

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, H. S. Crawford hereby authorize  
Geo. Hendricks of Barlow County

to receive and receipt for the pension allowed and request that he remit same to me  
at Kingston Ga by check

Witness my hand and seal this 10 day of April 1897.

Executed in presence of

J. R. Anderson Notary Public } H. S. Crawford  
Barlow County Ga

Questions for Applicant.

STATE OF GEORGIA,

Barlow County.

I, H. S. Crawford of said State and County, desiring  
to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after  
being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (give State, County and post office.) Barlow, Barlow County, Ga.

2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? Barlow County, since 1885

3. When and where were you born? April 1852 - in S. C.

4. When and where and in what company and regiment did you enlist or serve? Spring 1862, 1st Black Regt, 38th Co, Barlow Co, Ga

5. How long did you remain in such company and regiment? until close of war

6. For how long a period did you discharge regular military duty? About 3 years

7. When, where and under what circumstances were you discharged from service? Spring 1865 - at Macon Ga, war was over

8. What is your present occupation? Farming

9. How much can you earn (gross) per annum by your own exertions or labor? \$115.00

10. What has been your occupation since 1865? Farming

11. Upon which of the following grounds do you base your application for pension, viz.: first "age and poverty," second "infirmary and poverty" or third "blindness and poverty"? Age and poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I have been unable to earn a support for four years

13. What property, effects or income do you possess and its gross value? I do not possess any property and have no income

14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? none

15. In what County did you reside during those years and what property did you then return for taxation? In Barlow County - nothing for 11 years

16. How were you supported during the years 1895 and 1896? from income of property of my son and my wife

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? Don't know

18. What was your employment during 1895 and 1896? What pay did you receive in each year? Farming \$115.00

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Wife and three children. No

20. Are you receiving any pension, if so, what amount and for what disability? no

Sworn to and subscribed before me this the 10 day of April 1897.

Geo. Hendricks Ordinary

of Barlow County.

H. S. Crawford Applicant.

INDIGENT PENSION

1897.

Name H. S. Crawford

County Barlow

Approved 7/1 1897.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

the 10 day of April 1887. J. M. Hightown  
 G. W. Hendrick Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
 Barlow County.

I, G. W. Hendrick, Ordinary in and for said County, hereby certify that the applicant, J. J. Crawford, resides in said County, and was a bona fide resident of this State on the first day of January, 1884, and that the witnesses, viz., John P. Lewis and G. W. Hendrick are of trustworthy character and that their statements are entitled to full faith and credit.

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 before same was signed.

I further certify that the tax digests of Barlow County show that applicant returned for taxation in his name in 1895, \_\_\_\_\_ dollars of property, and in 1896, \_\_\_\_\_ dollars of property.

In my opinion the foregoing claim is \_\_\_\_\_ made in good faith.

Witness my hand and seal of office, this 19 day of April 1897.

G. W. Hendrick Ordinary  
 of Barlow County.

NOTE.  
 Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

8. What property, effects or income has the applicant? (Give your means of knowledge.)  
 Has no property in income. I live close to him and know his condition.

9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? None.

10. What is the applicant's occupation and physical condition?  
 Farming. His physical condition is impaired from age, and from a hurt from a fall.

11. Is the applicant unable to support himself by labor of any sort, if so, why?  
 He is in account of extreme old age.

12. How was he supported during the years 1895 and 1896?  
 From income of proceeds of farm of his own and wife.

13. What portion of his support for these two years was derived from his own labor or income?  
 I do not know, however, but little.

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894?  
 His general health is pretty fair, but he is worn out from old age and suffers from a hurt from a fall.

15. What interest have you in the recovery of a pension by this applicant?  
 None.

Sworn to and subscribed before me, this 19 day of April 1897.  
 John P. Lewis  
 G. W. Hendrick Ordinary.

NAME Crawford, M.S. YEAR 1897 COUNTY Barlow

WHEN AND WHERE BORN? April 3rd. 1822 in South Carolina.  
 Resident of Co. since 1885.

ENLISTED WHEN AND WHERE? 1862 Black Woods Springs, Co. Gordon Co.

RANK. Quartermaster

COMPANY AND REGIMENT? Co. G, 8th. Co. Battalion.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Spring 1865 Mason, Co.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. John P. Lewis. No data.  
 Same command.



COMPANY AND REGIMENT? Co. C, 8th. Ga. Battalion.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Spring 1865 Macon, Ga.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. John P. Lewis. No data.

Same command.



Form No. 5.  
**POWER OF ATTORNEY.**  
**STATE OF GEORGIA.**  
*Bartow* County.

Know all Men by these Presents, That I, *Frances Cross*

County, in said State, do hereby appoint *of Bartow*  
*of said county* *A. M. Gault* my true and lawful attorney in fact, for  
 me and in my name, to receive and receipt for whatever amount of money I may be entitled  
 to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing  
 affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may  
 be issued by the Governor, or for any sum of money which may be coming to me for the reason  
 aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
*14th* day of *April* 189*1*  
*Frances Cross*

Executed in the presence of us:

*Wm. L. Stephens*  
*Wm. L. Stephens*  
*Wm. L. Stephens*

If allowed, send amount by \_\_\_\_\_ and oblige,  
 me at \_\_\_\_\_ to \_\_\_\_\_



*Cross, Frances*  
*Bartow Co.*  
 1891.  
*Ex 3*  
*No. 8296*  
**Widows' Pension**  
 — PAID TO —  
*Mrs. Frances Cross*  
 — OF —  
*Bartow* COUNTY.  
**\$100.00.**  
 Warrant Issued  
 1891  
 AND HANDED TO  
*Gault*  
 Geo. W. Harrison, State Printer Atlanta.

POWER OF ATTORNEY

STATE OF GEORGIA

Know all Men by these Presents

County, in said State, do hereby appoint

me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a

Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said

attorney to receive and receipt for the same

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

day of

April

1891

Executed in the presence of us

Mr. Stephens

Mr. Hendricks

If allowed, send amount by

me at

\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

Fonte

# POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Bartow County.

Know all Men by these Presents, That I, Frances Cross

of Bartow

County, in said State, do hereby appoint A. M. Fonte

of said county my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 14th day of April 1891

Executed in the presence of us:

Mr. Stephens  
Mr. Hendricks

DIRECTIONS.

If allowed, send amount by

me at \_\_\_\_\_, and oblige,



Widow's Pension

PAID TO

Mrs. Frances Cross

of Bartow

COUNTY.

\$100.00.

Warrant Issued

AND HANDED TO

1891

Geo. W. Harrison, State Printer Atlanta.

# Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of Bartow

In person came before me, the undersigned Ordinary in and for the County of Bartow

Mrs. Frances Cross, who being sworn according to law, says under oath that she is the widow of Gideon Cross, who was a soldier in the service of the Confederate States, and served as a member of Company E, of the 43rd Regiment of Georgia Volunteers; that he enlisted in said service on or about the 14th day of March 1862, and was in the Confederate Army up to Nov. 1862. That while in the Army, he was on the \_\_\_\_\_ day of \_\_\_\_\_ 1862. (See Note No. 1)

Died of fever - said to have been malarial fever, at Knoxville, Tenn., on or about Nov. 26, 1862 in said disease contracted while in service and in line of duty as a soldier in his Company. Cross wrote me that he died as stated & I have never seen him since and have no doubt he died as stated - as it was so reported to me soon after his death.

Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 25th day of March 1853, and that she has resided in Georgia continuously since the 18th day of Dec. (Birth) 1832; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.

Sworn to and subscribed before me, this, the

14th day of April 1891.

Ordinary.

Frances Cross

Note: State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause.



Cross, Frances  
 Bartow Co.  
 1891.  
 210. 8946.  
 PAID TO  
 Mrs. Frances Cross  
 of  
 Bartow  
 COUNTY.  
 \$100.00.  
 Warrant issued  
 AND HANDED TO  
 1891  
 State

is me soon after his death  
 Deponent further swears that she was the wife of said deceased soldier during his term of service in the Army, and that she has never married since his death; that she became his wife on the 25<sup>th</sup> day of March 1853, and that she has resided in Georgia continuously since the 18<sup>th</sup> day of Dec. (Birth) 1832; that Georgia is her home, and was such on the 23d day of December, 1890, and since said date she has not lived in any other State or locality. Deponent, as the widow of said deceased soldier husband, applies for the pension provided by Act of the General Assembly of Georgia, approved December 23d, 1890, for the pension year ending February 15th, 1892, and herewith tenders the proof of her right to receive the allowance granted by said Act.  
 Sworn to and subscribed before me, this, the 14 day of April 1891.  
 E. H. Harrison  
 Ordinary.

NOTE 1. State in blank above the date of the death of the husband, and how, and when, and where he died. And in case his death resulted from disease, state how the disease is known positively to have resulted from the service of the soldier in the Army and not from any other cause.

# Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA.

County of Bartow

In person came before me, the undersigned Ordinary

in and for said County, witnesses J. J. Forester, John C. Payne

and D. H. Crow (each known to said Attesting Officer as truthful,

reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,

Mrs. Frances Cross, of the County of Bartow

State of Georgia, is the widow of Gideon Cross, who was a soldier in

Company 6 of the 40 Regiment of Georgia Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or

about the 14<sup>th</sup> day of March 1862 That while in said service, or for

reason of said service in the Army, he lost his life as follows:

Witness Crow states under oath that

said Cross was taken sick while in

Camps and was sent to hospital at

Knoxville Tenn, and that in a few

weeks he was reported to his com-

mand as dead. He never saw him

afterwards and has no doubt he died as

stated - he has known Mrs Cross ever since

the war & Mr Cross never came home.

Witness J. J. Forester swears that said Cross, a member of

43 Regiment of Ga. Volunteers, that he left said Cross in Comp.

at Knoxville Sept. 26 - 1862 the next thing he heard of

said Cross was when he was reported dead. That he

is fully satisfied that he died as reported.

Witness Payne says he saw said Cross in the

hospital near Knoxville, on a certain evening

and that he was then dying, and on the next

day he was reported to his command as dead.

Witness never saw said Cross again, and he

has no doubt he died at time and place stated. He

never came home nor was he heard of after the war.

We further swear that Mrs. Frances Cross was the wife of said

soldier during the service, and that she has not intermarried since his death, and that she resides in

Bartow County of the State of Georgia.

Sworn to and subscribed before me, this, the 14 day of April 1891.

E. H. Harrison  
 Ordinary.

J. J. Forester  
 John C. Payne

## Certificate of Ordinary of the County of Applicant's Residence.

Form No. 3.

STATE OF GEORGIA,

County of Bartow

I, E. H. Harrison, Ordinary

in and for said County of Bartow

State of Georgia, hereby certify that I am acquainted with Mrs. Frances Cross

the applicant for a pension in this case, and know, from my own knowledge, or from positive proof

presented to me by reputable witnesses, that she resides in this County, and that she resided in the

State of Georgia on December 23d, 1890, and has not lived out of the State since that date. I also

certify that the witnesses whose testimony she presents to sustain her claim are known to me to be

truthful witnesses, entitled to full faith and credit as such. I am fully satisfied that this claim is made in

good faith, and that I have caused the applicant and the witnesses to read or hear read the proofs they sign.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 14 day of April 1891.

E. H. Harrison  
 Ordinary.

SEAL

## NOTES.

Form No. 4.

The pension is only payable to certain classes of widows.

Those whose husbands were killed in service.

Those whose husbands died in the army of wounds or disease contracted in the service.

Those whose husbands went to the army and have never been heard from since the war.

Those whose husbands were wounded in the army and have since died from the direct effects

of the wounds.

Those whose husbands contracted disease in the service, and who after the war, died of the disease

caused by the service. The disease directly causing the death.

No widow is entitled unless she was the wife of the soldier during the war, and has never

remarried.

The law does not provide for any one living out of the State of Georgia, or who did not live in the

State at the date of the Act.

The facts to establish a claim must be substantiated by the testimony of three witnesses

who personally know of the enlistment of the husband and his death and the immediate cause

of the death.

Widows who have married since the service of their husbands in the army are not entitled.

There is no need of employing a lawyer or other agent to attend to these claims. The

Department will furnish full and specific instructions, and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must go before

the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.

Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and

receive the money, to receipt for same.

Fill out the "directions" below Power of Attorney, so that your Agent will know where and how

to send the money.

By order of the Governor.

W. H. HARRISON,  
 Sec. Ex. Department.



invalidated, Sept. 26, 1862, the next thing he heard of said Cross was, when he was reported dead; that she is fully satisfied that he died as reported.

Witness Payne says he saw said Cross in the hospital near Knoxville, on a certain evening and that he was then dying, and on the next day he was reported to his command as dead.

Witness never saw said Cross again, and he has no doubt he died at time and place stated; he never came home nor was he heard of after the war.

We further swear that Mrs. Francis Cross was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in

Bartow County of the State of Georgia. D. H. Brown

Sworn to and subscribed before me, this, the 14 day of April 1891.

Ordinary.

John B. Payne

Those whose husbands contracted disease in the service, and who after the war, died of the disease caused by the service. The disease directly causing the death.

No widow is entitled unless she was the wife of the soldier during the war, and has never remarried.

The law does not provide for any one living out of the State of Georgia, or who did not live in the State at the date of the Act.

The facts to establish a claim must be substantiated by the testimony of three witnesses who personally know of the enlistment of the husband and his death and the immediate cause of the death.

Widows who have married since the service of their husbands in the army are not entitled.

There is no need of employing a lawyer or other agent to attend to these claims. The Department will furnish full and specific instructions, and give ample opportunity to every claimant.

If witnesses live in another County from that wherein applicant resides, they must go before the Ordinary and testify. The attestation of a Justice of the Peace or Notary will not answer.

Fill out Power of Attorney authorizing some one who can call at Treasurer's office in Atlanta and receive the money, to receipt for same.

Fill out the "directions" below Power of Attorney, so that your Agent will know where and how to send the money.

By order of the Governor.

W. H. HARRISON,  
Sec. Ex. Department.

Certificate of Ordinary of the County of Applicant's Residence. Form No. 2.

STATE OF GEORGIA, County of Bartow

Ordinary in and for said County of Bartow, State of Georgia, hereby certify that I am acquainted with Mrs. Frances Cross the applicant for a pension in this case, and know, from my own knowledge, (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of William Cross deceased, and as such has heretofore been allowed a pension for the year ending February 15th 1892.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 14 day of January 1893.

Ordinary.

POWER OF ATTORNEY. Form No. 3.

STATE OF GEORGIA, County of Bartow

KNOW ALL MEN BY THESE PRESENTS, That I, Francis Cross of Bartow County, in said State, do hereby appoint A. S. Johnson my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 14 day of January 1893.

Executed in the presence of us:

M. J. Stephens

W. H. Harrison

DIRECTIONS.

Send amount by Check Cash W. H. Harrison to me at Bartowville Ga., and oblige

Francis Cross

Certificate of Ordinary of the County of Applicant's Residence. Form No. 2.

