

GEORGIA ~~KNOWS~~

COBB COUNTY.

Amendment to application for Soldier's Pension under Act 1910.

Now comes W. A. Voss of above State and County and makes this affidavit to be used as amendment to his petition as of file, for Soldier's Pension, and states:

That he was notified at his home in Cobb County by a letter from his commanding Colonel, Wright, that he would not return until further notice, that he was cut off by the enemy and would be notified when to return to his command. W. A. VOSS states that in obedience to the instructions from his commander he remained in Cobb County, GEORGIA, NEVER RECEIVING notice to return with the horses he had gathered together.

W. A. Voss states further that he was prevented from returning with his horses on account of the fact that in Colonel Wright's order he was notified that Federal troops were between him and his command and that he could not get thru them. Affiant states that he was ready to return in accordance with the above order when the Surrender of the Confederate Troops took place.

Sworn to and subscribed before me
This 14 day of January 1916.

J. H. Smith
Cobb County, Ga.

GEORGIA COBB COUNTY

PERSONALLY before me appeared *W. A. Voss* who after being duly sworn by me an authorized officer to administer oaths, says upon oath that he is acquainted with W. A. Voss, was in the same command with him in the Confederate Army, and knows that the facts asserted by him above are true. THIS 14 day of March 1916

Thos. H. Smith
Ordinary, Georgia.
met

Wade, James A. b
Cobb Co

No. 825

Application for Allowance

FOR

Disability from Reapures

Applicant *James A Wade*

County *Cobb*

Amount *15*

Date of Warrant *Mich 16/88*

Entered on Record,

Mich 16 1888
W A H

Secretary Executive Department.

E. Saw

STATE OF GEORGIA,
Cobb County

Deafness 15

PERSONALLY appears James A. Wade of Cobb 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~~ *since* life - Born in Georgia in 1839; 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 K, of 41st Regiment of Georgia Volunteers 's Brigade; that whilst engaged in such military service, at the battle of Corinth in the State of Mississippi, on the day of 186, he was wounded as follows: *While in the battle a shell struck a sappling by him and knocked him down & he was carried to the hospital & when he came to his hearing was almost entirely destroyed. It and the injury permanently. He grew and became continually, found that he could not hear. 2 years he was almost totally deaf. He was discharged from service on account of such deafness to guard duty. The Surgeon told him the lymphatics of the ears were broken.*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and makes application for the allowance to which he is entitled thereunder. *He has been rendered permanently deaf and is unable to perform the duties of the ordinary Sworn to and subscribed before me, this 27 day of February 1888 James A. Wade*

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,
County.

PERSONALLY came before me of the county of State of Georgia, who, being duly sworn, says that he was a commissioned officer in Company, of Regiment of Volunteers, and that deponent knows, 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, as stated by him in said affidavit. Deponent further states that said is a bona fide citizen of this State, and resides in county. Sworn to and subscribed before me, this day of 188

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

Application for Allowance

No. 825

Wade, James A. B. Cobb

Disability from Deafness

Applicant James A. Wade

County Cobb

Amount 15

Date of Warrant March 1888

Entered on Record,

March 16 1888

W. H. H.

Secretary Executive Department

B. H. H.

STATE OF GEORGIA,

PERSONALLY came

citizens of

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 Cobb County, and we are well satisfied that all the statements in his affidavit are true.

Sworn to and subscribed before me, this

27th day of March 1888
At A Morse

M. B. Howell
J. B. Howell
J. B. Humphreys

STATE OF GEORGIA,

PERSONALLY comes before me

and

me as reputable physicians of said County, who, being severally sworn, say on oath that they have carefully examined

and after such examination say that the applicant has been injured as follows: He is a shell of a man, & suffering against his back, & on his right hand, conception of the brain reflecting the symptoms, & of which Med. & rendering him permanent deaf

Sworn to and subscribed before me, this

27 day of Feb'y 1888

W. H. Hammond

ORDINARY.

NOTE.—The physicians will state fully the extent of the wound and the disability resulting therefrom.

STATE OF GEORGIA,

I,

do certify that I am well acquainted with James A. Wade 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 A. A. Morse before whom the foregoing affidavit was made is a Justice of the Peace in said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 14 day of March 1888

W. H. Hammond

Ordinary Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Know all men by these presents, That I

county, in said State, do hereby appoint

of Marquette Lebbles, Esq. 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 27th day of February 1888

Executed in the presence of us:

W. H. Hammond

Wade, James A.
Colt Co.

No. 2008

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

FOR

Total Deafness
Applicant James A. Wade

County Cobb

Amount

30

Date of Warrant April 13

Entered on record

April 13

1889

W. H. H.

SECRETARY EXECUTIVE DEPARTMENT.

No additional data

Carver Flaw

STATE OF GEORGIA,

Cobb County.

PERSONALLY appears James A. Wade of Cobb 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 day of

1837; 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 K, of 41st Regiment of Georgia Volunteers's Brigade; that whilst engaged in such military service, at the battle of Corinth in the State of Miss on the day of 1862, he was

wounded as follows: He was in line of battle when a shell from the enemy's gun struck a sapling near him and exploded, throwing a cussion from which so affected both ears that he at once became almost totally deaf, which deafness has ever continued, and increased until now he is totally deaf from said injury - He has been in his present condition about 25 years.

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 for the year ending October 26, 1889.

Sworn to and subscribed before me, this the 10th day of April 1889 } James A. Wade
J. M. Stone mark

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

STATE OF GEORGIA,

Cobb County.

PERSONALLY comes before me J. M. Stone Ordinary of said county, J. F. Malone and J. F. Malone both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined James A. Wade and after such examination say that the applicant has been injured as follows:

His ears are so injured that he is totally deaf. The cause of the injury we believe to be as stated by him, and deafness is the direct result of such injury as he describes. The tympanums of his ears seem to have been broken by concussion.

Sworn to and subscribed before me, this the 10th day of April 1889 } J. F. Malone M.D.
J. F. Malone M.D. 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.

STATE OF GEORGIA,

Cobb County, I, *John M. Stone* Ordinary of said county, do certify that I am well acquainted with *James A. Wade* 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 also certify that the foregoing witnesses, to-wit:

J. J. Mass and J. D. Malone

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that *W. R. Power* before whom the foregoing affidavits were made and power of attorney was signed, is a *Notary Public* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *16th* day of *April* 1889.

Ordinary *J. M. Stone* *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

Know all Men by these Presents, That I,

James A. Wade of *Cobb* County, Ga.

do hereby appoint *Manetta, 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 *10th* day of *April* 1889.

Executed in the presence of us:

W. R. Power *Notary Public*

James A. Wade (L. S.) *mark*

DIRECTION:

Send money to me as follows, by

to _____ P. O. _____ County, Georgia.

NOTES.

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 application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. 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.
7. 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.

STATE OF GEORGIA,

I, John M. Stone Ordinary of said county,
do certify that I am well acquainted with J. A. Wade 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 J. M. Stone before
whom the foregoing affidavits were made and power of attorney was signed, is a
Ordinary of said county, and the said affidavits and
signatures thereto are genuine.

