA  | County, County | nession p  | hereb   | y authorized   | will land seal                            | he remit   | same to                 |         |
| James James   | to receive and to receive and I will all the second at Can I will all the second and the second | GEORGIAN TECHNOLOGIAN TECHNOLOG | County Co | nuts, } nuts o o o o o o o o o o o o o o o o o o o     | hereb<br>f Oa<br>aid hereon<br>hereunto s         | y authorize  Lesso  a and require  tet my hand  my     | will will hear that hear had seal his XB. | the remit the re | Same to                 | low     |
| Demind : Land | Dan John to receive and to receive and IN VITI day of fair  | GEORGIAN TECHNOLOGIAN TECHNOLOG | County Co | nession p  | hereb<br>f Oa<br>aid hereon<br>hereunto s         | y authorized   | will land seal                            | the remit the re | Same to                 | 1/2 gow |

Glirgia Bartow County. Liranally Came before me Jaoper S. Meloy of said Caunty, a witness in the Opplication of Samuel J. Bonnet of said Caculy for a pinsion under Oct of 1844, and ofter being duly down says on ooth that he has been living near Daniel J. Bennett for obant ninetune. Hears and is personally acquainted with him and with his financial conditions that said Daniel & Dennett is por alyged, and is mobble to wolk of present without a slick and cannot get up when sitting without help, that he has been in this very bad Condition for obout three years. He has been unable to work for at least on or seven years, that he has no property or merme and has not had for six years, and has been supported by his of g. oncens Swom to and subsenber before this Opil 19th 1895 HWHurick Ony

NAME, Bennett, Daniel J

RICHARD JOHNSON,

WHEN AND WHERE BORN? Sept. 19, 1885 - Pleasant Hill, S C

ENLISTED WHEN AND WHERE? Spring of 1864 - Hartwell, Georgia (Hart County)

COMPANY AND REGIMENT? Co E 4th Regt.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

Soldier's Pension

INDIGENT

No. 1693

1897.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? May 1, 1865 - Macon, Georgie

IF NOT PRESENT AT SURRENDER. HERE JERE VOUS

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, R D Adams

No dat

P.0

96 - COUNTY. Berto

mì

vom mas ne nas den wing near Samiel & Bennett for obout ninetun Hears and is personally acquainted with him and with his financial conditions that said Daniel J. Bennett is por alyged, and is unable to wolk of present withirst a slick and connot get up when sitting without help, that he has bein in this very bad condition for obout three years. De has been unable to work for at least disor seven years that he has no property or meime and has not had for Dix years, and has been supported by his boys. \$8. oneens Sworn to and subscriber before this Opin 19th 1895 - Grothwick Ony

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED,

WHEN AND WHERE SURRENDERED? May 1, 1865 - Macon, Georgia

IF NOT PRESENT AT SURRENDER, THERE TERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES, R D Adams

No date

P.O.

1896

COUNTY. Barto

the law which tuniversally delays to applicants, and to enable all parties interfect pursues grating allowances to disabled soldiers, as well as the rather adopted by the Govern law state of the property of the following suggestions are submitted:

1. It provided, the following suggestions are submitted:

forth by applicant purples are succeeded, the description of the whend should be careful the distribution of the whole showing the disability applicant purples are succeeded to the surface of the succeeded to the surface of the distribution of the distribution of the surface of the s

l seem to be a fair construction of as to require the constant use of

Bennett, Samuel Y Bostow Co.

(No. 7.56

APPLICATION FOR ALLOWANGE.

Left am derables Applicant, Saul H. Bennett County Barters Amount 50, Date of Warrant Olehy 90/ Entered on record to 1889 SECRETARY EXECUTIVE DEPARTMENT.

am Doute

View that the ministrudery I in substanting resseulially mules, Accidenced, must be under out WHHamson Eikelijeh 12/89

Proof much