STATE OF GEORGIA, County of Bartow

Ordinary in and for said County of Bartow, State of Georgia, hereby certify that I am acquainted with Mrs. Frances Cross the applicant for a pension in this case, and know, from my own knowledge (or from positive proof presented to me by reputable witnesses), that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of William Cross deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the 14 day of January 1894.

Ordinary.

POWER OF ATTORNEY. Form No. 3.

STATE OF GEORGIA, County of Bartow

KNOW ALL MEN BY THESE PRESENTS, That I, Francis Cross of Bartow County, in said State, do hereby appoint A. S. Johnson my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 14 day of January 1894.

Executed in the presence of us:

A. S. Johnson, Notary Pub. Bartow Co., Ga.

W. H. Harrison

DIRECTIONS.

Send amount by Check Cash W. H. Harrison to me at Bartowville Ga., and oblige

Francis Cross

Widow's Pension, for year ending February 15th, 1893.

PAID TO Mrs. Francis Cross

of Bartow County.

Warrant Issued

AND HAND TO

1893

FOR THOSE HERETOFORE PAID.

1893.

20. 82

Francis Cross

Widow's Pension, for year ending February 15th, 1894.

PAID TO Mrs. Francis Cross

of Bartow County.

Warrant Issued

AND HAND TO

1894

FOR THOSE HERETOFORE PAID.

1894.

20. 82

Francis Cross

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
day of Jan 1893. Francis Cross [L.S.]  
Executed in the presence of us:  
M. S. Stephens  
G. W. Mendenhall  
DIRECTIONS.  
Send amount by Cheek Cash W. Mendenhall to  
me at Bartonsville and oblige  
Francis Cross

Francis Cross  
FOR THOSE HERETOFORE PAID.  
1893.  
No. 82  
Widow's Pension,  
for year ending February 15th, 1893.  
—PAID TO—  
Mrs. Francis Cross  
—OF—  
Bartonsville COUNTY.  
Warrant Issued  
AND HANDED TO  
G. W. Mendenhall  
1893

day of Jan 1894. Francis Cross [L.S.]  
Executed in the presence of us:  
D. S. Johnson, Noty. Pub. Bartonsville, Geo.  
T. S. Anderson  
DIRECTIONS.  
Send amount by \_\_\_\_\_ to  
me at \_\_\_\_\_ and oblige

Francis Cross  
FOR THOSE HERETOFORE PAID.  
1894.  
No. 95  
Widow's Pension,  
for year ending February 15th, 1894.  
—PAID TO—  
Mrs. Francis Cross  
—OF—  
Bartonsville COUNTY.  
WARRANT ISSUED  
AND HANDED TO  
G. W. Mendenhall  
1894

### For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs.  
County of Bartonsville Francis Cross

who being sworn, says on oath, that she is a bona fide resident of said County of  
Bartonsville State of Georgia, and that she has resided in said State  
continuously ever since Dec 1862 1862 That she is the Widow of  
Edison Cross who was a Soldier in Company  
E of the 43 Regiment of Ga

Volunteers, that he enlisted in said Regiment on or about the month of March  
1862 and served in the Army up to Nov 1862 That he lost his  
life on the \_\_\_\_\_ day of Nov 1862 (State here

full particulars of the husband's death, when, where and from what cause.)  
He died of fever in the hospital  
in Knoxville Tennessee in Nov  
1862.

Deponent swears that she was the wife of said deceased soldier during his service in the army  
as a soldier, and that she has never married since his death aforesaid, that she became his wife  
in the year 1874; that Georgia is her home and she resided in this State 23d day of December,  
1890, and has not lived in any other State or locality since that date. I have been allowed a  
pension for the year ending February 15th, 1892, and now apply for the allowance provided by  
law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this  
14 day of Jan 1893.

Francis Cross  
Ordinary. Post-office

### For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally comes Mrs.  
County of Bartonsville Francis Cross

who being sworn, says on oath, that she is a bona fide resident of said County of  
Bartonsville State of Georgia, and that she has resided in said State  
continuously ever since December 1862 1862 That she is the Widow of  
Edison Cross who was a Soldier in Company  
E of the 43 Regiment of Ga

Volunteers, that he enlisted in said Regiment on or about the month of March  
1862 and served in the Army up to Nov 26 1862 That he lost his  
life on the 26 day of Nov 1862 (State here

full particulars of the husband's death, when, where and from what cause.) He  
died at Knoxville Tennessee Nov  
26<sup>th</sup> 1862 of malarial fever in hospital

Deponent swears that she was the wife of said deceased soldier during his service in the  
army as a soldier, and that she has never married since his death aforesaid, that she became  
his wife in the year 1875; that Georgia is her home and she resided in this State 23d day  
of December, 1890, and has not lived in any other State or locality since that date. I have  
been allowed a pension for the year ending February 15th, 1893, and now apply for the  
allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this  
20 day of Jan 1894.

Francis Cross  
Ordinary. Post-office Bartonsville Ga



Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1892, and now apply for the allowance provided by law for the year ending February 15th, 1893.

Sworn to and subscribed before me, this  
14 day of Jan'y 1893.  
G. W. Hendricks Ordinary.

Francis Cross

Post-office

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1854; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this  
20 day of Jan'y 1894.  
G. W. Hendricks Ordinary.

Francis Cross  
Post-office Cantonville Ga

### Certificate of Ordinary of the County of Applicant's Residence.

Form No. 1.

STATE OF GEORGIA, County of Bartow  
G. W. Hendricks Ordinary in and for said County of  
Bartow State of Georgia, hereby certify that I am acquainted with Mrs.  
Frances Cross the applicant for a pension in this case, and  
know from my own knowledge (or from positive proof presented to me by reputable wit-  
nesses), that she resides in this County, and that she resided in the State of Georgia on  
December 23, 1890, and has not lived out of the State since that date. That she is the  
widow of Gideon Cross deceased, and as such has heretofore  
been allowed a pension for the year ending February 15th, 1894.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office,  
this, the 27 day of January 1895.  
G. W. Hendricks Ordinary.

### POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Bartow County.  
KNOW ALL MEN BY THESE PRESENTS, That I, Frances Cross  
of Bartow  
County in said State, do hereby appoint G. W. Hendricks  
Cantonville Ga my true and lawful attorney in fact, for  
me, and in my name, to receive and receipt for whatever amount of money I may be en-  
titled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the  
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any  
Warrant that may be issued by the Governor, or for any sum of money which may be  
coming to me for the reason aforesaid.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 27th  
day of January 1895. Frances Cross [L. S.]

Executed in the presence of:

R. S. Johnson, Notary  
Pub. Bartow Co., Fla.

John C. Dodger DIRECTIONS.

Send amount by

me at \_\_\_\_\_, and oblige \_\_\_\_\_ to

### Certificate of Ordinary of the County of Applicant's Residence.

Form No. 1.

STATE OF GEORGIA, County of Bartow  
G. W. Hendricks Ordinary in and for said County of  
Bartow State of Georgia, hereby certify that I am acquainted with Mrs.  
Frances Cross the applicant for a pension in this case, and  
know from my own knowledge (or from positive proof presented to me by reputable witnesses), that she  
resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived  
out of the State since that date. That she is the widow of Gideon Cross  
deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1895.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this  
the 27 day of Jan'y 1896.  
G. W. Hendricks Ordinary.

### POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Bartow County.  
Frances Cross hereby authorize G. W. Hendricks  
Cantonville Ga to receive and receipt for the pension paid hereon, and request  
that he remit same to me at Cantonville Ga

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 27th  
day of Jan'y 1896. Frances Cross [L. S.]

Executed in the presence of

A. H. Taylor  
E. D. Ingle

Cross, Frances  
Bartow County  
FOR THOSE HERETOFORE PAID.  
1895.  
No. 1578  
WIDOW'S PENSION,  
for year ending February 15th, 1895.  
PAID TO  
Frances Cross  
OF  
Bartow County.  
WARRANT ISSUED  
30 4/7  
AND HANDED TO  
1895.

Cross, Frances  
Bartow County  
FOR THOSE HERETOFORE PAID.  
1896.  
No. 2914  
WIDOW'S PENSION,  
for year ending February 15th, 1896.  
PAID TO  
Frances Cross  
OF  
Bartow County.  
WARRANT ISSUED  
27  
AND HANDED TO  
1896.



Executed in the presence of us: *Frances Croft* [L. S.]  
*R. S. Johnson, copy*  
*Rub. Bartowles, Sec.*  
*John C. Dargen* DIRECTIONS.  
Send amount by \_\_\_\_\_ to \_\_\_\_\_  
me at \_\_\_\_\_, and oblige

Cross, Frances  
Bartow County  
FOR THOSE HERETOFORE PAID.  
1895.  
No. 1578  
WIDOW'S PENSION,  
for year ending February 15th, 1895.  
PAID TO  
*Frances Croft*  
or  
*Barlow*  
widow of *Gideon Croft*  
County.  
WARRANT ISSUED  
30 day  
AND HANDED TO  
1895.

day of *Jan* 1896. *Frances Croft* [L. S.]  
Executed in the presence of  
*John C. Dargen*  
*E. D. Ingle*

Bartow County  
FOR THOSE HERETOFORE PAID.  
1896.  
No. 2914  
WIDOW'S PENSION,  
for year ending February 15th, 1896.  
PAID TO  
*Frances Croft*  
or  
*Barlow*  
widow of *Gideon Croft*  
County.  
WARRANT ISSUED  
30 day  
AND HANDED TO  
1896.

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Bartow* } Personally Comes Mrs. *Frances Croft*

who being sworn, says on oath, that she is a bona fide resident of said county of *Bartow* State of Georgia, and that she has resided in said State continuously ever since *December* 18*82* That she is the Widow of *Gideon Croft* who was a Soldier in Company *E* of the *48* Regiment of *Ga* Volunteers, that he enlisted in said Regiment on or about the month of *March* 1862 and served in the Army up to *Nov. 16<sup>th</sup>* 1862 That he lost his life on the *16<sup>th</sup>* day of *Nov.* 1862. (State here full particulars of the husband's death, when, where and from what cause.) *(He died in the hospital in Maxwell Tennessee of fever Nov. 16<sup>th</sup> 1862)*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this *21<sup>st</sup>* day of *Jan* 1895.  
*John C. Dargen* Ordinary. *Frances Croft* Post-office *mark*

## For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,  
County of *Bartow* } Personally Comes Mrs. *Frances Croft*

who being sworn, says on oath, that she is a bona fide resident of said county of *Bartow* State of Georgia, and that she has resided in said State continuously ever since *December* 18*82* That she is the Widow of *Gideon Croft* who was a Soldier in Company *E* of the *48* Regiment of *Ga* Volunteers, that he enlisted in said regiment on or about the month of *March* 1862 and served in the Army up to *November* 1862 That he lost his life on the *26* day of *Nov* 1862. (State here full particulars of the husband's death, when, where and from what cause.) *(He died in hospital at Knoxville, Tenn. Nov. 26<sup>th</sup> 1862 of malarial fever)*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of *Bartow* County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this *21<sup>st</sup>* day of *Jan* 1896.  
*John C. Dargen* Ordinary. *Frances Croft* Post-office *mark*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1865; that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1894, and now apply for the allowance provided by law for the year ending February 15th, 1895.

Sworn to and subscribed before me, this 21<sup>st</sup> day of Jan 1895. *Francis Croft* Ordinary. Post-office *mark*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1865, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of *Barlow* County for the year ending February 15th, 1895, and now apply for the pension provided by law for the year ending February 15th, 1896.

Sworn to and subscribed before me, this 21<sup>st</sup> day of Jan 1896. *Francis Croft* Ordinary. Post-office *mark*

Certificate of Ordinary of the County of Applicant's Residence.

Form No. 2.

STATE OF GEORGIA, County of *Barlow*  
*G.W. Hendricks* Ordinary in and for said County of *Barlow* State of Georgia, hereby certify that I am acquainted with Mrs. *Francis Croft* the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me by reputable witness) that she resides in this County, and that she resided in the State of Georgia on December 23, 1890, and has not lived out of the State since that date. That she is the widow of *Gideon Croft* deceased, and as such has heretofore been allowed a pension for the year ending February 15th, 1896. In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this 16<sup>th</sup> day of Jan 1897. *G.W. Hendricks* Ordinary. [SEAL]

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of *Barlow*  
*Francis Croft* hereby authorize *G.W. Hendricks* of *Barlowville Ga* to receive and receipt for the pension paid hereon and request that he remit same to *me* at *Barlowville Ga* 16<sup>th</sup> day of Jan 1897. *Francis Croft* [L. S.] Executed in the presence of *Bessie Hendricks* *Blanch Hendricks*

POWER OF ATTORNEY.

State of Georgia, County of *Barlow*  
*Francis Croft* hereby authorize *G.W. Hendricks* of *Barlowville Ga* to receive and receipt for the pension paid hereon and request that he remit same to *me* at *Barlowville Ga* 16<sup>th</sup> day of Jan 1897. *Francis Croft* [L. S.] Executed in the presence of *Wm. D. Dadd* *James R. Kenney*

*Croft, Francis*  
*Barlowville*  
For Those Heretofore Paid.  
1898.  
NO. 1076  
WIDOW'S PENSION,  
For year ending February 15th, 1898.  
PAID TO *Francis Croft*  
OF *Barlow* County,  
*Widow of Gideon Croft*  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT ISSUED  
193  
AND HANDLED TO  
[Signature]  
GEO. W. HARRISON, STATE PRINTER, ATLANTA

*Croft, Francis*  
*Barlowville*  
FOR THOSE HERETOFORE PAID.  
1897.  
NO. 2206  
WIDOW'S PENSION,  
for year ending February 15th, 1897.  
PAID TO *Francis Croft*  
OF *Barlow* County,  
*Widow of Gideon Croft*  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT ISSUED  
2/2  
AND HANDLED TO  
[Signature]  
GEO. W. HARRISON, STATE PRINTER, ATLANTA

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16<sup>th</sup> day of January 1897. Frances X Croft [L.S.]  
Executed in the presence of  
Bessie Hendricks  
Blanch Hendricks

Croft Frances  
Bartow County  
FOR THOSE HERETOFORE PAID.  
**1897.**  
No. 2206  
**WIDOW'S PENSION,**  
for year ending February 15th, 1897.  
PAID TO  
Frances Croft  
OF  
Bartow  
County,  
Widow of Gideon Croft  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT ISSUED  
2/2  
AND HANDED TO  
G.W. Hendricks  
1897.

Croft Frances  
Bartow  
FOR THOSE HERETOFORE PAID.  
**1898.**  
No. 1076  
**WIDOW'S PENSION**  
For year ending February 15th, 1898.  
PAID TO  
Frances Croft  
OF  
Bartow  
County,  
Widow of Gideon Croft  
RICHARD JOHNSON,  
Commissioner of Pensions.  
WARRANT ISSUED  
1923  
AND HANDED TO  
G.W. Hendricks  
1898.