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

W. H. Stone
Ordinary Cobb County.

STATE OF GEORGIA,

I, John M. Stone Ordinary of said County,
do certify that I am well acquainted with James A. Wade 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 J. M. Stone
before whom the foregoing affidavits were made and power of attorney was signed, is a
Ordinary of said County, and the said affidavits and
signatures thereto are genuine.

Given under my official signature and seal, this 3 day of March 1890.

W. H. Stone
Ordinary Cobb County.

Cobb Co
1890.
Wade, J. A.

No. 259.

APPLICATION FOR ALLOWANCE

FOR THE YEAR BEGINS OCTOBER 1, 1890.

John A. Wade

Applicant, J. A. Wade

County, Cobb

Amount, 30

Date of Warrant, Mar 18

Entered on record

Mar 18 1890

W. H. Stone

WARRANT HANDLED TO

W. H. Stone

W. H. Stone, Sheriff, Constitution Job Office, Atlanta, Ga.

Wade, James A.
50 Cobb Co.

1891

Wade, James A.

Applicant, W. H. Stone

County, Cobb Co

Amount, 30

Date of Warrant, Mar 18

Entered on record

Mar 18 1890

W. H. Stone

WARRANT HANDLED TO

W. H. Stone

W. H. Stone, Sheriff, Constitution Job Office, Atlanta, Ga.

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }
PERSONALLY appears *J. A. Wade* of *Cobb* 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 _____ day of
1836; 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 *K*, of *41st* Regiment
of *Georgia* Volunteers _____'s Brigade; that whilst engaged
in such military service at the battle of *Corinth* in the State
of *Miss*, on the _____ day of _____ 1862, he was

wounded as follows: *a shell from the enemy's gun struck a splinter against which he was standing and broke the tympanum of his ear which rendered him totally deaf*

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 *thirty (30)* dollars.

Sworn to and subscribed before me this the _____

11th day of *March* 1891

J. A. Wade

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,

Cobb County. }

Know all Men by these Presents, That I,

J. A. Wade
of *Cobb*
Georgia

county, in said State, do hereby appoint

of *Cobb*, 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

4th day of *March* 1891

J. A. Wade [L. S.]

Executed in the presence of us:

W. H. Booth
W. H. Booth

DIRECTION.

Send money to me as follows, by _____

to _____ P. O.

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County. }

PERSONALLY appears *James A. Wade* of *Cobb*
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 _____ 1867; 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 *K*, of *41st* Regiment
of *Georgia* Volunteers _____'s Brigade; that whilst engaged
in such military service at the battle of *Corinth* in the State
of *Miss*, on the _____ day of _____ 1862, he was

wounded as follows: *In the battle of Corinth he was in the Confederate line, behind a sapling, when a shell struck the sapling and exploded, rupturing the tympanum of both ears of*
afflict, so much that from that time he is totally deaf

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

thirty dollars, for said cause for 1887 or 1890.

Sworn to and subscribed before me, this, the _____

3 day of *March* 1891.

James A. Wade

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,

Cobb County. }

Know all Men by these Presents, That I, *James A. Wade*
of *Cobb* County, State of Georgia, do hereby appoint

Enoch Frank 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 Gov-
ernor, 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

3d day of *March* 1891.

James A. Wade [L. S.]

Executed in the presence of us:

W. H. Booth
W. H. Booth

DIRECTION.

Send money to me as follows, by _____

to *Marietta* P. O.

County, Georgia.

Enoch Frank

STATE OF GEORGIA,

Cobb County.
I, *J. M. Stone* Ordinary of said county,
do certify that I am well acquainted with *James A. Wade* 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 *27th* day of *February* 189*2*.

J. M. Stone
Ordinary *Cobb* County.

POWER OF ATTORNEY. STATE OF GEORGIA,

Cobb County.
Know all Men by these Presents, That I
of *Cobb* County, State of Georgia, do hereby appoint

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 receive 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
day of *February* 189*2*.

Executed in the presence of us

do hereby certify that I am well acquainted with

Send money to me as follows, by

STATE OF GEORGIA to P. O.

County, Georgia.

Sworn to and subscribed before me this

day of *February* 189*2*.

the last signed *James A. Wade*

the State of Georgia, and as such attorney in fact, to receive and receipt for the amount of money to which he is entitled

thereunto due to him by the State of Georgia, as stated in the foregoing affidavit, and to execute all such acts and deeds as may be required for the purpose aforesaid.

Witness my hand and seal, this

day of *February* 189*2*.

Notary Public for the State of Georgia.

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

W. H. Harrison

Cobb Co.
Wade, James A.
No. 190.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name *James A. Wade*
County *Cobb*
Disability *Total Deafness*
Amount, \$ *30.*
Entered on record *March 4.* 189*2*.
W. H. HARRISON,
Secretary of Executive Department.
No. 190.
AGENT.
Applicant
Geo. W. Harrison, State Printer, Atlanta, Ga.

Wade, James A.

Cobb Co.

1893.

Application for Allowance
Deafness
Amount, \$ *30*
Date of Warrant
Entered on record *March 4.* 189*2*.
W. H. Harrison
Applicant
No. 190

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
PERSONALLY appears *James A Wade*
of *Cobb* 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 *his birth* day of *in* 1830; 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 *K*
of *4th* Regiment of *Georgia* Volunteers _____'s
Brigade; that whilst engaged in such military service at the battle of *Corinth*
in the State of *Miss*, on the _____ day of _____

1862, he was wounded as follows: *He was standing by a sapling when a shell struck it and exploded, knocking him down senseless, and broke the tympanums of both ears, from which injury he became totally deaf, is so now and has been so for many years.*

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

Thirty (30) Dollars for *total deafness.*

Sworn to and subscribed before me this the }
27th day of *January* 1892. } *James A. Wade*
W. M. Stone 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,

County, }

Know all Men by these Presents, That I,

of _____ County, in said State, do hereby appoint _____ of _____ 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 _____ day of _____ 1892.

Executed in the presence of us:

[L. S.]

DIRECTION.

Send money to me as follows, by _____

to _____

P. O., _____

County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County, }
PERSONALLY appears *James A Wade* of *Cobb*
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 *his birth* in 1830
day of _____; 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 *K*, of *4th* Regiment of *Georgia* Volunteers _____'s Brigade; that whilst engaged in such military service at the battle of *Corinth* in the State of *Miss*, on the _____ day of _____ 1862, he was

wounded as follows: *He was standing behind a sapling when a shell struck it and exploded, knocking him down senseless, and broke the tympanums of both ears, from which injury he became totally deaf, and is so now and has been so for many years.*

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

Twenty dollars, for *total deafness.*
Sworn to and subscribed before me, this, the }
24th day of *March* 1893. } *James A Wade*
W. M. Stone Ordinary.

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,

Cobb County, }
I, *J. M. Stone* Ordinary of said County,
do certify that I am well acquainted with *James A Wade* 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 *J. M. Stone* before whom the foregoing affidavits were made and power of attorney was signed, is _____ of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *24th* day of *March* 1893.

W. M. Stone Ordinary *Cobb* County.

STATE OF GEORGIA,

POWER OF ATTORNEY

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

Know all Men by these Presents, That I,

of

County, State of Georgia, do hereby appoint

of 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 day of 1894.