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.  
County of Bartow Frances Croft

who being sworn, says on oath, that she is a bona fide resident of said county of Bartow State of Georgia, and that she has RESIDED in said State continuously ever since Dec 18<sup>th</sup> 1892. That she is the Widow of Gideon Croft who was a Soldier in Company E of the 43<sup>rd</sup> Regiment of Geo Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to Nov 26<sup>th</sup> 1862. That he lost his life on the 26<sup>th</sup> day of Nov 1862 (State here full particulars of the husband's death, when, where and from what cause.) He died in a hospital in Knoxville Tenn. Nov 26<sup>th</sup> 1862 of measles.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1893, that Georgia is her home and she resided in this State 234 day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Bartow County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 16<sup>th</sup> day of January 1897. Frances X Croft  
G.W. Hendricks Ordinary. Post-Office mark

## For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.  
County of Bartow Frances Croft

who, being sworn, says on oath, that she is a bona fide resident of said county of Bartow State of Georgia, and that she has RESIDED in said State continuously ever since December 18<sup>th</sup> 1892. That she is the Widow of Gideon Croft who was a Soldier in Company E of the 43<sup>rd</sup> Regiment of Geo Volunteers, that he enlisted in said regiment on or about the month of March 1862 and served in the Army up to Nov 1862. That he lost his life on the 16<sup>th</sup> day of Nov 1862 (State here full particulars of the husband's death, when, where and from what cause.) He died in hospital at Knoxville Tennessee. Nov 16, 1862

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1893.

I have been allowed a pension as a resident of Bartow County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this 8<sup>th</sup> day of January 1898. Frances X Croft  
G.W. Hendricks Ordinary. Post-Office mark Bartowville Ga

State of Georgia, Bartow County. G.W. Hendricks  
Ordinary of said County, certify that I am well acquainted with Mrs. Frances Croft who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 14 day of January 1889.

Given under my official signature and seal this the 8<sup>th</sup> day of January 1898.  
G.W. Hendricks  
Ordinary of Bartow County.





Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1803, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension as a resident of Barlow County for the year ending February 15th, 1896, and now apply for the pension provided by law for the year ending February 15th, 1897.

Sworn to and subscribed before me, this 16th day of Jan'y 1897.  
G. W. Hudricks  
Ordinary.

Francis X. Cross  
Post-office mark

any person who was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1855.

I have been allowed a pension as a resident of Barlow County for the year ending February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1898.

Sworn to and subscribed before me, this 8th day of Jan'y 1898.  
G. W. Hudricks  
Ordinary.

Francis X. Cross  
Post-office mark  
Cartersville Ga

State of Georgia, Barlow County. I, G. W. Hudricks  
Ordinary of said County, certify that I am well acquainted with Mrs. Francis Cross who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 14 day of Jan'y 1859.

Given under my official signature and seal this 8th day of Jan'y 1898.  
G. W. Hudricks  
Ordinary of Barlow County.

Official Seal.

# POWER OF ATTORNEY.

State of Georgia, Barlow County. I, Francis Cross hereby authorize G. W. Hudricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to me at Cartersville Ga.  
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 9th day of January 1899.  
Francis X. Cross  
[L. S.]  
Executed in presence of Wm Bodd

# POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County. I, Francis Cross hereby authorize G. W. Hudricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to me at Cartersville Ga.  
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17th day of Jan'y 1900.  
Francis X. Cross  
[L. S.]  
Executed in presence of J. R. Anderson

Barlow County  
For Those Heretofore Paid.

1899.  
NO. 2239

WIDOW'S PENSION,  
For year ending February 15th, 1899.  
PAID TO  
Mrs. Francis Cross  
Barlow County  
Widow of Francis Cross  
Cartersville

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT ISSUED  
2/1/1899  
AND HANDLED TO  
J. R. Anderson  
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Cross, Francis  
Barlow County  
To Those Heretofore Paid.

1900.  
NO. 2234

WIDOW'S PENSION,  
For year ending February 15th, 1900.  
PAID TO  
Mrs. Francis Cross  
Barlow County,  
Widow of Francis Cross

JNO. W. LINDSEY,  
Commissioner of Pensions.

WARRANT ISSUED  
Jan 19 1900  
AND HANDLED TO  
J. R. Anderson  
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

*Cross, Frances*  
For Those Heretofore  
1899  
NO. 2234  
WIDOW'S PENSION  
For year ending February 15th  
PAID TO  
*Mrs. Frances Cross*  
of  
*Barlow*  
Widow of *Gideon Cross*  
RICHARD JOHNS  
Commissioner  
WARRANT ISSUED  
AND HANDLED TO  
*J. W. Lindsey*  
GEO. W. HARRISON, STATE PRINTER.

*Cross, Frances*  
For Those Heretofore  
1900.  
NO. 2234  
WIDOW'S PENSION  
For year ending February 15th, 1  
PAID TO  
*Mrs. Frances Cross*  
of  
*Barlow*  
Widow of *Gideon Cross*  
JNO. W. LINDSEY,  
Commissioner of  
WARRANT ISSUED  
AND HANDLED TO  
*J. W. Lindsey*  
GEO. W. HARRISON, STATE PRINTER, ALABAMA.

## For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA

County of *Barlow*

Personally Comes Mrs.

*Frances Cross*

*Barlow* who, being sworn, says on oath, that she is a bona fide resident of said county of  
State of Georgia, and that she has RESIDED in said State  
continuously ever since *December 17<sup>th</sup>* 18*81* That she is the Widow of  
*Gideon Cross* who was a soldier in Company  
8 of the *42<sup>d</sup>* Regiment of *Ga*  
Volunteers, that he enlisted in said regiment on or about the month of *Spring*  
186*2* and served in the Army up to *November* 186*2* That he lost his  
life on the *16<sup>th</sup>* day of *Nov* 186*2* (State here

particulars of the husband's death, when, where and from what cause.) *He died in a hospital at Knoxville Tenn of malarial fever*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18*55*.

I have been allowed a pension as a resident of *Barlow* County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this  
day of *Jan* 1899.  
*G. W. Hendricks* Ordinary.

*Frances Cross*  
Post-Office *Barlow Ga*

State of Georgia,  
*Barlow* County.

I, *G. W. Hendricks* Ordinary of said County, certify that I am well acquainted

with Mrs. *Frances Cross* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *17<sup>th</sup>* day of *Jan* 18*81*.

Given under my official signature and seal this the *17<sup>th</sup>* day of *Jan* 1899.

Official Seal

*G. W. Hendricks*  
Ordinary of *Barlow* County.

## For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA

County of *Barlow*

Personally Comes Mrs.

*Frances Cross*

*Barlow* who, being sworn, says on oath, that she is a bona fide resident of said county of  
State of Georgia, and that she has RESIDED in said State  
continuously ever since *December 18<sup>th</sup>* 18*82* That she is the Widow of  
*Gideon Cross* who was a soldier in Company  
8 of the *42<sup>d</sup>* Regiment of *Ga*  
Volunteers, that he enlisted in said regiment on or about the month of *March*  
186*2* and served in the Army up to *November* 186*2* That he lost his  
life on the *16<sup>th</sup>* day of *Nov* 186*2* (State here

particulars of the husband's death, when, where and from what cause.) *He died in a hospital at Knoxville Tennessee in December 1862 of malarial fever*

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18*55*.

I have been allowed a pension as a resident of *Barlow* County for the year ending February 15th, 1899, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this  
day of *Jan* 1900.  
*G. W. Hendricks* Ordinary.

*Frances Cross*  
Post-Office *Barlow*

State of Georgia,  
*Barlow* County.

I, *G. W. Hendricks* Ordinary of said County, certify that I am well acquainted

with Mrs. *Frances Cross* who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the *17<sup>th</sup>* day of *Jan* 18*81*.

Given under my official signature and seal, this the *17<sup>th</sup>* day of *Jan* 1900.

Official Seal

*G. W. Hendricks*  
Ordinary of *Barlow* County.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18<sup>85</sup>.

I have been allowed a pension as a resident of Barlow County for the year ending February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1899.

Sworn to and subscribed before me, this 9 day of January, 1899.  
G W Nudricks Ordinary.

Frances X Broos  
Post-Office Barlowville Ga

State of Georgia,  
Barlow County.

I G W Nudricks

Ordinary of said County, certify that I am well acquainted with Mrs. Frances Broos who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st day of January, 18<sup>85</sup>.

Given under my official signature and seal this the 9 day of January, 1899.

G W Nudricks  
Ordinary of Barlow County.

{ Official  
Seal }

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18<sup>85</sup>.

I have been allowed a pension as a resident of Barlow County for the year ending February 15th, 189<sup>9</sup>, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 17<sup>th</sup> day of January, 1900.  
G W Nudricks Ordinary.

Frances X Broos  
Post Office mark

State of Georgia,  
Barlow County.

I G W Nudricks

Ordinary of said County, certify that I am well acquainted with Mrs. Frances Broos who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the 1st day of January, 18<sup>85</sup>.

Given under my official signature and seal, this the 17<sup>th</sup> day of January, 1900.

G W Nudricks  
Ordinary of Barlow County.

{ Official  
Seal }



# NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, the following suggestions are made as well as the rules adopted by the Governor regarding the same.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth in a plain statement of the facts, and followed by a plain statement of the nature of the disability. It should be stated whether the disability is permanent or temporary, and whether it is the result of the disease contracted in the service, a full history of the disease should be given, showing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and permanently useless*.

3. In answer to say that an arm is "substantially useless for ordinary pursuits of life, etc.," purposes he "substantially and permanently disabled," and the law would seem to be a fair construction of the Act, and the applicant should be satisfied with that.

4. If the application is for a wound, the applicant should state the nature of the wound, and the date when it was received, and the nature of the disability, and the nature of the service.

5. If papers are presented for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The Ordinary of the county of the residence of the applicant is the only one who can certify. The Ordinary of the county of the residence of the applicant is the only one who can certify. The Ordinary of the county of the residence of the applicant is the only one who can certify.

The Ordinary of the county of the residence of the applicant is the only one who can certify. The Ordinary of the county of the residence of the applicant is the only one who can certify. The Ordinary of the county of the residence of the applicant is the only one who can certify.

and applicants to these points.

Crow, D. H.  
Bostow Co.,

No. 7574

## APPLICATION FOR ALLOWANCE.

Loss of one finger  
D. H. Crow  
County Boston  
Amount \$500  
Date of Warrant July 20  
Entered on record July 20, 1889  
D. H. Crow  
SECRETARY EXECUTIVE DEPARTMENT.

Entered 1950  
A. M. Gault

Date of Warrant July 20

Entered on record

July 20 1889

SECRETARY EXECUTIVE DEPARTMENT.

Entered 195  
C. M. Grant

to enable all parties interested to understand the rules adopted by the Governor touching the of the wound should be carefully and fully set forth by applicant and physician, a full and careful statement of facts showing the extent of the disability, and the nature of the injury, and the arm or leg has been rendered substantially useless for ordinary pursuits of life, etc., as to the arm or leg, but the limb must for all to be a fair construction of the Act, and the to require the constant use of crutch or stick, are added to the affidavit the amendments have the county of the residence of the applicant noted to call the attention of the physicians

## NOTES.

In order to avoid unnecessary delays to applicants, and to enable all parties interested to understand the laws granting allowances to disabled soldiers, as well as the rules adopted by the Governor touching the payments provided, the following suggestions are submitted:

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.

2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.

3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."

4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."

5. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.

6. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.

## For Use of Applicants Who Have not Heretofore Drawn.

STATE OF GEORGIA,

Barlow County.

PERSONALLY appears D. H. Crow 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 been such since the 17<sup>th</sup> day of October 1841, that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company D, of 36<sup>th</sup> Regiment of Georgia Volunteers Cummins's Brigade; that whilst engaged in such military service, at the battle of Missionary Ridge in the State of Tennessee, on the 25 day of November 1863, he was wounded as follows:

wounded with a minnie ball in the middle finger of the left hand by which wound the finger was amputated near the knuckle joint, there being only a very small portion of the finger left, about a quarter of an inch.

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled thereunder for the year ending October 26, 1889.

Sworn to and subscribed before me, this 13 day of Feb'y 1889, D. H. Crow  
J. M. Durham cor. Sup. Court

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

## Commissioned Officer's Affidavit.

STATE OF GEORGIA,

Barlow County.

PERSONALLY came before me Willie Martin of the county of Barlow State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company D, of 36 Regiment of Georgia Volunteers, and that deponent knows D. H. Crow, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said D. H. Crow as stated by him in said affidavit. Deponent further states that said D. H. Crow is a bona fide citizen of this State and resides in Barlow county.

D. H. Crow  
W. A. McGoy J. P. Willie Martin Capt.

The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavits of three responsible citizens should be furnished:

## APPLICATION FOR ALLOWANCE.

No. 7374

Loss of Finger

D. H. Crow

Barlow

Amount

Date of Warrant July 20

Entered on record

July 20 1889

SECRETARY EXECUTIVE DEPARTMENT.

Entered 195  
C. M. Grant

Crow, D. H.  
Bartow  
No. 767  
APPLICATION FOR ALLOWANCE  
FOR  
Jas H. M. Crow  
County Bartow  
Amount \$500  
Date of Warrant Feb 2  
Entered on record  
Feb 20. 1889  
SECRETARY EXECUTIVE DEPARTMENT  
G. M. D. S. H. M. Crow

10 day of Feb 1889  
J. M. D. S. H. M. Crow  
NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

Commissioned Officer's Affidavit.

STATE OF GEORGIA,  
Bartow County.  
PERSONALLY came before me Willis Martin of the county of Bartow State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company D of 36 Regiment of Georgia Volunteers, and that deponent knows D. H. Crow, and that he received the wounds (or contracted the disease) in the military service, as stated in his foregoing affidavit, and that wounds (or disease) permanently disables the said D. H. Crow as stated by him in said affidavit. Deponent further states that said D. H. Crow is a bona fide citizen of this State and resides in Bartow county.  
J. A. McGeary J. P. Willing Martin Capt  
The foregoing affidavit, changed to suit the facts should be made by a commissioned officer of Company or Regiment. If the affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished:

STATE OF GEORGIA,  
Bartow County.  
PERSONALLY came  
citizens of  
county, in said State,  
who, being duly sworn, say that they are acquainted with  
and know that he received the wounds (or contracted the disease) in the military service, as stated by him in the foregoing affidavit; that said wounds (or disease) permanently disables applicant, as stated by him; that said applicant is a bona fide citizen of this State, and resides in  
county, and we are well satisfied that all the statements in his affidavit are true.  
Sworn to and subscribed before me, this  
day of 1889

STATE OF GEORGIA,  
Bartow County.  
I, Geo. W. Hendricks Ordinary of said county, do certify that I am well acquainted with D. H. Crow 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. I also certify that the foregoing witnesses are persons of respectability, and that their statements are worthy of full credit and belief.  
I further certify that J. M. D. S. H. M. Crow before whom the foregoing affidavits were made and power of attorney was signed, is a Clerk Superior Court of said county, and the said affidavits and signatures thereto are genuine. I further certify that J. A. McGeary is a Justice of the Peace in said County.  
Given under my official signature and seal, this 19 day of Feb 1889.  
Geo. W. Hendricks  
Ordinary Bartow County.

STATE OF GEORGIA,  
Bartow County.  
PERSONALLY comes before me Geo. W. Hendricks Ordinary of said county, James M. Young and Lindsay Johnson both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined D. H. Crow and after such examination say that the applicant has been injured as follows: Shot & received a wound in the right hand with a primer ball, the middle finger and ring finger are left hand and requiring it to be amputated and up at this wound

POWER OF ATTORNEY.  
STATE OF GEORGIA,  
Bartow County.  
Know all Men by these Presents, That I, D. H. Crow of Bartow county, in said State, do hereby appoint A. M. Foute of Bartow County my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.  
In witness whereof I have hereunto set my hand and seal, this 19 day of Feb 1889.  
J. A. McGeary J. P. Willing Martin Capt  
Executed in the presence of us:  
J. A. McGeary J. P. Willing Martin Capt  
Ordinary

Sworn to and subscribed before me, this  
19 day of Feb 1889  
Geo. W. Hendricks  
ORDINARY.  
James M. Young Dr. S.  
Lindsay Johnson M.D.

READ NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.



James M. Young and Sunday Johnson both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined D. H. Crow and after such

examination say that the applicant has been injured as follows: Shot in the back  
Wounded with a Minnie Ball. Missing Moon  
his fingers on left hand and requiring it  
to be amputated out up at this word

Sworn to and subscribed before me, this James M. Young Dr. S. Sunday Johnson  
19 day of Feb 1889  
W. H. Hendricks

ORDINARY.

READ NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

Know all Men by these Presents, That I, D. H. Crow  
of Barlow

county, in said State, do hereby appoint A. M. Foute  
of Barlow County my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled  
to from the State of Georgia by reason of the injury received as aforesaid in the military ser-  
vice of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby  
authorizing my said attorney to receipt in my name for any Warrant that may be issued by  
the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 19  
day of Feb 1889

Executed in the presence of us: D. H. Crow (L. S.)  
W. H. Hendricks  
Ordinary

STATE OF GEORGIA,

Barlow County.

I, W. H. Hendricks Ordinary of said county,  
do certify that I am well acquainted with D. H. Crow the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him  
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know  
he is the individual he represents himself to be, and that he resides in this county.

I further certify that \_\_\_\_\_ before  
whom the foregoing affidavits were made and power of attorney was signed, is a  
\_\_\_\_\_ of said county, and the said affidavits and  
signatures thereto are genuine.

Given under my official signature and seal, this 4th day of Feb 1890.

W. H. Hendricks  
Ordinary Barlow County.

STATE OF GEORGIA,

Barlow County.

I, W. H. Hendricks Ordinary of said County,  
do certify that I am well acquainted with D. H. Crow the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him  
in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is  
the individual he represents himself to be, and that he resides in this County.

I further certify that \_\_\_\_\_ before  
whom the foregoing affidavits were made and power of attorney was signed, is a  
\_\_\_\_\_ of said County, and the said affidavits and  
signatures thereto are genuine.

Given under my official signature and seal, this 3 day of March 1891.

W. H. Hendricks  
Ordinary Barlow County.

1890.

No. 390

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

Loss of one finger

Applicant, W. H. Crow

County, Barlow

Amount, \$5.00

Date of warrant, July 6

Entered on record, July 6

W. H. H. 1890

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

A. M. Foute

No additional data

1891.

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

Loss of one finger

Applicant, D. H. Crow

County, Barlow

Amount, \$5.00

Date of Warrant, March 25, 91

Entered on record

W. H. H. 1891

SECRETARY EXECUTIVE DEPARTMENT

WARRANT HANDED TO

A. M. Foute

Geo. W. Harrison, State Printer, Atlanta, Ga.

*Crow, D. H.*  
*Barrow Co.*  
**1890**

No. *390*  
APPLICATION FOR ALLO  
FOR THE YEAR ENDING OCTOBER 24, 1887

*Does 1 finger*  
Applicant, *D. H. Crow*  
County, *Barrow*  
Amount, *5.00*  
Date of warrant, *Feb 6*  
Entered on record  
*W. H. H.*  
WARRANT HANDED TO  
*A. M. Fout*  
*No addition*

*Crow, D. H.*  
*Barrow Co.*  
**1891**

No. *2539*  
APPLICATION FOR ALLO  
FOR THE YEAR ENDING OCTOBER 24, 1887

*Does 1 finger*  
Applicant, *D. H. Crow*  
County, *Barrow*  
Amount, *5.00*  
Date of Warrant, *Feb 6*  
Entered on record  
*W. H. H.*  
SECRETARY EXECUTIVE  
WARRANT HANDED TO  
*A. M. Fout*  
Geo. W. Harrison, State Printer, Atlanta

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Barrow* County.

PERSONALLY appears *D. H. Crow* of *Barrow* 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 been such continually since the *11.7.* day of *Oct. (Barrow raised here) 1842*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *36*th Regiment of *Georgia* Volunteers *Cumming's* Brigade; that whilst engaged in such military service, at the battle of *Missionary Ridge* in the State of *Tenn.* on the *23* day of *Nov* 1863, he was wounded as follows: *a ball passed through the second finger of his left hand, cutting it off at or very near the hand*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of *five* dollars.

Sworn to and subscribed before me, this *4th* day of *Feb.* 1890

*G. W. Hendricks Ordway*

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

### POWER OF ATTORNEY.

STATE OF GEORGIA

*Barrow* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *D. H. Crow*

county, in said State, do hereby appoint *A. M. Fout* of *Cartersville, Barrow Co.* my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *4th* day of *Feb.* 1890

Executed in the presence of us:

*D. H. Crow*

[L. S.]

*G. W. Hendricks Ordway*  
DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

### For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Barrow* County.

PERSONALLY appears *D. H. Crow* of *Barrow* 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 *Birth* day of *Oct. 17.* 1839; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, of *36*th Regiment of *Georgia* Volunteers *Cumming's* Brigade; that whilst engaged in such military service at the battle of *Missionary Ridge* in the State of *Tenn.* on the *23* day of *Nov* 1863, he was wounded as follows: *the second finger of his left hand shot off by a minnie ball*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of *five* dollars, for *last two years*

Sworn to and subscribed before me, this *3rd* day of *March* 1891

*G. W. Hendricks Ordway*

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

### POWER OF ATTORNEY.

STATE OF GEORGIA,

*Barrow* County.

Know all Men by these Presents, That I, *D. H. Crow* of *Barrow* County, State of Georgia, do hereby appoint *A. M. Fout* of *Barrow* County

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *3rd* day of *March* 1891

Executed in the presence of us:

*G. W. Hendricks Ordway*  
DIRECTION.

Send money to me as follows, by

to

County, Georgia,

P. O.

# POWER OF ATTORNEY.

STATE OF GEORGIA

Bartow County.

KNOW ALL MEN BY THESE PRESENTS, That I,

D H Crow

of Bartow

Barlow County

county, in said State, do hereby appoint  
of Cartersville, Bartow Co Ga my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for what ever amount of money I may be entitled  
to from the State of Georgia by reason of the injury received as aforesaid in the military  
service of the Confederate States (or of this State), as stated in the foregoing affidavit;  
hereby authorizing my said attorney to receipt in my name for any Warrant that may be  
issued by the Governor, or for any sum of money which may be coming to me for the reason  
aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
4th day of Feb 1896

Executed in the presence of us:

D H Crow

[L. S.]

G. H. Linn  
W. H. Harrison  
Ordinary

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I, D H Crow  
of Bartow County, State of Georgia, do hereby appoint

of Barlow County my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled  
to from the State of Georgia by reason of the injury received as aforesaid in the military service  
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing  
my said attorney to receipt in my name for any Warrant that may be issued by the Governor,  
or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
3rd day of March 1896

Executed in the presence of us:

G. H. Linn  
W. H. Harrison  
Ordinary

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

# STATE OF GEORGIA.

Bartow County.

I, G. H. Linn Ordinary of said county,  
do certify that I am well acquainted with D H Crow the  
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his  
said affidavit are true, and that he is disabled, to the extent he claims, 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 4 day of March 1892.

G. H. Linn

Ordinary.

Bartow

County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

Know all Men by these Presents, That I, D H Crow  
of Bartow County, State of Georgia, do hereby appoint

of Cartersville, Bartow Co Ga my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled  
to from the State of Georgia by reason of the injury received as aforesaid in the military service  
of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing  
my said attorney to receipt in my name for any Warrant that may be issued by the Governor,  
or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this  
1st day of March 1892

Executed in the presence of us:

G. H. Linn  
W. H. Harrison  
Ordinary

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

## SOLDIERS' PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name D H Crow

County Bartow

Disability Loss of finger

Amount, \$

Entered on record

March 7

W. H. HARRISON,

Secretary of Pension Department

AGENT.

A M. Gault

Geo. W. Harrison, State Printer, Atlanta, Ga.

Crow, D. H.  
Bartow Co.

1893.

## Application for Allowance

No. 90

Applicant, D H Crow

County, Bartow

Amount, 5

Date of Warrant, 3/7

Entered on record, March 7

WARRANT HANDED TO

A M. Gault

Geo. W. Harrison, State Printer, Atlanta, Ga.

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions



Crow, D. H.  
Bartow, Ga.  
No. 90  
SOLDIERS' PENS  
1892.  
FOR THE YEAR ENDING OCTOBER 26, 1892.  
Name D. H. Crow  
County Bartow  
Disability Loss of finger  
Amount \$  
Entered on record  
W. H. HARRISON.  
AGENT.  
W. H. HARRISON, State Printer, Atlanta, Ga.

Crow, D. H.  
Bartow Co.  
1893.  
No. 90  
Application for ALLOWANCE  
FOR THE YEAR ENDING OCTOBER 26, 1893.  
Applicant, D. H. Crow  
County Bartow  
Amount, \$5  
Date of Warrant, 3/12  
Entered on record, 3/12  
WARRANT HANDLED TO  
A. M. Houde  
W. H. HARRISON, State Printer, Atlanta, Ga.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Bartow County, }  
PERSONALLY appears D. H. Crow  
of Bartow County, State of Georgia, who, being duly sworn, says  
on oath that he is a bona fide citizen and resident of Georgia, and has been such continuously  
since the 17 day of October 1844; 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 private in Company D,  
of 36th Regiment of Ga. Vol. Artillery, in the  
Brigade; that whilst engaged in such military service at the battle of Missionary Ridge  
in the State of Tennessee, on the 25th day of November 1863, he was wounded as follows: Yes, middle  
finger was shot off near the hand

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and  
the acts amendatory thereof, and makes application for the allowance to which he is entitled for  
the year ending October 26, 1892. I have heretofore been allowed a pension of

Five Dollars for the last 5 years.  
Sworn to and subscribed before me this 21 day of March 1892, }  
J. W. Hendricks Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County, }

Know all Men by these Presents, That I, D. H. Crow

County, in said State, do hereby appoint A. M. Houde  
of Bartow Co. Ga. my true and lawful attorney in fact, for  
me and in my name, to receive and receipt for whatever amount of money I may be entitled to  
from the State of Georgia by reason of the injury received as aforesaid in the military service of  
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing  
my said attorney to receipt in my name for any Warrant that may be issued by the Governor,  
or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 21 day of March 1892.

Accepted in the presence of J. W. Hendricks Ordinary

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Bartow County, }

PERSONALLY appears D. H. Crow 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 17th  
day of October 1844; 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 private in Company D, of 36th Regiment  
of Ga. Volunteers, in the  
Brigade; that whilst engaged in  
such military service at the battle of Missionary Ridge  
in the State of Tennessee, on the 25th day of November 1863, he was  
wounded as follows: Yes, middle finger shot off his  
left hand

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and  
the acts amendatory thereof, and makes application for the allowance to which he is entitled for  
the year ending October 26, 1893. I have heretofore been allowed a pension of

Five dollars, for 1889-90-91-92  
Sworn to and subscribed before me, this, the 15 day of March 1893, }  
J. W. Hendricks

Note.—State fully nature of 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,

Bartow County, }

I, J. W. Hendricks, Ordinary of said County,  
do certify that I am well acquainted with D. H. Crow  
the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his  
said affidavit are true, and that he is disabled, to the extent he claims; and I know he is the in-  
dividual he represents himself to be, and that he resides in this County.

I further certify that the foregoing affidavits were made and power of attorney was signed, is a  
of said County, and the said affidavits and  
signatures thereto are genuine.

Given under my official signature and seal, this 15 day of March 1893.

J. W. Hendricks Ordinary Bartow County.

STATE OF GEORGIA,

POWER OF ATTORNEY

## STATE OF GEORGIA.

Bartow County.

Know all Men by these Presents, That I,

D. H. Crow

of Bartow

A. M. House

County, in said State, do hereby appoint

of Bartow Ga

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11<sup>th</sup> day of March 1892.

D. H. Crow [L. S.]

Executed in the presence of us

J. S. Anderson  
J. S. Anderson

DIRECTION.

Send money to me as follows, by

to

P. O.

County, Georgia.

## STATE OF GEORGIA.

Bartow County.

I, J. H. Crow

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 that he is disabled, to the extent he claims, and I know he is the in-

dividual he represents himself to be, and that he resides in this County.

I further certify that

before whom the foregoing affidavits were made and power of attorney was signed, is a

of said County, and the said affidavits and

signatures thereto are genuine.

Given under my official signature and seal, this 13<sup>th</sup> day of March 1893.

J. H. Crow

Ordinary Bartow County.

## POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County.

Know all Men by these Presents, That I,

D. H. Crow

of Bartow

A. M. House

County, State of Georgia, do hereby appoint

of Bartow Ga

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11<sup>th</sup> day of March 1894.

D. H. Crow [L. S.]

Executed in the presence of us

J. S. Anderson  
J. S. Anderson

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

## POWER OF ATTORNEY.

STATE OF GEORGIA.

Bartow County.

Know all Men by these Presents, That I,

D. H. Crow

of Bartow

A. M. House

County, State of Georgia, do hereby appoint

of Bartow Ga

my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 13<sup>th</sup> day of March 1895.

D. H. Crow [L. S.]

Executed in presence of us

J. S. Anderson  
J. S. Anderson

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

(For Those Already Enrolled.)	No. 954
<b>Soldier's Pension.</b>	
<b>1894.</b>	
Name	D. H. Crow
County	Bartow
Disability	Loss of finger
Amount, \$	5.00
WARRANT HANDLED TO	A. M. House
W. H. HARRISON,	
Secretary Executive Department.	