[L. s.]

Executed in the presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

POWER OF ATTORNEY.

STATE OF GEORGIA,
County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

County, State of Georgia, do hereby appoint

of 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 day of 1895.

[L. s.]

Executed in presence of us

DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

(For Those Already Enrolled.)

No. 630

Soldier's Pension.

1894.

Name

County

Disability

Amount, \$

3/19

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

Wade, J. A.

Cobb Co

(For Those Already Enrolled.)

No. 346

SOLDIER'S PENSION.

1895.

Name

County

Disability

Amount, \$

3/4

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County. }
PERSONALLY appears *J. A. Wade* of *Cobb*
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 *1830* 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 *4th* Regiment
of *Georgia* Volunteers *Stonewall*'s Brigade; that whilst engaged in
such military service at the battle of *Corinth*
of *Miss.* on the day of *1862*, he was

wounded as follows: *Being struck with a*
shell on the head which
caused him to lose his hearing

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, 1894. I have heretofore been allowed a pension of

\$30 dollars, for the year 189 *3*
Sworn to and subscribed before me, this, the *25th* day of *July* 1894. *J. A. Wade*
Wm. Stone

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.

Cobb County. }
I, *Wm. Stone* Ordinary of said County.
do certify that I am well acquainted with *J. A. Wade* 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 *2nd*
day of *March* 1894.



Ordinary *Wm. Stone* *Cobb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

Cobb County. }
Personally appears *J. A. Wade* of *Cobb*
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 *all his life* 18 ; 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 *4th* Regiment
of *Georgia* Volunteers, *Stonewall*'s Brigade; that whilst engaged in
such military service at the battle of *Panorama*
of *Miss.* on the day of *1862*, he was

wounded as follows: *By the explosion of*
a shell in said battle of
Corinth Miss. from which
explosion he entirely lost his
hearing

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

\$30 dollars, for the year 189 *5*
Sworn to and subscribed before me, this, the *25th* day of *July* 1895. *J. A. Wade*
Wm. Stone

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.

Cobb County. }
I, *Wm. Stone* Ordinary of said County,
do certify that I am well acquainted with *J. A. Wade* 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 *25th*
day of *July* 1895.



Ordinary *Wm. Stone* *Cobb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

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

by _____

at _____

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

day of _____ 1896.

[L. S.]

Executed in presence of us _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

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

day of _____ 1897.

[L. S.]

Executed in presence of _____

ACT OF SECT. 1897.
(For These Already Enrolled.)

No. 3132

SOLDIER'S PENSION.

1896.

Name Jas. A. Wade

County Cobb

Disability Deafness

Amount, \$ 30

3/18 1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Appel

Geo. W. Harrison, State Printer, Atlanta.

No date

ACT OF SECT. 1897.
(For These Already Enrolled.)

No. 2672

INVALID

SOLDIER'S PENSION.

1897.

Name Jas. A. Wade

County Cobb

Disability Deafness

Amount, \$ 30

2/26 1897

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Appel

Geo. W. Harrison, State Printer, ATANTA.

No date

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb

County.

Personally appears

Jamies Wade of Cobb

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 me 1820; 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 K, of 12th Regiment of Georgia Volunteers, 1st's Brigade; that whilst engaged in such military service in the State of Mississippi, on the day of 1862, he was wounded, injured or diseased as follows:

at the battle of Corinth, he was standing behind a sapling when a shell struck it and exploded, knocking him down, and broke the tympanum of both ears from which injury he became totally deaf and is so now, and has been so for many years.

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 Cobb county been allowed a pension of thirty (30) dollars, for the year 1895.

Sworn to and subscribed before me, this, the

6th day of March 1896.

J. H. Wade
J. H. Stone
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,

Cobb County.

I,

J. H. Stone Ordinary of said County, do certify that I am well acquainted with Jas. A. Wade 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 5th day of March 1896.



Ordinary

County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb

County.

Personally appears

Jamies Wade of Cobb

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 me 1820; 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 K, of 12th Regiment of Georgia Volunteers, 1st's Brigade; that whilst engaged in such military service in the State of Mississippi, on the day of 1862, he was wounded, injured or diseased as follows:

He was standing behind a sapling when a shell struck it and exploded, knocking him senseless and broke the tympanum of both ears, from which injury he became totally deaf, and is so now, and has been so many years.

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 Cobb county been allowed an invalid pension of thirty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the

24th day of July 1897.

Jamies Wade
J. H. Stone
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,

Cobb County.

I,

J. H. Stone Ordinary of said County, do certify that I am well acquainted with Jas. A. Wade 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 July 1897.



Ordinary

County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

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

day of _____ 1898.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

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

day of _____ 1899.

[L. S.]

Executed in presence of _____

Wade, James A.
Cobb Co.

ACT OF 24 OCT. 1887.

(For Those Already Enrolled.)

No. *3187*

INVALID

SOLDIER'S PENSION.

1898.

Name *J. A. Wade*

County *Cobb*

Disability *Good Deafness*

Amount, \$ *30*

3/3 1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affch-

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

Wade, J. A.
Cobb Co.

CODE SECTION 12A.

(For Those Already Enrolled.)

No. *2522*

INVALID

SOLDIER'S PENSION.

1899.

Name *J. A. Wade*

County *Cobb*

Disability *Deaf*

Amount, \$ *30*

2/1 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

affch

GEO. W. HARRISON, STATE PRINTER, ATLANTA.

No data

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

Jam. A. Wade of Cobb

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 in 1880; 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 K, of 4th Regiment of Georgia Volunteers, Stgoall's Brigade; that whilst engaged in such military service in the State of Mississippi, on the day of May 1862, he was wounded, injured or diseased as follows:

In the battle of Corinth he was standing behind a sapling when a shell struck it, and exploded, knocked him senseless and broke the tympanum of both ears, from which injury he became totally deaf, and is so now, and has been for many years.

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 20th, 1898. I have heretofore under said law as a resident of Cobb county been allowed an invalid pension of thirty Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 20th day of January 1898.

Jam. A. Wade
POST-OFFICE Maletown 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,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with Jas. A. Wade 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 20th day of Jan 1898.

J. M. Stone
Ordinary Cobb County.

AMK
your
seal
here.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears

J. A. Wade of Cobb

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 in 1882; 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 H, of 41st Regiment of Georgia Volunteers, Stgoall's Brigade; that whilst engaged in such military service in the State of Miss, on the day of May 1862, he was wounded, injured or diseased as follows:

That while engaged in battle near Corinth, Miss. he was shocked from the bursting of a shell, from the jar of which he lost his hearing entirely.

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$30. Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 15th day of Feb 1899.

Jam. A. Wade
POST OFFICE Maletown, 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,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with J. A. Wade 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 15th day of Feb 1899.

J. M. Stone
Ordinary Cobb County.

AMK
your
seal
here.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, _____ hereby authorize _____

of _____

to receive and receipt for the pension paid hereon and request that he remit same to

by _____

at _____

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

day of _____ 1900.

[L. S.]

Executed in presence of _____

POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, James M. Wade hereby authorize John Lindsey

of Marshall

to receive and receipt for the pension paid hereon and request that he remit same to

by himself

at Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th

day of January 1901.

[L. S.]

Executed in presence of _____

James M. Wade

CODE SECTION 124.
(For Those Already Enrolled.)

No. 1733

INVALID

SOLDIER'S PENSION.

1900.

Name

James M. Wade

County

Cobb

Disability

Deafness

Amount, \$

30.

Warrant issued

Mar 9 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Wade

Geo. W. Harrison, State Printer, Atlanta.

No date

CODE SECTION 124.
(For Those Already Enrolled.)

No. 1733

DISABLED

SOLDIER'S PENSION.

1901.

Name

James M. Wade

County

Cobb

Disability

Loss of hearing

Amount, \$

30.

Jan 15 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Wade

Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. A. Wade of Cobb 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 day of 1832; 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 K, of 41st Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Miss., on the day of May 1862, he was wounded, injured or diseased as follows:

That while engaged in battle near Corinth Miss. he was shocked from the bursting of a shell, from the jar of which he lost his hearing entirely.

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 Cobb County been allowed an invalid pension of \$30.00 Dollars, for the year 1899.

Sworn to and subscribed before me, this, 6th day of July 1900, at Post Office Maabltow, 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,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with J. A. Wade 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 6th day of July 1900.
Ordinary J. M. Stone Cobb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. A. Wade of Cobb 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 1832; 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 K, of 41st Regiment of Georgia Volunteers, Stovall's Brigade; that whilst engaged in such military service in the State of Miss., on the day of May 1862, he was wounded, injured or diseased as follows:

That while engaged in battle near Corinth Miss. he was shocked from the bursting of a shell, from the jar of which he lost his hearing entirely.

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Cobb County been allowed an invalid pension of \$30 Dollars, for the year 1900.

Sworn to and subscribed before me, this the 9th day of January 1901, at Postoffice Maabltow, 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,

Cobb County.

I, John Swartz Ordinary of said County, do certify that I am well acquainted with J. A. Wade 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 9th day of January 1901.
Ordinary John Swartz Cobb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt County.

I,

J. A. Wade

hereby authorize

of

John Lindsey

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

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

day of *Jan* 1902.

Executed in presence of

James M. Rame

[L. S.]

CODE SECTION 128.
(FOR THOSE ALREADY ENROLLED.)

No. *303*

DISABLED

SOLDIER'S PENSION
1902.

Name *J. A. Wade*

County *Colt*

Co. *K* Regiment *41st*

Disability

Amount, \$ *30*

1/16 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Ordry

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Colt County.

I,

J. A. Wade

hereby authorize

of

John Lindsey

to receive and receipt for the pension paid hereon and request that he remit same to

by

at

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

day of *Jan* 1902.

Executed in presence of

James M. Rame

[L. S.]

CODE SECTION 128.
(FOR THOSE ALREADY ENROLLED.)

No. *303*

DISABLED

SOLDIER'S PENSION
1903.

Name *J. A. Wade*

County *Colt*

Co. *K* Regiment *41st*

Disability *See Army*

Amount, \$ *30*

1/16 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Ordry

Geo. W. Harrison, State Printer, Atlanta.

No data

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ATTORNEY PENSIONS

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J A Wade of Cobb

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 1832; 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 K, of 41st Regiment of Georgia Volunteers, Swalls's Brigade; that whilst engaged in such military service in the State of Swalls's Miss, on the May day of 1862, he was wounded, injured or diseased as follows:

While engaged in battle near Corns Creek Miss. he was struck from the bursting of a shell from the fire of which he lost his hearing entirely

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 Cobb County, been allowed an invalid pension of \$30 Dollars, for the year 1901.

Sworn to and subscribed before me, this the 9th day of Jan 1902. John A. Wade Post-office Swalls

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,

Cobb County.

I, John A. Wade Ordinary of said County,

do certify that I am well acquainted with J A Wade 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 9th day of January 1902.

John A. Wade Ordinary Cobb County.

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



COMER OF ALLOKNEA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J A Wade of Cobb

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 1832; 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 K, of 41st Regiment of Georgia Volunteers, Swalls's Brigade; that whilst engaged in such military service in the State of Swalls's Miss, on the May day of 1862, he was wounded, injured or diseased as follows:

That while engaged in battle near Corns Creek Miss. he was struck from the bursting of a shell from the fire of which he lost his hearing

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 Cobb County, been allowed an invalid pension of \$30 Dollars, for the year 1902.

Sworn to and subscribed before me, this the 9th day of Jan 1903. John A. Wade Post-office Swalls

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,

Cobb County.

I, John A. Wade Ordinary of said County,

do certify that I am well acquainted with J A Wade 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 Jan 1903.

John A. Wade Ordinary Cobb County.

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



COMER OF ALLOKNEA

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. A. Wade
John A. Wade hereby authorize
of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
by _____
at _____

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 12th
day of January 1904.

Executed in presence of

J. McAnn

J. A. Wade [L. S.]

Wade, General
Cobb Co. 08

CODE SECTION 1260.

(FOR THOSE ALREADY ENROLLED.)

No. 815

DISABLED

**SOLDIER'S PENSION
1904.**

Name J. A. Wade
County Cobb
Co. K Regiment 41
Disability Deafness
Amount, \$3.00 JAN 25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Cop. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. A. Wade
John A. Wade hereby authorize
of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
by _____
at _____

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 13th
day of January 1905.

Executed in the presence of

John A. Wade [L. S.]

Wade, J. A.
Cobb Co. 08

CODE SECTION 1260.
(FOR THOSE ALREADY ENROLLED.)

No. 815

DISABLED

**SOLDIER'S PENSION
1905.**

Name J. A. Wade
County Cobb
Co. K Regiment 41st
Disability Deafness
Amount, \$30.00 JAN 23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ordy

Cop. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears *J. A. Wade* of *Cobb* 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 *1832*; 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 *K*, of *41st* Regiment of *Georgia* Volunteers, *Stonewall*'s Brigade; that whilst engaged in such military service in the State of *Miss*, on the day of *May* *1862*, he was wounded, injured or diseased as follows:

That while engaged in battle near Corinth Miss he was thrown from the burning of a ship from the fire of which he lost his hearing entirely.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$30* Dollars, for the year 1903.

Sworn to and subscribed before me, this *12* day of *January* 1904. *J. A. Wade* Post-office *John A. Wade*

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,

Cobb County.

I, *John A. Wade* Ordinary of said County, do certify that I am well acquainted with *J. A. Wade* 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* day of *January* 1904. *John A. Wade* Ordinary *Cobb* 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,

Cobb COUNTY.

Personally appears *J. A. Wade* of *Cobb* 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 *1832*; 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 *K*, of *41st* Regiment of *Georgia* Volunteers, *Stonewall*'s Brigade; that whilst engaged in such military service in the State of *Miss*, on the day of *May* *1862*, he was wounded, injured or diseased as follows:

While engaged in battle near Corinth Miss he was thrown from the burning of a ship from the fire of which he lost his hearing entirely.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of *Cobb* County, been allowed an invalid pension of *\$30* Dollars, for the year 1904.