(For Those Already Enrolled.)	No. 954
<b>SOLDIER'S PENSION.</b>	
<b>1895.</b>	
Name	D. H. Crow
County	Bartow
Disability	Loss of finger
Amount, \$	5.00
WARRANT HANDLED TO	A. M. House
RICHARD JOHNSON,	
Secretary Executive Department.	

Crow, W. H.  
Bartow

(For Those Already Enrolled)

No. 811

**Soldier's Pensions**  
**1894.**

Name W. H. Crow  
County Bartow  
Disability lost 5 fingers  
Amount, \$ 3.00

W. H. HARRISON,  
Secretary Executive Depa

WARRANT HANDLED TO  
A. M. Ford

10 d 17

Crow, W. H.  
Bartow

(For Those Already Enrolled)

No. 934

**SOLDIER'S PENSION**  
**1895.**

Name W. H. Crow  
County Bartow  
Disability lost 5 fingers  
Amount, \$ 3.00

RICHARD JOHNSON,  
Secretary Executive Depa

WARRANT HANDLED TO  
Atty

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Bartow County.

PERSONALLY appears W. H. Crow 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 17 day of October 1841; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company G, of 6th Regiment of Volunteers, Cummins's Brigade; that whilst engaged in such military service at the battle of Missionary Ridge in the State of Georgia on the 8th day of November 1863, he was wounded as follows: His middle finger shot off of his left hand

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1894. I have heretofore been allowed a pension of five dollars, for the year 1893.

Sworn to and subscribed before me, this, 3d day of March 1894. D. H. Crow

G. W. Hendricks Ordinary

STATE OF GEORGIA,  
Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with W. H. Crow 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 3d day of March 1894.

G. W. Hendricks  
Ordinary Bartow County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Bartow County.

PERSONALLY appears W. H. Crow 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 17 day of October 1841; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company G, of 6th Regiment of Volunteers, Cummins's Brigade; that whilst engaged in such military service at the battle of Missionary Ridge in the State of Georgia on the 8th day of November 1863, he was wounded as follows: shot off his middle finger off the left hand

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of five dollars, for the year 1894.

Sworn to and subscribed before me, this, 26th day of February 1895. D. H. Crow

G. W. Hendricks Ordinary

STATE OF GEORGIA,  
Bartow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with W. H. Crow 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 26th day of February 1895.

G. W. Hendricks  
Ordinary Bartow County.



Sworn to and subscribed before me, this, the 2nd day of March 1894. } D.H. Crow  
G.W. Hendricks Ordinary  
Note—State fully the nature of 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,  
Barlow County.  
I, G.W. Hendricks Ordinary of said County, do certify that I am well acquainted with D.H. Crow 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 3rd day of March 1894.



G.W. Hendricks  
Ordinary Barlow County.

of five dollars, for the year 1894. } D.H. Crow  
Sworn to and subscribed before me, this, the 2nd day of March 1895. } D.H. Crow  
G.W. Hendricks Ordinary  
Note—State fully the nature of 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,  
Barlow County.  
I, G.W. Hendricks Ordinary of said County, do certify that I am well acquainted with D.H. Crow 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 3rd day of March 1895.



G.W. Hendricks  
Ordinary Barlow County.

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Barlow County.  
I, D.H. Crow hereby authorize George W. Hendricks of Barlow County, Ga. to receive and receipt for the pension paid hereon and request that he remit same to me by check at Cartersville Ga.  
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of July 1896. D.H. Crow [L. S.]

Executed in presence of us

J.H. Walker  
A.A. Anthony

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Barlow County.  
I, D.H. Crow hereby authorize G.W. Hendricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Cartersville Ga.  
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of July 1897. D.H. Crow [L. S.]

Executed in presence of

K.S. Anderson  
L.M. Linking

ACT OF MARCH 1, 1882.  
(For Those Already Enrolled.)

No. 2679

### SOLDIER'S PENSION.

1896.

Name D.H. Crow  
County Barlow  
Disability lost left leg  
Amount, \$ 6.00 1896

RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDED

Geo. W. Harrison, State Printer, at 1896.

(For Those Already Enrolled.)

No. 519

### INVALID SOLDIER'S PENSION.

1897.

Name D.H. Crow  
County Barlow  
Disability lost left leg  
Amount, \$ 6.00 1897

RICHARD JOHNSON,  
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, at 1897.

*Brown, D. H.*  
 (For Those Already Enrolled)  
 No. *2079*  
**SOLDIER'S PENSION**  
**1896**  
 Name *D. H. Brown*  
 County *Bartow*  
 Disability *Left hand*  
 Amount \$ *6.00*  
 RICHARD JOHN  
 Secretary  
 WARRANT HANDLED TO  
*WMA*  
 GEO. W. HARRISON, STATE MINISTER, AT  
 TALLAHASSEE, FLA.

*Brown, D. H.*  
 (For Those Already Enrolled)  
 No. *519*  
**SOLDIER'S PENSION**  
**1897**  
 Name *D. H. Brown*  
 County *Bartow*  
 Disability *Left hand*  
 Amount \$ *6.00*  
 RICHARD JOHN  
 Secretary  
 WARRANT HANDLED TO  
*WMA*  
 GEO. W. HARRISON, STATE MINISTER, AT  
 TALLAHASSEE, FLA.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
*Bartow* County.  
 Personally appears *D. H. Brown* 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 *17th* day of *Oct* 18*41*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, 60th Regiment of *Volunteers*, *Cumming's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *25th* day of *Dec* 18*63*, he was wounded, injured or diseased as follows:  
*Shot off left hand & arm*  
*finger*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of *Bartow* county been allowed a pension of *Five* dollars, for the year 189*6*.  
 Sworn to and subscribed before me, this, *11th* day of *Feb* 1896.  
*G. W. Hendricks*  
 Notary Public  
 Note—State fully the nature of 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,  
*Bartow* County.  
 I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *D. H. Brown* 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 *11th* day of *Feb* 1896.  
*G. W. Hendricks*  
 Ordinary *Bartow* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
*Bartow* County.  
 Personally appears *D. H. Brown* 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 *17th* day of *Oct* 18*41*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *D*, 60th Regiment of *Volunteers*, *Cumming's* Brigade; that whilst engaged in such military service in the State of *Georgia*, on the *25th* day of *Dec* 18*63*, he was wounded, injured or diseased as follows:  
*middle finger shot off of his left hand*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of *Bartow* county been allowed an invalid pension of *Five* Dollars, for the year 1896.  
 Sworn to and subscribed before me, this, *11th* day of *Feb* 1897.  
*G. W. Hendricks*  
 Notary Public  
 Note—State fully the nature of 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,  
*Bartow* County.  
 I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *D. H. Brown* 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 *11th* day of *Feb* 1897.  
*G. W. Hendricks*  
 Ordinary *Bartow* County.

dollars, for the year 1896.

Sworn to and subscribed before me, this, the

11th day of July, 1896.

Note—State fully the nature of 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,  
Barlow County.

I, J. H. Crow, Ordinary of said County, do certify that I am well acquainted with G. W. Hendricks 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 11th day of July, 1896.



Ordinary, Barlow County.

resident of Barlow county been allowed an invalid pension of

Five Dollars, for the year 1896.

Sworn to and subscribed before me, this, the

3rd day of July, 1897.

Note—State fully the nature of 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,  
Barlow County.

I, G. W. Hendricks, Ordinary of said County, do certify that I am well acquainted with J. H. Crow 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 3rd day of July, 1897.



Ordinary, Barlow County.

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Barlow County.

I, J. H. Crow, hereby authorize G. W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Barlowville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 22nd day of January, 1898.

J. H. Crow [L. S.]

Executed in presence of

W. M. Roberts,  
J. R. Anderson

### POWER OF ATTORNEY.

STATE OF GEORGIA,  
Barlow County.

I, J. H. Crow, hereby authorize G. W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Barlowville Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of January, 1898.

J. H. Crow [L. S.]

Executed in presence of

J. M. V. Cobb

ACT OF 24 OCT., 1882.  
(For Those Already Enrolled.)

No. 2393

INVALID  
SOLDIER'S PENSION.  
1898.

Name J. H. Crow  
County Barlow  
Disability Loss of fingers  
Amount, \$ 5.00  
2/18 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO  
W. M. Roberts

GEN. W. HARRISON, STATE PRINTER, ATLANTA.

No data

CONF. SECTION 150A.  
(For Those Already Enrolled.)

No. 2222

INVALID  
SOLDIER'S PENSION.  
1899.

Name J. H. Crow  
County Barlow  
Disability Loss of fingers  
Amount, \$ 5.00  
2/16 1899.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDLED TO  
W. M. Roberts

GEN. W. HARRISON, STATE PRINTER, ATLANTA.

No data



*Crow, D. H.*  
*Barlow*  
 ACT OF 24 OCT. 1887  
 (For Those Already Enrolled)  
 No. *239*  
 INVALID  
 SOLDIER'S PENSION  
 1898  
 Name *D. H. Crow*  
 County *Barlow*  
 Disability *lost off*  
 Amount, \$ *21.8*  
 RICHARD JOHNSON  
 Commissioner  
 WARRANT HANDLED TO  
*Wm H*  
 GEO. W. HARRISON, STATE PRINTER, AT  
*No data*

*Crow, D. H.*  
*Barlow*  
 OUR SECTION 1887  
 (For Those Already Enrolled)  
 No. *229*  
 INVALID  
 SOLDIER'S PENSION  
 1899  
 Name *D. H. Crow*  
 County *Barlow*  
 Disability *lost off*  
 Amount, \$ *21.6*  
 RICHARD JOHNSON  
 Commissioner  
 WARRANT HANDLED TO  
*Wm H*  
 GEO. W. HARRISON, STATE PRINTER, AT

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Barlow* County.

Personally appears *D. H. Crow* 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 *17* day of *Oct* 18*41*; 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 *private* in Company *D*, of *36th* Regiment of *Ga* Volunteers, *Cummins*'s Brigade; that whilst engaged in such military service in the State of *Ga*, on the *25* day of *Sept* 186*9*, he was wounded, injured or diseased as follows:

*shot off the middle finger of the left hand in the battle of Missionary Ridge*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of *Barlow* county been allowed an invalid pension of *five* Dollars, for the year 1897.

Sworn to and subscribed before me, this, the *22* day of *Jan* 1898. } *D. H. Crow*  
*G. W. Hendricks Ordway* POST-OFFICE, *Cartersville Ga*

NOTE—State fully the nature of 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,

*Barlow* County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *D. H. Crow* 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 *22nd* day of *January* 1898.  
*G. W. Hendricks*  
 Ordinary *Barlow* County.



## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Barlow* County.

Personally appears *D. H. Crow* 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 *17* day of *Oct* 18*41*; 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 *private* in Company *D*, of *36th* Regiment of *Ga* Volunteers, *Cummins*'s Brigade; that whilst engaged in such military service in the State of *Barlow*, on the *25* day of *Nov* 186*9*, he was wounded, injured or diseased as follows:

*shot off the middle finger of the left hand in the battle of Missionary Ridge*

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of *Barlow* County been allowed an invalid pension of *five* Dollars, for the year 1898.

Sworn to and subscribed before me, this, the *24* day of *January* 1899. } *D. H. Crow*  
*G. W. Hendricks Ordway* POST-OFFICE, *monk*

NOTE—State fully the nature of 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,

*Barlow* County.

I, *G. W. Hendricks* Ordinary of said County, do certify that I am well acquainted with *D. H. Crow* 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 *24th* day of *January* 1899.  
*G. W. Hendricks*  
 Ordinary *Barlow* County.



Sworn to and subscribed before me, this, the 22<sup>nd</sup> day of January, 1898. D. H. Brown  
POST-OFFICE Cartersville Ga  
G. W. Hendricks Ordinary

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with D. H. Brown 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 22<sup>nd</sup> day of January, 1898.

G. W. Hendricks  
Ordinary Barlow County.



Sworn to and subscribed before me, this, the 24<sup>th</sup> day of January, 1899. D. H. Brown  
POST-OFFICE mark  
G. W. Hendricks Ordinary

STATE OF GEORGIA,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with D. H. Brown 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 24<sup>th</sup> day of January, 1899.

G. W. Hendricks  
Ordinary Barlow County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, D. H. Brown hereby authorize George W. Hendricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to

at Barlow by check

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1<sup>st</sup> day of January, 1900.

D. H. Brown [L. S.]

Executed in presence of

W. A. Hendricks

POWER OF ATTORNEY.

STATE OF GEORGIA,

Barlow County.

I, D. H. Brown hereby authorize George W. Hendricks of Cartersville Ga to receive and receipt for the pension paid hereon and request that he remit same to

at Barlow by check

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1<sup>st</sup> day of January, 1901.

D. H. Brown [L. S.]

Executed in presence of

Geo. H. Smith

CODE SECTION 124.  
(For Those Already Enrolled.)

No. 872

INVALID  
SOLDIER'S PENSION.

1900.

Name D. H. Brown  
County Barlow  
Disability loss of finger  
Amount, \$ 5.00  
Warrant issued Jan. 1, 1900.

JOHN W. LINDSEY,

Commissioner of Pensions,

WARRANT HANDLED TO

Hendricks

Geo. W. Hendricks, State Printer, Atlanta.

No data

CODE SECTION 124.  
(For Those Already Enrolled.)

No. 1171

DISABLED  
SOLDIER'S PENSION.

1901.

Name D. H. Brown  
County Barlow  
Disability loss of finger  
Amount, \$ 5.00

JOHN W. LINDSEY,

Commissioner of Pensions,

WARRANT HANDLED TO

Hendricks

Geo. W. Hendricks, State Printer, Atlanta.

No data

*Bartow*  
*Barlow*  
 CODE SECTION 100  
 (For Those Already Enro  
 No. 872  
 INVALID  
 SOLDIER'S PENS  
 1900.  
 Name *D. H. Brown*  
 County *Bartow*  
 Disability *lost of*  
 Amount \$ *5.00*  
 Warrant issued *Oct 11*  
 JOHN W. LINDSEY  
 Commissioner of P  
 WARRANT HANDED TO  
*Hendrix*  
 JOHN W. HARRISON, State Printer, Atlanta  
*No data*

*Barlow*  
*Barlow*  
 CODE SECTION 100  
 (For Those Already Enro  
 No. 1171  
 DISABLED  
 SOLDIER'S PENS  
 1901.  
 Name *D. H. Brown*  
 County *Bartow*  
 Disability *lost of*  
 Amount, \$ *5.00*  
 JOHN W. LINDSEY  
 Commissioner of P  
 WARRANT HANDED TO  
*Hendrix*  
 JOHN W. HARRISON, State Printer, Atlanta  
*No data*

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Bartow* County.  
 Personally appears *D. H. Brown* 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 County, and has resided therein continuously ever since the  
 17 day of *Oct* 1841; that he enlisted in the military service of  
 the Confederate States (or of the State of *Georgia*) during the war be-  
 tween the States, and served as a *private* in Company *D*, of *36*th  
 Regiment of *Ga* Volunteers, *Pennington's* Brigade; that whilst  
 engaged in such military service in the State of *Georgia*, on the *25*  
 day of *Nov* 1863, he was wounded, injured or diseased as follows:  
*middle finger shot off of left*  
*hand in the battle of Missionary Ridge*

Deponent makes application for the pension to which he is entitled for the year  
 ending October 26th, 1900. I have heretofore under said law as a resident of  
*Bartow* County been allowed an invalid pension of  
*five* Dollars, for the year 1899.  
 Sworn to and subscribed before me, this, *5th* day of *Feb*, 1900. POST OFFICE  
*W. W. Hendricks Ordinary*

NOTE.—State fully the nature of 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,

*Bartow* County.  
 I, *W. W. Hendricks* Ordinary of said County,  
 do certify that I am well acquainted with *D. H. Brown* 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 *7th*  
 day of *Feb*, 1900.  
*W. W. Hendricks*  
 Ordinary *Bartow* County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Bartow* County.  
 Personally appears *D. H. Brown* 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 *Oct* 1841; that he enlisted in the military service of the Con-  
 federate States (or of the State of *Georgia*) during the war between the  
 States, and served as a *private* in Company *D*, of *36*th Regiment  
 of *Ga* Volunteers, *Pennington's* Brigade; that whilst engaged  
 in such military service in the State of *Georgia*, on the *25*  
 day of *Nov* 1863, he was wounded, injured or diseased as follows:  
*middle finger shot off of left*  
*hand in the battle of Missionary*  
*Ridge Nov-26-1863*

Deponent makes application for the pension to which he is entitled for year end-  
 ing October 26th, 1901. I have heretofore under said law as a resident of  
*Bartow* County been allowed an invalid pension of  
*five* Dollars, for the year 1900.  
 Sworn to and subscribed before me, this *5th* day of *Jan*, 1901. Postoffice *max*  
*W. W. Hendricks Ordinary*

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain partic-  
 ularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

*Bartow* County.  
 I, *W. W. Hendricks* Ordinary of said County,  
 do certify that I am well acquainted with *D. H. Brown* 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 *14th*  
 day of *Jan*, 1901.  
*W. W. Hendricks*  
 Ordinary *Bartow* County.



day of Feb 1900. POST OFFICE

G. W. Hendricks Ordinary

Note.—State fully the nature of 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,**  
Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with D. H. Crow 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 7<sup>th</sup> day of Feb 1900.

G. W. Hendricks  
 Ordinary Barlow County.

Dollars, for the year 1900.

Sworn to and subscribed before me, this 14<sup>th</sup> day of Jan 1901. Postoffice mark

G. W. Hendricks Ordinary

Note.—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,**  
Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with D. H. Crow 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 14<sup>th</sup> day of Jan 1901.

G. W. Hendricks  
 Ordinary Barlow County.

**POWER OF ATTORNEY.**

STATE OF GEORGIA,  
Barlow County.

I, D. H. Crow hereby authorize George W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Barlowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27<sup>th</sup> day of January 1902.

D. H. Crow [L. S.]

Executed in presence of  
Joseph Davis

**POWER OF ATTORNEY.**

STATE OF GEORGIA,  
Barlow County.

I, D. H. Crow hereby authorize George W. Hendricks of Barlowville Ga to receive and receipt for the pension paid hereon and request that he remit same to me by check at Barlowville Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 19<sup>th</sup> day of Jan 1903.

D. H. Crow [L. S.]

Executed in presence of  
R. S. Anderson

(FOR THOSE ALREADY ENROLLED.)

No. 1859

**DISABLED SOLDIER'S PENSION 1902.**

Name D. H. Crow  
 County Barlow  
 Co. D Regiment 26  
 Disability loss of finger  
 Amount, \$ 3.00

1902

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDLED TO  
Day

Geo. W. Harrison, State Printer, Atlanta.

no debt

(FOR THOSE ALREADY ENROLLED.)

No. 1918

**DISABLED SOLDIER'S PENSION 1903.**

Name D. H. Crow  
 County Barlow  
 Co. D Regiment 26  
 Disability loss of finger  
 Amount, \$ 3.00

1903

JOHN W. LINDSEY,  
 Commissioner of Pensions.

WARRANT HANDLED TO  
Day

Geo. W. Harrison, State Printer, Atlanta.

CODE SECTION 150A  
 (FOR THOSE ALREADY ENROLL)  
 No. 1839  
**DISABLED**  
**SOLDIER'S PENS**  
**1902.**  
 Name D. H. Crow  
 County Bartow  
 Co. D Regiment 36  
 Disability lost left leg  
 Amount, \$ 0.00 1/31  
 JOHN W. LINDSEY,  
 Commissioner of Pensions  
 WARRANT HANDLED TO  
Ady  
 (See W. Harrison, State Printer, Atlanta.)

CODE SECTION 150A  
 (FOR THOSE ALREADY ENROLL)  
 No. 1918  
**DISABLED**  
**SOLDIER'S PENS**  
**1903.**  
 Name D. H. Crow  
 County Bartow  
 Co. D Regiment 36  
 Disability lost left leg  
 Amount, \$ 3.00 2/10  
 JOHN W. LINDSEY,  
 Commissioner of Pensions  
 WARRANT HANDLED TO  
Ady  
 (See W. Harrison, State Printer, Atlanta.)

no data

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Bartow County.  
 Personally appears D. H. Crow 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 17th  
 day of October 1863; 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 private in Company D, of 36th Regiment  
 of GA Volunteers, Cummings's Brigade; that whilst engaged  
 in such military service in the State of Alabama, on the 20th day  
 of January 1863, he was wounded, injured or diseased as follows:  
Got his middle finger shot off of the left  
hand in battle of Missionary Ridge in  
November 1863

Deponent makes application for the pension to which he is entitled for the year  
 ending October 26th, 1902. I have heretofore, under said law, as a resident of  
Bartow County, been allowed an invalid pension of  
five Dollars, for the year 1901.  
 Sworn to and subscribed before me, this 28th day of January 1902, } Post-office Kentonsville Ga  
G. W. Hendricks Ordinary

STATE OF GEORGIA,  
Bartow County.  
 I, G. W. Hendricks Ordinary of said County,  
 do certify that I am well acquainted with D. H. Crow  
 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 27th  
 day of January 1902.  
G. W. Hendricks  
 Ordinary Bartow County.  
 Note.—Fill all blanks and of Company and Regiment.  
 Note.—All vouchers and affidavits must bear date after January 1, 1902.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,  
Bartow County.  
 Personally appears D. H. Crow 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 \_\_\_\_\_ 1863; 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 private in Company D, of 36th Regiment  
 of GA Volunteers, Cummings's Brigade; that whilst engaged  
 in such military service in the State of Alabama, on the 20th day  
 of January 1863, he was wounded, injured or diseased as follows:  
Got his middle shot of his left hand  
in battle of Missionary Ridge

Deponent makes application for the pension to which he is entitled for the year  
 ending October 26th, 1903. I have heretofore, under said law, as a resident of  
Bartow County, been allowed an invalid pension of  
five Dollars, for the year 1902.  
 Sworn to and subscribed before me, this 29th day of Jan 1903, } Post-office mark  
G. W. Hendricks Ordinary

STATE OF GEORGIA,  
Bartow County.  
 I, G. W. Hendricks Ordinary of said County,  
 do certify that I am well acquainted with D. H. Crow  
 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 19th  
 day of Jan 1903.  
G. W. Hendricks  
 Ordinary Bartow County.  
 Note.—Fill all blanks and of Company and Regiment.  
 Note.—All vouchers and affidavits must bear date after January 1, 1903.

Sworn to and subscribed before me, this the 27<sup>th</sup> day of Jan 1902. Post-office Bartonsville Ga.  
G.W. Hendricks Ordinary.  
Note.—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,

Bartow County.

I, G.W. Hendricks, Ordinary of said County, do certify that I am well acquainted with D.H. Crow 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 27<sup>th</sup> day of Jan 1902.  
G.W. Hendricks  
Ordinary Bartow County.

Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1902.

LOMER OF ATTORNEY

Sworn to and subscribed before me, this the 27<sup>th</sup> day of Jan 1903. Post-office Bartow Ga.  
G.W. Hendricks Ordinary.  
Note.—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,

Bartow County.

I, G.W. Hendricks, Ordinary of said County, do certify that I am well acquainted with D.H. Crow 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 27<sup>th</sup> day of Jan 1903.  
G.W. Hendricks  
Ordinary Bartow County.

Note.—Fill all blanks and of Company and Regiment.  
Note.—All vouchers and affidavits must bear date after January 1, 1903.

LOMER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, D.H. Crow, hereby authorize G.W. Hendricks of Bartonsville Ga. to receive and receipt for the pension paid hereon, and request that he remit same to me by check at Bartonsville Ga.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 12<sup>th</sup> day of Jan 1904.  
D.H. Crow [L. S.]

Executed in presence of Gabe Hendricks.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bartow County.

I, D.H. Crow, hereby authorize G.W. Hendricks of Bartonsville Ga. to receive and receipt for the pension paid hereon, and request that he remit same to me by check at Bartonsville Ga.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 21<sup>st</sup> day of Jan 1905.  
D.H. Crow [L. S.]

Executed in the presence of Mark

NAME SECTION 120A.  
(FOR THOSE ALREADY ENROLLED.)  
No. 1635  
DISABLED  
SOLDIER'S PENSION  
1904.  
Name D.H. Crow  
County Bartow  
Co. D. Regiment 36  
Disability Loss of finger  
Amount, \$ 5<sup>00</sup>  
FEB 9 1904.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
D.H. Crow  
Geo. W. Harrison, State Engineer, Atlanta.

no action

NAME SECTION 120A.  
(FOR THOSE ALREADY ENROLLED.)  
No. 1591  
DISABLED  
SOLDIER'S PENSION  
1905.  
Name D.H. Crow  
County Bartow  
Co. D. Regiment 36  
Disability Loss of finger  
Amount, \$ 5<sup>00</sup>  
FEB 7 1905.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
D.H. Crow  
Geo. W. Harrison, State Engineer, Atlanta.

Chas. D. H. Bartow County



COPIES SECTION 1280.  
(FOR THOSE ALREADY ENROLLED)

No. 1535

DISABLED  
SOLDIER'S PEN  
1904.

Name D. H. Crow  
County Barlow  
Co. D Regiment 36  
Disability loss of 2  
Amount, \$ 3.00

FEB 9

JOHN W. LINDSEY,  
Commissioner of Pen

WARRANT HANDED TO  
Ord

Geo. W. Harrison, State Printer, Atlanta

*no entry*

COPIES SECTION 1280.  
(FOR THOSE ALREADY ENROLLED)

No. 1591

DISABLED  
SOLDIER'S PEN  
1905.

Name D. H. Crow  
County Barlow  
Co. D Regiment 36  
Disability loss of 2  
Amount, \$ 3.00

FEB 7

JOHN W. LINDSEY,  
Commissioner of Pen

WARRANT HANDED TO  
0

Geo. W. Harrison, State Printer, Atlanta

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow County.

Personally appears D. H. Crow 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 17th day of Oct 1887; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company D of 36th Regiment of 49th Volunteers Longmont's Brigade; that whilst engaged in such military service in the State of Georgia, on the 34 day of Nov 1863, he was wounded, injured or diseased as follows:  
middle finger shot off of his left hand in the battle of Mission Ridge

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 Barlow County, been allowed an invalid pension of Five Dollars, for the year 1903.

Sworn to and subscribed before me, this 21st day of Jan 1904. D. H. Crow  
G. W. Hendricks Ordinary Post-office mark

NOTE.—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,

Barlow County.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with D. H. Crow 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 12th day of Jan 1904.

G. W. Hendricks  
Ordinary Barlow County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Barlow COUNTY.

Personally appears D. H. Crow 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 17th day of Oct 1887; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company D of 36th Regiment of 49th Volunteers Longmont's Brigade; that whilst engaged in such military service in the State of Georgia, on the 34 day of Nov 1863, he was wounded, injured or diseased as follows:  
His middle finger was shot off of his left hand

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 Barlow County, been allowed an invalid pension of Five Dollars, for the year 1904.

Sworn to and subscribed before me, this 21st day of Jan 1905. D. H. Crow  
G. W. Hendricks Ordinary Post-office mark

NOTE.—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,

Barlow COUNTY.

I, G. W. Hendricks Ordinary of said County, do certify that I am well acquainted with D. H. Crow 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 21st day of Jan 1905.

G. W. Hendricks  
Ordinary Barlow County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

*J.W. Hendricks Ordinary* Post-office *mont*  
NOTE.—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,  
*Barlow* County.  
I, *G.W. Hendricks* Ordinary of said County,  
do certify that I am well acquainted with *D.H. Brown*  
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 *12<sup>th</sup>*  
day of *Jan* 1904.  
*G.W. Hendricks*  
Ordinary *Barlow* County.  
NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

*J.W. Hendricks Ordinary* Post-office *mont*  
NOTE.—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,  
*Barlow* COUNTY.  
I, *G.W. Hendricks* Ordinary of said County,  
do certify that I am well acquainted with *D.H. Brown*  
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 *21<sup>st</sup>*  
day of *Jan* 1905.  
*G.W. Hendricks*  
Ordinary *Barlow* County.  
NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

POWER OF ATTORNEY.  
STATE OF GEORGIA,  
*Barlow* COUNTY.  
I, *D.H. Brown* hereby authorize  
*G.W. Hendricks* of *Barlow* Co.  
to receive and receipt for the pension paid hereon, and request that he remit same to  
*me* by *CK*  
at *Barlow* Ga.  
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *22<sup>nd</sup>*  
day of *Jan* 1906.  
*D.H. Brown* [L. S.]  
Executed in the presence of *mont*

POWER OF ATTORNEY.  
STATE OF GEORGIA,  
*Barlow* COUNTY.  
I, *D.H. Brown* hereby authorize  
*G.W. Hendricks* of *Barlow* Co.  
to receive and receipt for the pension paid hereon, and request that he remit same to  
*me* by *CK*  
at *Barlow* Ga.  
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *24*  
day of *Jan* 1907.  
*D.H. Brown* [L. S.]  
Executed in presence of *mont*

*Barlow*  
Cons. Service 1906.  
(FOR THOSE ALREADY ENROLLED)  
No. *569*  
DISABLED  
SOLDIER'S PENSION  
1906.  
Name *D.H. Brown*  
County *Barlow*  
Co. *D* Regiment *86 Ga*  
Disability *loss of finger*  
Amount, \$ *5.00*  
JAN 29 1906.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
no date

*Barlow*  
Cons. Service 1906.  
(FOR THOSE ALREADY ENROLLED)  
No. *145*  
DISABLED  
SOLDIER'S PENSION  
1907.  
Name *D.H. Brown*  
County *Barlow*  
Co. *D* Regiment *86 Ga*  
Disability *loss of finger*  
Amount, \$ *5.00*  
JAN 29 1907.  
JOHN W. LINDSEY,  
Commissioner of Pensions.  
WARRANT HANDED TO  
no date

Cross, J. H.  
 Burton Camp  
 Coon Sherrod 1500.  
 (FOR THOSE ALREADY ENROLLED)  
 No. 145  
 DISABLED  
 SOLDIER'S PENSIC  
 1907.  
 Name *J. H. Brown*  
 County *Porter*  
 Co. *D* Regiment *36*  
 Disability *Loss of leg*  
 Amount, *\$7.00*  
 11  
 JOHN W. LINDSEY,  
*Commissioner of Penal*  
 WARRANT HANDED TO

**FOR APPLICANTS HERETOFORE ALLOWED PENSIONS**

**State of Georgia.**

Barton County

Personally appears D. H. Brown 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 17  
day of Oct 1838; 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 private in Company D, of 26th Regiment  
of GA Volunteers summing 's Brigade; that whilst engaged  
in such military service in the State of Georgia, on the \_\_\_\_\_ day  
of Sept 1863 he was murdered.

of Sept 1863, he was wounded, injured or diseased as follows:  
Got 2nd finger shot off of his left hand  
in battle of Missionary Ridge

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 Barlow County, been allowed an invalid pension of Three Dollars, for the year 1906.