Sworn to and subscribed before me, this *12* day of *January* 1905. *J. A. Wade* Post-office *John A. Wade*

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

STATE OF GEORGIA,

Cobb COUNTY.

I, *John A. Wade* Ordinary of said County, do certify that I am well acquainted with *J. A. Wade* 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* day of *January* 1905. *John A. Wade* Ordinary *Cobb* County.



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

Executed in
W. H. H. H. H.

For Products in Standard and Premium Co. See W. M. Mendenhall, M.D.

raw data

Wade, James A.,
Colt Co.,

JOHN W. HANCOCK STATE PARKS ATTRACTION

Mr. De la

~~Executed~~ in presence of

Executed in presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears James A. Wade of Cobb 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 18; 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 K, of 4th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 30 day of 1864, he was wounded, injured or diseased as follows:

Shrapnel

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1906. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 30 Dollars, for the year 1905.

Sworn to and subscribed before me, this the

17 day of January 1906.

John A. Watney

Post-Office

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,

Cobb County.

I, John A. Watney Ordinary of said County, do certify that I am well acquainted with James A. Wade the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this

day of January 1906.

John A. Watney Ordinary Cobb County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears James A. Wade of Cobb 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 18; 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 K, of 4th Regiment of Volunteers's Brigade; that whilst engaged in such military service in the State of Georgia, on the 30 day of 1864, he was wounded, injured or diseased as follows:

Loss of hearing

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1907. I have heretofore, under said law, as a resident of Cobb County, been allowed an invalid pension of 30 Dollars, for the year 1906.

Sworn to and subscribed before me, this the

17 day of January 1907.

John A. Watney

Postoffice

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,

Cobb County.

I, John A. Watney Ordinary of said County, do certify that I am well acquainted with James A. Wade the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this

day of January 1907.

John A. Watney Ordinary Cobb County.

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

Audited May 6 1889.
Wm. S. Smith
COMPTROLLER GENERAL.

Gobb

Maimed Soldiers.

Voucher No. 2008

Amount, \$ 30.

Paid to James A. Wade
For Total Deafness

April 18 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

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

Enoch Shaw

Wade, James A.
Gobb

Maimed Soldiers.

Voucher No. 2559

Amount \$ 30.

Paid to J. A. Wade
For Total Deafness

Mar 18 1890.

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

Enoch Shaw.

Wade, James A.
Gobb

1891.

Maimed Soldiers.

Voucher No. 2725

Amount \$ 30.

Paid to Jas. A. Wade
For Total Deafness

March 17 1891.

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Enoch Shaw

No. 2008

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Apr. 18 1889.

Mr. James A Wade of the County
of Cobb having filed his application in the Executive

Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1883, and the same having been allowed for

Total Deafness
He is entitled to receive the sum of Thirty & 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

CLERK EXECUTIVE DEPARTMENT.

30

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Thirty & 00/100 Dollars,
per above voucher, this 18 of April 1889.

James A. Wade.

R. C. Gordon

No. 2559

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Mch 18 1890.

Mr. J. A. Wade of the County
of Cobb 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

Total Deafness
He is entitled to receive the sum of Thirty 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

CLERK EXECUTIVE DEPARTMENT.

\$ 30

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Thirty Dollars,
per above voucher, this 18 of Mar 1890.

Ernest Shaw

1891.

No. 2725

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT. }

Atlanta, Ga March 17 1891.

Mr. James A. Wade of the County
of Cobb 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
Total disability
He is entitled to receive the sum of Thirty 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.

W. J. Franklin
GOVERNOR.

By the Governor.

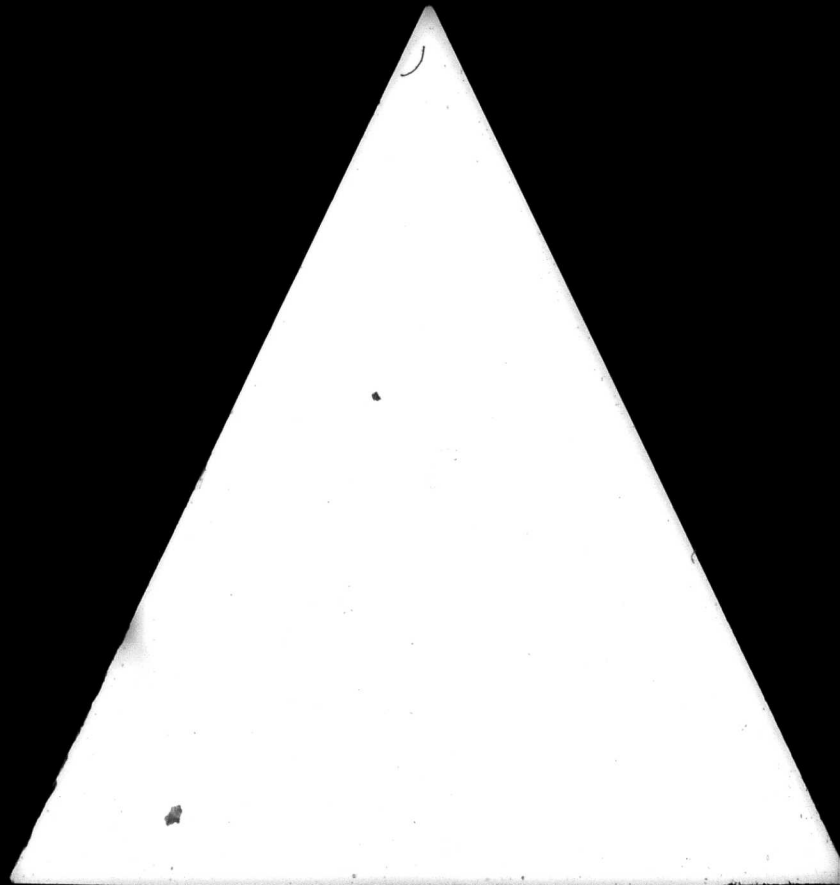
W. H. Harrison
Sec'y EXECUTIVE DEPARTMENT.

\$ 30⁰⁰

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

Thirty & 00/100 Dollars,
per above voucher, this 17 of March 1891.

James A. Wade
By Enoch H. Law
Atty in fact



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }

I, _____, hereby authorize

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

Witness my hand and seal this _____ day of _____, 1900.

Executed in presence of _____

(L. S.)

Pension office 4/1-1900
 Next state term &
 plan & the Commission
 of his Captain as a
 Pension - and from
 that Captain by a
 medium of his own
 knowledge &
 J. W. Wade
 Care of Pension

Wade, J. W.
 Cobb Co.
 1901
 V. X. No. _____

INDIGENT PENSION.
 1900.

Name J. W. Wade

County Cobb
 Co. & - 1 2a

Approved _____ 1900.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

5/29-1907

2/16/1912

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____, hereby authorize

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

Witness my hand and seal this _____ day of _____, 1900.

Executed in presence of _____ (I. S.)

Pension office 6/1-1900
Must state time &
place of the execution
of this Certificate as a
Pensioner - and from
this Certificate by a
minimum of this own
remittance &
Pensioner
Clerk of Pension

Wade, J. W.
Cobb Co.
1901
INDIGENT PENSION,

1900.

Name _____
County _____
Cobb Co. - 1 20

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Sworn to and subscribed before me this _____ day of _____, 1900.

2/16/1901

Questions for Applicant.

STATE OF GEORGIA,

County.

_____ 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 post office)
J. W. Wade and reside in Cobb County, Ga. and city of Marietta, Ga.
2. How long and since when have you been a resident of this State? *about 64 years, about the first of the year 1836*
3. When and where were you born? *the 20th day of March 1836 in Smith Co. Ga.*
4. When and where and in what company and regiment did you enlist or serve? *enlisted about 1862 at Etowah or Cartersville, Ga. in Company C, 1st Georgia Vol.*
5. How long did you remain in such company and regiment? *until I was taken prisoner near Smyrna Ga. in July 1864*
6. For how long a period did you discharge regular military duty? *from fall 1862 until about June 1865*
7. When, where and under what circumstances were you discharged from service? *I was discharged at the close of the war at Camp Douglas as a prisoner of war.*
8. What is your present occupation? *Farmer*
9. How much can you earn (gross) per annum by your own exertions or labor? *Nothing*
10. What has been your occupation since 1865? *Farmer*
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 & 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?
Since about two (2) years
13. What property, effects or income do you possess, and its gross value? *Nothing*
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? *Nothing, clear of debt*
15. In what County did you reside during those years, and what property did you then return for taxation?
In Cobb County I returned Land & 1000 personally \$300
16. How were you supported during the years 1898 and 1899?
By what little I made by work on farm
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? *About \$600 all of my support*
18. What was your employment during 1898 and 1899? What pay did you receive in each year?
Farmer only what I made on the farm
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *Just my wife & my self, no means of support, no homestead*
20. Are you receiving any pension? If so, what amount, and for what disability?
Now not receiving any pension

Every Question MUST Be Answered.

Sworn to and subscribed before me this _____ day of _____, 1900.
14 day of Feb

Ordinary
of _____ County.
J. W. Wade
Applicant.
Hennesaw P.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

S. J. Baldwin of said State and County, having been presented as a witness in support of the application of J. W. Wade 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? S. J. Baldwin, I reside in Cobb County
2. Are you acquainted with J. W. Wade, the applicant; if so how long have you known him? I have known him about 40 years
3. Where does he reside, and how long and since when has he been a resident of this State? Ever since I have known him
4. When, where and in what company and regiment did he enlist, and how do you know? He enlisted to the best of my recollection at Atlanta in fall of 1862 in Co. B, 1st Georgia State Troops
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? To my own knowledge he served up to 27 June 1864, where I was wounded and left him with the company. He made a good soldier. He was discharged after the surrender as prisoner.
7. What property, effects or income has the applicant? (Give your means of knowledge.) Nothing I live a neighbor to him about 1 1/2 miles from him
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? He lived on piece of land that was mortgaged and it was foreclosed & he gave it up
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? Nov 1899 see answer No 8 to J. E. Moxley
10. What is the applicant's occupation and physical condition? He has been farming but is not able to support himself
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable to support himself because he is too old and infirm
12. How was he supported during the years 1898 and 1899? what support he had he made it himself
13. What portion of his support for these two years was derived from his own labor or income? All that he had
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? On account of age and infirmity & poverty he is unable to support himself
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 14 day of July, 1900. S. J. Baldwin Witness.
J. M. Stone Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me Chas. H. Shields and E. J. Setz, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully J. W. Wade, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

He has chronic hemorrhoids and hemorrhoids of long standing, which with old age, render him unable to do any kind of manual labor whatever.

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the 14 day of July, 1900. J. M. Stone Ordinary.

Chas. H. Shields, M. D.
E. J. Setz, M. D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. Stone, Ordinary in and for said County, hereby certify that the applicant J. W. Wade resides in said County, and has been a bona fide resident of this State since the 15th day of July, 1896, and that the witnesses, viz Chas. H. Shields and E. J. Setz, 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 Cobb County show that applicant returned for taxation in his name in 1898, \$1000 Dollars of property, and in 1899 \$1000 Dollars of property.

In my opinion the foregoing claim is made in good faith.
Witness my hand and seal of office, this 14 day of July, 1900.

J. M. Stone Ordinary,
of Cobb County.

NOTE.

1. 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."
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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *J. W. Wade*

hereby authorize

John Lindsey

of

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

at

Monrovia

by

Witness my hand and seal, this *18* day of *January* 1902.

[L. S.]

Executed in presence of

J. M. Gunn

CODE SECTION 124.

(FOR THOSE ALREADY ENROLLED.)

No. *558*

INDIGENT

SOLDIER'S PENSION

1902.

Name *J. W. Wade*

County *Cobb*

Co. *E* Regiment *1st*

WARRANT ISSUED

1902.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordly
Geo. Harrison, State Printer, Atlanta.

no later

CODE SECTION 124.

(FOR THOSE ALREADY ENROLLED.)

No. *526*

INDIGENT

SOLDIER'S PENSION

1903.

Name *J. W. Wade*

County *Cobb*

Co. *1st* Regiment *1st*

WARRANT ISSUED

1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordly
Geo. Harrison, State Printer, Atlanta.

no later

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, *J. W. Wade*

hereby authorize

John Lindsey

of

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

at

by

Witness my hand and seal, this *27* day of *January* 1903.

[L. S.]

Executed in presence of

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears

J W Wade

of

Cobb

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1826; that he is *66* years old and by occupation a *farmer* that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *about 18 months* in Company *C*, of *1st* Regiment of *Ga. State Troops*; that his physical condition is as follows: *Owing to age infirmity and poverty Deponent is unable to perform any of the usual avocations of life and to support himself* that his property consists of the following items

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the _____ day of *January* 1902.

John Anthony

Ordinary.

STATE OF GEORGIA,

Cobb County.)

I,

John Anthony

Ordinary of said County,

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

Given under my official signature and seal, this _____ day of *January* 1902.

Ordinary

John Anthony

County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.)

Personally appears

J W Wade

of

Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1826; that he is *77* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *1 1/2 yrs* in Company *C*, of *18th* Regiment of *Ga. State Troops*; that his physical condition is as follows: *from age & poverty cannot earn a subsistence*

that his property consists of the following items:

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of *Cobb* county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the _____ day of *January* 1903.

John Anthony

Ordinary.

STATE OF GEORGIA,

Cobb County.)

I,

John Anthony

Ordinary of said County,

do certify that I am well acquainted with *J W Wade* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this _____ day of *January* 1903.

Ordinary

John Anthony

County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

John Ardrey hereby authorize
of
to receive and receipt for the pension allowed, and request that he remit same to
at
by

WITNESS my hand and seal, this 18 day of June 1904.

[L. S.]

Executed in the presence of

J. W. Wade

POWER OF ATTORNEY.

STATE OF GEORGIA

Cobb COUNTY.

John Ardrey hereby authorize
of
to receive and receipt for the pension allowed, and request that he remit same to
at
by

WITNESS my hand and seal, this 19 day of June 1905.

[L. S.]