Sworn to and subscribed before me, this the 24 day of Jan 1907. J. H. Brown  
Guendrich Ordway <sup>not</sup> Postoffice Albion Ga

NOTE.—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,**

Barlow County.

I, Wm. D. Driggs Ordinary of said County,  
do certify that I am well acquainted with D. A. Crow  
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 24<sup>th</sup> day of Jan 1907.

G.W.D. Hendricks  
Ordinary Barlow County

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1900

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1937.



Sworn to and subscribed before me, this the 29<sup>th</sup> day of Jan 1906.

G.W. Hendricks Ordinary of said County.

Post-Office Barlow County.

State of Georgia, Barlow County.

I, G.W. Hendricks Ordinary of said County, do certify that I am well acquainted with D.N. Brow 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 29<sup>th</sup> day of Jan 1906.

G.W. Hendricks Ordinary Barlow County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

Sworn to and subscribed before me, this the 24 day of Jan 1907.

G.W. Hendricks Ordinary of said County.

Post-Office Barlow County.

State of Georgia, Barlow County.

I, G.W. Hendricks Ordinary of said County, do certify that I am well acquainted with D.N. Brow 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 24<sup>th</sup> day of Jan 1907.

G.W. Hendricks Ordinary Barlow County.

NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1907.

POWER OF ATTORNEY.

STATE OF GEORGIA, Barlow County.

D.N. Brow hereby authorizes G.W. Hendricks of Barlow County, Georgia, to receive and receipt for the pension allowed and request that he remit same to Barlow County, Georgia, by check.

Witness my hand and seal, this 15<sup>th</sup> day of April 1907.

D.N. Brow (L.S.)

Executed in presence of J.T. Bennett man

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA, Barlow County.

D.N. Brow of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? (Give State, County and Postoffice.) D.N. Brow, Barlowville, Ga.
2. How long and since when have you been a resident of this State? Five years in Ga. and before that in Va.
3. When and where were you born? 1858, in North Va.
4. When and where and in what company and regiment did you enlist or serve? In March 1862, Co. 1st Va. Cav., 1st Va. Cav. Regt. In fall of 1862, was transferred to 80th Regt. Va. Inf.
5. How long did you remain in such company and regiment? Served in the 80th Regt. Va. Inf. until March 1864, when I was discharged.
6. When and where was your company and regiment surrendered or discharged? Discharged in March 1864, at Camp Meade, Va.
7. What you present with your company and regiment when it was surrendered? at Camp Meade, Va.
8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? He was discharged in March 1864, at Camp Meade, Va.
9. How much cash (or cash value) per annum by your own exertions or labor? nothing.
10. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty?" Old age and poverty.
11. If upon the first ground, state how long you have been in such condition that you could not earn your support. If upon the second, give a full and complete history of the infirmity and its extent. If upon the third, state whether you are totally blind, and when and where you lost your sight. I have not been able to work for about three years, and am not able to work for a day in a whole year of that.
12. What property, real and personal, or income, do you possess, and its gross value? nothing.
13. What property, real or personal, did you possess in 1903, 1904, 1905, 1906, 1907 and 1908; and what disposition, if any, by sale or gift, have you made of same? none.
14. In what County did you reside during those years, and what property did you then return for taxation? Barlow
15. How was your support during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909? By aid of my married son.
16. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? nothing.
17. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What did you receive in each year? nothing.
18. Have you a family? If so, who composes such family? Give their means of support. Have they a homestead, or other property? Their ages and how employed? Have one son, 19 years old, who is a farmer. He has no property. I have no property.
19. Are you receiving any pension? If so, what amount and for what disability? Yes, \$4.00 per month for loss of fingers.
20. Have you ever made an application for pension before? Yes.
21. How many applications have you ever made and under what class? None under the class.

Sworn to and subscribed before me this the 24 day of Jan 1907.

G.W. Hendricks Ordinary of Barlow County.

D.N. Brow Applicant.

Barlowville, Ga.  
10/21-1909  
This man died  
in the service of the  
U.S. Army, and was  
killed in action.  
He was a member of  
the 80th Regt. Va. Inf.

INDIGENT PENSION

1907

Named D.N. Brow

County Barlow

Co. 80th Va. Inf.

Regt. 1st

Approved 1907

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

Class P. State Pension, Atlanta.

22907

Sum off  
10/21-12  
This man  
has been  
in the  
to the  
got  
Church

Dec 11-1909  
INDIGENT PENSION  
1909  
Name: D. H. Brown  
County: Bartow  
Co. 23 36 5a  
Regt. 190  
Approved: JOHN W. LINDSEY,  
Commissioner of Fisheries  
WARRANT HANDLED TO  
Ordinary will write name of Applicant, Company and  
Regiment on back as indicated above.  
J. W. Lindsey, Attorney  
9-28-09

Every Qu  
14. What property, real and personal, do you possess, and its gross value?  
None  
15. In what County did you reside during those years, and what property did you then return for taxation?  
Bartow No thing  
16. How were you supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?  
By aid of my married son  
17. How much did your support cost for each of those years, and what portion did you contribute thereto  
by your own labor or income? Very little indeed  
18. What was your employment during 1903, 1904, 1905, 1906, 1907, 1908 and 1909? What did you  
receive in each year? doing little jobs around  
19. Have you a family? If so, who composes such family? Give their means of support. Have they a  
homestead, or other property? Their ages and how employed? Have an  
invalid wife and two boys with the  
youngest 1000 mine have any property  
20. Are you receiving any pension? If so, what amount and for what disability? One dollar for loss of finger  
21. Have you ever made an application for pension before? Yes  
22. How many applications have you ever made and under what class? None under  
this class.  
Sworn to and subscribed before me this the 15th day of Nov 1909  
J. W. Lindsey Ordinary  
of Bartow County.  
D. H. Brown Applicant.

### QUESTIONS FOR WITNESS.

STATE OF GEORGIA,  
Bartow County.  
J. A. Morgan of said State and County, having been presented  
as a witness in support of the application of D. H. Brown for pension  
under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes  
and answers as follows:  
1. What is your name and where do you reside?  
J. A. Morgan Bartowville Ga.  
2. Are you acquainted with D. H. Brown, the applicant; if so, how  
long have you known him? Since I was a small boy  
3. Where does he reside and how long and since when has he been a resident of this State?  
Bartowville Ga. All his life  
4. When, where and in what company and regiment did he enlist, and how do you know?  
March 1862 Co. B 36th Va. Co. Co. 23 36 5a  
5. Were you a member of the same company and regiment?  
Yes  
6. How long did he perform regular military duty?  
About three years  
7. When and where was his command surrendered?  
April 1865 Va.  
8. Were you present when it surrendered?  
Not exactly - I was on the line  
9. Was applicant present?  
No  
10. If he was not present, where was he?  
He was captured in battle  
When did he leave his command?  
1864 For what cause? Captured  
By what authority he left?  
Captured How do you know all of this?  
He was captured in the battle of Appomattox  
11. What property, effects or income has the applicant? (Give your means of knowledge.)  
None  
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and  
1909?  
None  
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?  
No  
14. What is the applicant's occupation and physical condition?  
He is an invalid  
and physical condition bad, suffering from  
Cataract, Rheumatism and is very weak  
15. Is the applicant unable to support himself by labor of any sort; if so, why?  
Yes, as  
because of physical weakness and my  
furniture and he is very nervous and shaky  
16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?  
He lives with his son  
17. What portion of his support for these four years was derived from his own labor or income?  
A very small portion, I can't estimate  
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension  
under Section 1254, Code.  
He is old, weak, has cataract,  
rheumatism and is very nervous  
19. Who composes family? What property have they? Children's ages and their earning capacity?  
Has only an invalid wife. They have no property.  
He with his wife lives with their son  
20. What interest have you in the recovery of a pension by this applicant?  
None  
Sworn to and subscribed before me, this the 15th day of Nov 1909  
J. W. Lindsey Ordinary  
J. A. Morgan Witness

### AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,  
Bartow County.  
Respectfully and before me, R. J. Speer and  
R. J. Speer, both known to me as reputable physicians  
of said County, who, being severally sworn, say on oath that they have examined carefully  
D. H. Brown  
applicant for pension under Section 1254,  
Code, and after such personal examination say that his precise physical condition is as follows:  
He is an old man, has cataract of the  
eyes, rheumatism and is totally unable  
to earn a support by any kind of labor.  
He is very nervous and broken down  
with illness and feebleness  
and that we have no interest in said pension being allowed.  
Sworn to and subscribed before me, this the 15th day of Nov 1909  
R. J. Speer Ordinary  
R. J. Speer

### ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,  
Bartow County.  
I, J. W. Lindsey, Ordinary, in and for said County, hereby  
certify that the applicant, D. H. Brown, resides in said County, and has  
been a bona fide resident of this State since the day of Oct 1868  
and that the witnesses, viz.: J. A. Morgan, R. J. Speer  
and R. J. Speer are of trustworthy character, and that their statements are entitled to full faith and credit.  
I further certify that before answering the foregoing questions the applicant and each witness took the  
oath herein prescribed, and that the full text of the affidavit was read to the applicant and witness before  
same was signed.  
I further certify that the tax digest of Bartow County shows that appli-  
cant returned for taxation in his name in 1901  
property, and in 1903  
Dollars of property; in 1904  
Dollars of property; in 1905  
Dollars of property; in 1906  
Dollars of property; in 1907  
Dollars of property; in 1908  
Dollars of property; in 1909  
Dollars of property.  
In my opinion the foregoing claim is made in good faith.  
Witness my hand and seal of office, this 15th day of Nov 1909  
J. W. Lindsey Ordinary  
of Bartow County.  
NOTE.  
1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the  
following words: "You shall true answers make to each of the questions asked of you, and the evidence you  
shall give will be the whole truth, so help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of  
the proof as above set out.



# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

*Barlow* County.

*J. A. Morgan* of said State and County, having been presented as a witness in support of the application of *D. N. Brown* for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside?  
*Barlow, Ga. J. A. Morgan*
2. Are you acquainted with *D. N. Brown*, the applicant; if so, how long have you known him?  
*Since I was a small boy*
3. Where does he reside and how long and since when has he been a resident of this State?  
*Barlowville, Ga. All his life*
4. When, where and in what company and regiment did he enlist, and how do you know?  
*March 1862. Bright's Co. Co. W. 5th*
5. Were you a member of the same company and regiment?
6. How long did he perform regular military duty?  
*About three weeks*
7. When and where was his command surrendered?  
*April 1865. Va.*
8. Were you present when it surrendered?  
*Yes, at City - was out there*
9. Was applicant present?
10. If he was not present, where was he?  
*He was captured in Va.*
- When did he leave his command?  
*1864* For what cause?  
*Captivity*
- By what authority he left?  
*Captivity* How do you know all of this?  
*He was captured in the battle of Regency Va. early in 1864 and got home about after 1865*
11. What property, effects or income has the applicant? (Give your means of knowledge.)  
*none*
12. What property, effects or income did the applicant possess in 1903, 1904, 1905, 1906, 1907, 1908 and 1909?  
*none*
- and what disposition, if any, did he make of same?
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?  
*no*
14. What is the applicant's occupation and physical condition?  
*Has no occupation and physical condition bad. Suffer from Catarrh, Rheumatism and is very weak*
15. Is the applicant unable to support himself by labor of any sort; if so, why?  
*He is because of physical weakness and infirmity and he is very nervous and shaky*
16. How was he supported during the years 1903, 1904, 1905, 1906, 1907, 1908 and 1909?  
*He lives with his sons*
17. What portion of his support for these four years was derived from his own labor or income?  
*A very small portion, but estimate*
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code.  
*He is old, weak, has Catarrh, Rheumatism and is very nervous*
19. Who composes family? What property have they? Children's ages and their earning capacity?  
*Has only one child wife. They have no property. He with his wife lives with their sons*
20. What interest have you in the recovery of a pension by this applicant?  
*no*

Sworn to and subscribed before me, this *10th* day of *Sept*, 190*9*.  
*G. H. Morgan* Witness.  
*G. H. Morgan* Ordinary.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

*Barlow* County.

Personally came before me, *McCriffin* and *R. J. Spicer*, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully *D. N. Brown* applicant for pension under Section 1254,

Code, and after such personal examination say that his precise physical condition is as follows:  
*He is old, nervous, has Catarrh of the head, Rheumatism and is totally unable to earn a support by any kind of labor. He is very weak and broken down with disease and feebleness.*

Sworn to and subscribed before me, this the *10th* day of *Sept*, 190*9*.  
*G. H. Morgan* Ordinary. *R. J. Spicer*

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

*Barlow* County.

I, *G. H. Morgan* Ordinary, in and for said County, hereby certify that the applicant, *D. N. Brown* resides in said County, and has been a bona fide resident of this State since the day of *Oct*, 186*8* and that the witnesses, viz.: *J. A. Morgan, W. C. R. J. Spicer* are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of *Barlow* County shows that applicant returned for taxation in his name in 1901 *Dollars of property; in 1904* Dollars of property; in 1905 Dollars of property; in 1906 Dollars of property; in 1907 Dollars of property; in 1908 Dollars of property; in 1909 Dollars of property.

In my opinion the foregoing claim is made in good faith.  
Witness my hand and seal of office, this *10th* day of *Sept*, 190*9*.  
*G. H. Morgan* Ordinary.  
of *Barlow* County.