Executed in the presence of

J. W. Wade

Wade, J. W.
Cobb Co.

CODE SECTION 1284.

(FOR THOSE ALREADY ENROLLED.)

No. 637

INDIGENT

SOLDIER'S PENSION
1904.

Name J. W. Wade

County Cobb

Co. 2 Regiment 4th

WARRANT ISSUED

1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

6/20/04

GEO. W. HARRISON, State Printer, Atlanta.

no date

Wade, J. W.
Cobb Co.

CODE SECTION 1284.

(FOR THOSE ALREADY ENROLLED.)

No. 779

INDIGENT

SOLDIER'S PENSION
1905.

Name J. W. Wade

County Cobb

Co. 2 Regiment 1st

WARRANT ISSUED

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *J W Wade* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is *77* years old and by occupation a *farmer*, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of *3 years* in Company *C*, of *2nd* Regiment of *Co. State Troop*; that his physical condition is as follows:

Age Infirmary and poverty

that his property consists of the following items:

Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of *Cobb* County been allowed a pension for the year *1903*

Sworn to and subscribed before me, this the *15* day of *January* 1904. *J W Wade* Ordinary.

STATE OF GEORGIA,

Cobb County,

I, *John A. Brown* Ordinary of said County, do certify that I am well acquainted with *J W Wade* 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 *18* day of *January* 1904.

John A. Brown Ordinary *Cobb* County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.



FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County,

Personally appears *J W Wade* of *Cobb* County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company *C*, of *1st* Regiment of *W. State Troop*; that his physical condition is as follows:

Age Infirmary and poverty

that his property consists of the following items:

Nothing

of the value of _____ Dollars. I am now earning, by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of _____ County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the *3* day of *January* 1905. *J W Wade* Ordinary.

STATE OF GEORGIA,

Cobb County,

I, *John A. Brown* Ordinary of said County, do certify that I am well acquainted with *J W Wade* 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 *3* day of *January* 1905.

John A. Brown Ordinary *Cobb* County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
I, John Lindsey, hereby authorize
John Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this 6 day of January 1906.
John Lindsey [L. S.]

Executed in the presence of

John Lindsey

Coast Section 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 734

INDIGENT SOLDIER'S PENSION 1906.

Name John Lindsey
County Cobb
Co. E 1st Regiment 4th

WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Pensioners' and Pensions Co., Geo. W. Harrison, Mgr.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
I, John Lindsey, hereby authorize
John Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this 23 day of January 1907.
John Lindsey [L. S.]

Executed in presence of

John Lindsey

Coast Section 1254.
(FOR THOSE ALREADY ENROLLED.)

No. 675

INDIGENT SOLDIER'S PENSION 1907.

Name John Lindsey
County Cobb
Co. E 1st Regiment 4th

WARRANT ISSUED
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

The Pensioners' and Pensions Co., Geo. W. Harrison, Mgr.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears J. W. Wade of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company E, of 12th Regiment of State Troops; that his physical condition is as follows: Age & poverty

that his property consists of the following items: _____

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the _____ day of May 1906. John A. H. H. H. Ordinary.

State of Georgia,

Cobb County.

I, John A. H. H. H. Ordinary of said County, do certify that I am well acquainted with J. W. Wade 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 6 day of May 1906.

John A. H. H. H. Ordinary Cobb County.



NOTE.—The blank spaces must be filled.
NOTE.—A fiduciary should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears J. W. Wade of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company E, of 12th Regiment of State Troops; that his physical condition is as follows: Infirmity & poverty

that his property consists of the following items: _____

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of May 1907. John A. H. H. H. Ordinary.

State of Georgia,

Cobb County.

I, John A. H. H. H. Ordinary of said County, do certify that I am well acquainted with J. W. Wade 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 3 day of May 1907.

John A. H. H. H. Ordinary Cobb County.



NOTE.—The blank spaces must be filled.
NOTE.—A fiduciary should not be attested before January 1st, 1907.

Wade, John W.
Cobb Co
1909

Confidential Proceeding

W
J W Wade
Indigent Prisoner
Hall Cobb County

Charge discharges

Attest to August
1909

Missouri Office
Sept 5 - 1909
It appears that this
Case was set for
today - and that
the State, shows that
W. Wade was a
dischargee

It is ordered
that J W Wade
be sent for the
Indigent Prisoner
Hall of Cobb Co. and
be paid a
Prisoner -

J. W. Lindsey

Geo. W. Lindsey,
Commissioner of Prisons,
Atlanta, Ga.

Atlanta
July 7 - 1909
Gen. H. C. Kinsaw
Washington D.C.

Dear Gen

I return to you the infor-
mation - that you so kindly
requested me, about the Prison
Record of John W. Wade - "You say
released March 29 - 1866. How released
- was he Paroled? For exonerate or why
for what Prison, was he released?
I kindly give you this information
if your record discloses it - added
to that stated, and return this statement
sent to you soon by return mail

Yours Respectfully

J. W. Lindsey
Comm of Prisons for
State of Georgia

Jno. W. Lindsey,
Commissioner of Pensions,
Atlanta, Ga.

PENSION OFFICE,

July 15 1909

To J. W. Wade
Cobb County Ga.

SIR:

You are hereby notified to furnish to this office on or by the fifth
day of August 1909, sufficient competent evidence, why you should
not be stricken from the Indigent Pension Roll of
Cobb County, for cause stated below, preferred against you
by for desertion

This evidence must be first-class, made before Ordinary of your County, clearly
and distinctly showing, beyond doubt, your right to this Pension under the law.

The charge is - that after you
were captured, placed in the U.S. Prison
at Camp Douglas Ill. you did on the
29 day of March 1865 - took the oath
of allegiance to the U.S. ~~Thence~~ Government
was released from the Prison, thereby
deserting your Cause & Country

J. W. Lindsey
Chief of Pension

Georgia
Cobb County } Personally appeared J. F. Gann
who being duly sworn says that he
was 2nd Lieutenant of Co C 1st Regiment
Ga State Troops and Dependant says that
John W. Wade was a member of said
company that he formally belong to
company A and was transferred
to said company C and was among
the members of said organization
of said Regiment

Dependant knows
that said Wade performed Regular duty
in line from date of his enlistment and
during Sherman Campaign through
Ga and that during General J. E. Johnston
Retreat from Marietta to Atlanta
that said Wade was on duty on the
4th day of July 1864 and that between
this date and the 7th of July
the Confederate army were forced
across the Chattahoochee River and
several of my company were reported
as missing Wade was one of the
missing members of my company
from that date

Sworn to & subscribed J. F. Gann
before me Sept 6th 1909

J. M. Stone
Clerk

Georgia Cobb County: -
I Certify that J. F. Gann
the affiant as above is a resident of
Cobb County and as a witness is worthy
of full faith & credit Sept 6th 1909 J. M. Stone

State of Georgia
Cobb County.