NOTE.  
1. Before any questions are answered, the Ordinary shall swear applicant, and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."  
2. Additional affidavits may be attached if blank spaces are insufficient.  
3. In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

# APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

Questions for Applicants to Answer.

STATE OF GEORGIA,

*Barlow* County.

*D. N. Brown* of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office).  
*Barlow, Barlowville, Ga.*
2. How long and since when have you been a continuous resident citizen of this State?  
*Have lived in Ga. all my life*
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?  
*Confederate Army*
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service).



\_\_\_\_\_

Subscribed and sworn to before me, this the 2nd day of Feb 1912

Received of John H. Brown the dollars for No. 12 one  
Brought to and subscribed before me, this the 24th day of Feb 1912. D. M. Brown

# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Barlow County.

J. A. Morgan of said State and County is hereby presented as a witness in support of the application of D. N. Brown 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:

1. What is your name and where do you reside?  
J. A. Morgan  
Emerson or Barlow County Ga
2. How long and since when have you known D. N. Brown the applicant?  
I have known him 88 1/2 years or more
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know?  
Barlow County Ga. Ever since I have known him, somewhere 50 years
4. When, where and in what Company and Regiment did D. N. Brown enlist during war from 1861 to 1865? (Give date and place)  
1862 Co. C. 36th Ga Regt.
5. How did you obtain your information of this Service?  
I was a member of the same Company
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date)  
until Spring of 1864
7. When and where was his Command surrendered or discharged (give date and place)  
April 26th 1865, Gunstonville
8. Were you personally present at the Surrender?  
No
9. If not, where were you and how came you there?  
I was on my way to the Court failed to get there in time
10. Was the applicant personally present with his Command at surrender?  
No
11. If not where was he and how came him there?  
He was in prison having captured in Spring of 1864
12. When did he leave his Command? Where was his Command when he left it?  
9 for what cause did he leave?  
By whose authority did he leave?  
1 and how long was he granted leave?  
1 How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically)  
1
13. In what way was he prevented from returning to his Command? How do you know?  
1
14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner?  
Yes If so, when and where?  
1864, in what prison was he held?  
Confederate Prison in Alabama, informed I was not in prison with him  
Sworn to and subscribed before me, this the 1st day of Oct 1912.  
J. A. Morgan  
D. N. Brown Ordinary  
of Barlow County.

# AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Barlow County.

Personally before me comes D. N. Brown who on oath says that they are freeholders residing in said County and we know the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make list by items and value.)

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.)
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 value? or was it made to obtain a pension?  
Sworn to and subscribed before me, this the 1st day of Oct 1912.  
of Barlow County.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Barlow County.

I, W. H. Andrews Ordinary of said County, certify that I know the applicant D. N. Brown for Pension is the person he represents himself to be and reside in said County. That I also know J. A. Morgan the witness swearing to the service and D. N. Brown who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of D. N. Brown shows that Leah and wife value for tax is in 1908 \$ 200 for 1909 \$ 213 for 1910 \$ 285 for 1911 \$ 294 day of Oct 1912.  
Sworn under my hand and official seal of office this 29th day of Oct 1912.  
W. H. Andrews Ordinary  
of Barlow County.

- NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."  
2. Additional affidavits may be attached if first ones are insufficient.  
3. All affidavits must be made before the Ordinary and certified by him.  
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.



member of the same company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) *April 1864*

7. When and where was his Command surrendered or discharged (give date and place) *April 24 1865, Cumberland River*

8. Were you personally present at the Surrender? *No*

9. If not, where was you and how came you there? *I was on my way to the front, failed to get there in time*

10. Was the applicant personally present with his Command at surrender? *No*

11. If not where was he and how came him there? *He was in prison, having captured in Spring of 1864*

12. When did he leave his Command? *1* Where was his Command when he left it? *1* for what cause did he leave? *1* By whose authority did he leave *1* and how long was he granted leave? *1* How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) *1*

13. In what way was he prevented from returning to his Command? *1* How do you know? *1*

14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner? *Yes* If so, when and where? *May 1864, near Nashville*

In what prison was he held? *Confederate Prison*

*informed I was put in prison with him*

Sworn to and subscribed before me, this the *18th* day of *Dec* 1912 *J. A. Morgan*

*G. W. Anderson* Ordinary of *Bartow* County.

day of 1912 Ordinary County.

**ORDINARY'S CERTIFICATE.**

STATE OF GEORGIA, *Bartow* County.

*G. W. Anderson* Ordinary of said County, certify that I know the applicant *D. H. Crow* for Pension is the person he represents himself to be and resides in said County. That I also know *J. A. Morgan* the witness swearing to the service and *1* who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of *D. H. Crow* shows that *1* and wife *1* for 1908 \$ *2.00* for 1909 \$ *0.18* for 1910 \$ *0.15* for 1911 \$ *0.15* for 1912 \$ *0.15* Sworn under my hand and official seal of office this *29th* day of *Oct* 1912

*G. W. Anderson* Ordinary of *Bartow* County.

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."

2. Additional affidavits may be attached if blank spaces are insufficient.

3. All affidavits must be made before the Ordinary and certified by him.

4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of freeholders unnecessary.

*Bartow*

Maimed Soldiers.

Voucher No. *754*  
Amount \$ *5.00*  
Paid to *D. H. Crow*  
For Loss of One  
Finger  
July 20, 1889.

Included in Warrant No.  
issued to Treasurer.

1889.

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office.

*A. M. Foute*

*Bartow*

Maimed Soldiers.

Voucher No. *390*  
Amount \$ *5.00*  
Paid to *D. H. Crow*  
For Loss of One  
Finger  
July 6, 1890

Included in warrant No.  
issued to Treasurer.

18

WARRANT CLERK

W. J. Campbell, State Printer, Constitution Job Office.

*A. M. Foute*

*Crow, D. H.*

*Bartow*

1891.

Maimed Soldiers.

Voucher No. *2839*  
Amount \$ *5.00*  
Paid to *D. H. Crow*  
For Loss of  
One Finger  
March 20, 1891.

Included in warrant No.  
issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

*A. M. Foute*



*For Loss of  
Finger  
Feb 20. 1889.*

Included in Warrant No.  
issued to Treasurer.

1889.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

*all m route*

*Finger  
Feb 6 1890*

Included in warrant No.  
issued to Treasurer.

1890.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

*all m route*

*For Loss of  
One Finger  
Feb 20 1891.*

Included in warrant No.  
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

*all m route*

No. 754

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

*Atlanta, Ga. Feb 20. 1889*

Mr. *D. H. Crow* of the County  
of *Bartow* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,  
Dec. 24, 1888, and the same having been allowed for  
*Loss of one finger*  
He is entitled to receive the sum of *Five 00/100* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1889.  
The Treasurer will pay the same and hold his receipt on this voucher, and return same to  
Executive Department for warrant.

By the Governor,  
*W. H. Harrison*  
GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

*500.00*  
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,  
*Five 00/100* Dollars,  
per above voucher, this *20* of *Feb* 1889.  
*all m route atty in fact for  
D. H. Crow.*

No. 390.

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

*Atlanta, Ga. Feb 6 1890*

Mr. *D. H. Crow* of the County  
of *Bartow* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Act,  
approved, Dec. 24, 1888, and the same having been examined and allowed for  
*Loss of One Finger*  
He is entitled to receive the sum of *Five 00/100* Dollars  
for such disability, the same being the allowance due for the year ending October 24, 1890.  
The Treasurer will pay the same and hold his receipt on this voucher, and return same  
to Executive Department for warrant.

By the Governor,  
*W. H. Harrison*  
GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

*500.00*  
RECEIVED OF STATE TREASURER, R. U. HARDEMAN,  
*Five 00/100* Dollars,  
per above voucher, this *6* of *Feb* 1890.  
*D. H. Crow, by his  
atty in fact  
all m route*

for such disability, the same being the allowance due for the year ending October 24, 1889.  
The Treasurer will pay the same and hold his receipt on this voucher, and return same to  
Executive Department for warrant.

By the Governor,

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Five & 00/100*

Dollars,

per above voucher, this

*20*

of

*July*

1889.

*A. M. Foute, atty. in fact for  
D. H. Crow.*

for such disability, the same being the allowance due for the year ending October 24, 1890.

The Treasurer will pay the same and hold his receipt on this voucher, and return same  
to Executive Department for warrant.

By the Governor,

*W. H. Harrison*

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

*Five & 00/100*

Dollars,

per above voucher, this

*6*

of

*July*

1890

*D. H. Crow, by his  
atty. in fact, A. M. Foute.*

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

1891.  
No. *2839*

*Atlanta, Ga. Mch 25, 1891.*

Mr. *D. H. Crow* of the County  
of *Barrow* having filed his application in the Executive  
Department for an allowance under the Act approved October 24, 1887, as amended by Acts  
approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for  
*2000 of one year*  
He is entitled to receive the sum of *Five & 00/100* Dollars

for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to  
Executive Department for warrant.

By the Governor,

*W. H. Harrison*

Sec'y EXECUTIVE DEPARTMENT.

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

*Five & 00/100*

Dollars,

per above voucher, this

*PAID*

1891.

*D. H. Crow*

*By A. M. Foute.*

By A. M. Foute.

J. B. Lindsey

W. L. Lundy  
Cous of Rums

Mr. Barker

no  
at Grass  
widen face

A late preliminary  
Dec. 30-1872  
15 Oct. 1871

valle

Wien - Jan  
described face  
of the person known  
to me = 1872

M. D. Conway



good friends in my interest, and arrange to have some of them to be at each precinct in your County on the day of the election to handle tickets for me, and see that my name is not struck from the ballot by the Voter.

Whatever you may do for me will be appreciated and gratefully remembered. Kindly advise me of my chances in your County, and if I can depend on your help.

With best wishes, I am,

Your friend,

J. W. Lindsay

Jno. W. Lindsay  
COMMISSIONER OF PENSIONS  
ATLANTA, GA.

Atlanta Ga., August 3rd. 1912.

Dear friend:-

I am a candidate as you know for re-election to the Office of Commissioner of Pensions, subject to the primary of August 21st. I have opposition, and I need your support and valuable influence. I want you to help me by going out among your good friends in my interest, and arrange to have some of them to be at each precinct in your County on the day of the election to handle tickets for me, and see that my name is not struck from the ballot by the Voter.

Whatever you may do for me will be appreciated and gratefully remembered. Kindly advise me of my chances in your County, and if I can depend on your help.

With best wishes, I am,

Your friend,

J. W. Lindsay

Enclosed  
12/30-1912  
It is made to appear that J. W. Lindsay  
has had more than two dogs in the  
office of the Commissioner of Pensions  
made sure. It is believed that the  
name of J. W. Lindsay is struck from  
the ballot for re-election to the  
Office of Commissioner of Pensions to  
be elected in 1912.  
J. W. Lindsay  
Cause of Pensions

1912  
Mr. Bartlett  
1912  
Mr. Bartlett  
J. W. Lindsay  
Cause of Pensions  
Date for hearing  
Dec 20-1912  
10:00 A.M.  
Notice  
J. W. Lindsay  
Cause of Pensions

August 21st. I have opposition, and I need your support and valuable influence. I want you to help me by going out among your good friends in my interest, and arrange to have some of them to be at each precinct in your County on the day of the election to handle tickets for me, and see that my name is not struck from the ballot by the Voter.

Whatever you may do for me will be appreciated and gratefully remembered. Kindly advise me of my chances in your County, and if I can depend on your help.

With best wishes, I am,

Your friend,

*J. M. Lindsey*

It is made to appear that I had more than ten of Peter Clough's votes. I made sure of it. I have the name of D. H. Brown as a Disabled Prisoner. See if you "Dixie" for C. S. A.

Dec 20-1912  
10:00 AM

Molin

Steen - Jim  
Disabled Rail  
for Dixie in order  
12/20-1912

*M. M. Lindsey*

# 1

Ex Parte  
Clough

D. H. Brown  
Dis. Prisoner (Army)  
Bartow County

Clough made Aug-  
1912 For disint...

Adm to am...  
Dec 30-1912

Prison office  
Dec 20-1912

It is made to appear that D. H. Brown has had more than ten votes in the Clough and in my name has been made and the Clough is shown to be from the U.S. Prisoner. It is ordered that the name of D. H. Brown be struck from the Disabled Rales of Bartow County for deserting the Confederate Army.

*J. M. Lindsey*  
Com. of Prison

Put in Rail 1890 for  
loss on Empire Rail  
see account  
Dec 20-1912

3rd. W. Lindsey  
Commissioner of Penitents  
Atlanta, Ga.

Prison office  
Dec 20-1912

D. H. Brown  
Bartow Co. Ga

Sir - You are hereby notified to furnish to this office on or by 100 AM Dec 30<sup>th</sup> 1912 sufficient evidence why you should not be Stricken from the Disabled Prisoner Rail of Bartow County, for cause set below, pursuant to your previous desertion.

This action must be just close made by the order of your County clearly and distinctly showing beyond doubt your right to the Prison and that the Clough is not by the Clough so that your desertion from 24-1864 by looking south of allyan to U.S.A.

*J. M. Lindsey*  
Com. of Prison

Wentworth County

Wentworth County  
Dec 20-1912

It is made & appears that  
D. H. Crow has had more than five  
days notice of this charge and no answer  
has been ~~made~~ made thereto, and the charge  
is sworn to by the train from the U.S. Prison

It is ordered that the name of  
D. H. Crow be struck from  
the Disabled Passes of Barton  
County for deserting the Confederate  
Army -

Put in Rail 1440 for  
pass on freight Rail  
see account  
See State \$1100

J. W. L. L. L. L.  
Com. of Prison

You are hereby notified  
further to this office on or by 10  
AM Dec 20<sup>th</sup> 1912. Sufficient  
why you should not be stricken  
from the Disabled Passes of  
Barton County, for cause &  
below, perjury & desertion  
desertion -

This action must be  
first closed made before the  
of your County clearly and  
definitely clearing beyond all  
your right to the Prison & that it  
charge is not true  
The charge is that you deserted  
Jan 24-1865 by taking oath of allegi-  
ance to U.S. &

J. W. L. L. L.  
Com. of Prison



## POWER OF ATTORNEY.

STATE OF GEORGIA, }  
Bartow County.Know all Men by these Presents, That I, Ellender Crowof Bartow County, in said State, do hereby appoint A. M. Fouts

my true and lawful attorney in fact for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia as a widow of a Confederate Soldier, as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of April, 1891.

[L. S.]

Executed in the presence of us:

W. A. Lewis  
Wm. S. Lewis

DIRECTOR.

If allowed, send amount by \_\_\_\_\_ to me at \_\_\_\_\_ and oblige

Crow, Ellender  
Bartow Co.  
1891.64No. 3469

## Widows' Pension

PAID TO—

Mrs. Ellender Crow  
—OF—  
Bartow COUNTY.\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer, Atlanta

Fouts