Personally appeared
before me the undersigned,
Ordinary in and for said
County, John C. Morton

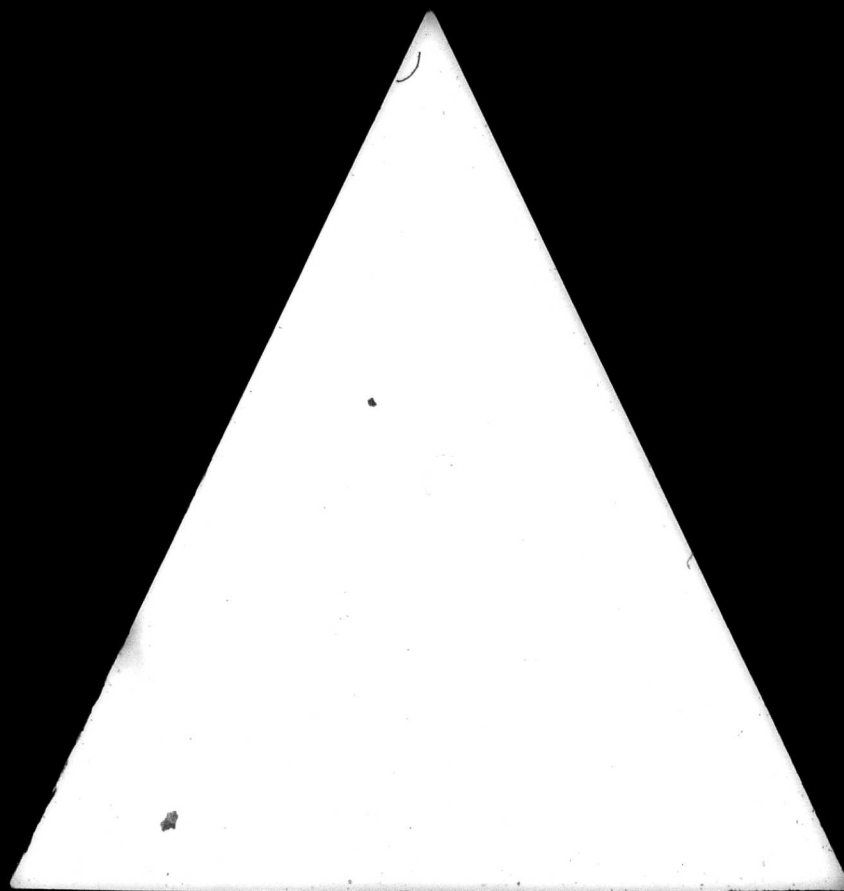
who being sworn said that he deponent,
was a Member of Co H. 1st En Cavalry
and that he deponent was captured and
transported ^{to Camp} Douglas in the State of Illinois
in July 1864. Deponent says that some
time in the latter part of June or the early part
of July 1864 J. W. Wade with others, arrived
at Camp Douglas as prisoners of War.
and so remained prisoners, as well as
Myself. until we were discharged from
said prison about the middle of May
1865.

I know these facts of my own knowledge
because I knew Mr Wade for many years
before the war and we were together more or less
the entire time we were in prison until we
were discharged in May 1865.

Sworn to & subscribed before me
this 12th day of July 1867.

John C. Morton
Ordinary
Cobb County,
Ga.

J. C. Morton



POWER OF ATTORNEY.

STATE OF GEORGIA,
Cobb County, }

I, George Wade hereby authorize
John W. Lindsey of Cobb County
to receive and receipt for the pension allowed, and request that he remit same to, me
at Mobile, Ala by mail

Witness my hand and seal this 10 day of January 1900.
Executed in presence of
Charles Lindsey } George Wade
Mr. Lindsey } (w. S.)

Pension office 8/1-1900
Must state of him
that he was present
with his command at
the time when
it was surrendered -
of not - Cobb County
and Thomas about
and from my date
must be made in
applicants by a witness
order of his own
George Wade
John W. Lindsey
Commissioner of Pensions

Wade, Perry
Cobb Co.

C.K. No. 1901

INDIGENT PENSION,
1900.

Name Perry Wade

County Cobb
Co. 64-3a

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
E 1957
Geo. W. Harrison, State Printer, Atlanta.

1/26-1900
1/11-1900

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Perry Wade, hereby authorize J. M. Lindsey of Cobb County

to receive and receipt for the pension allowed, and request that he remit same to me at Mableton, Ga by mail

Witness my hand and seal this 20 day of January 1900.

Executed in presence of

W. H. Lindsey } Perry Wade (S. S.)
N. C. Colby }

11

Pension from 8/1-1900
Must state by him
that he was present
with this command at
the time when
it was organized -
by not - Perry Wade
at Mableton Ga
and from my date
must be made in
application by a return
of his from time
to time
W. H. Lindsey
Commissioner of Pensions

INDIGENT PENSION,

1900.

Name Perry Wade
County Cobb
Co. 6 - 44 - 9a

Approved 20 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

20/1900

Geo. W. HARRISON, State Printer, Atlanta.

1/26-1900
1/11-1900

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

Perry Wade 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 post office)
Perry Wade, Mableton, Cobb County, Ga.
2. How long and since when have you been a resident of this State? 55 years
3. When and where were you born? In about 3 miles of Mableton, April 1844.
4. When and where and in what company and regiment did you enlist or serve? Co. "C", 64th Regt., in Fulton County, Nov 1862.
5. How long did you remain in such company and regiment? Until the summer of 1865 at Appomattox Court House.
6. For how long a period did you discharge regular military duty? From Nov 62 to April 1865.
7. When, where and under what circumstances were you discharged from service? Discharged after Lee's surrender.
8. What is your present occupation? Farming.
9. How much can you earn (gross) per annum by your own exertions or labor? Not over \$200.
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"? I base it on 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 no property to support anything. For over 20 years I have had chronic inflammation of the head and kidneys, also a bad case of arthritis.
13. What property, effects or income do you possess, and its gross value? All I have is one mule worth about \$200, household effects about \$10 dollars.
14. What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? None except on above mentioned. I have a cow, but had to sell it to feed myself.
15. In what County did you reside during those years, and what property did you then return for taxation? Cobb County - some property and a mule.
16. How were you supported during the years 1898 and 1899? I had a son who worked & kept me up, but he came & I lost fees for left me.
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? My support cost as much as \$1200 this year & I have not over \$200 in my own pocket.
18. What was your employment during 1898 and 1899? What pay did you receive in each year? Farming, not over \$200 by myself.
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Yes, wife & three children, all of age but one, who is the youngest. No homestead. They have no means of support except my old cow - came of age in 1899.
20. Are you receiving any pension? If so, what amount, and for what disability? None.

Sworn to and subscribed before me this the

20 day of January 1900.

Perry Wade Applicant.
of Cobb County.

Every Question MUST Be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

Elisha Hembree, of said State and County, having been presented as a witness in support of the application of Perry Wade 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? Elisha Hembree, Lizzie Cobb Co Ga
2. Are you acquainted with Perry Wade, the applicant; if so how long have you known him? Yes, ever since 1861
3. Where does he reside, and how long and since when has he been a resident of this State? In Cobb County, since 1863 Dungeness Run life.
4. When, where and in what company and regiment did he enlist, and how do you know? I was a member of Co "C" 64th Ga and Perry Wade was a member of said company & served with me.
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? I know he performed regular military duty from the fall of 1861 to the surrender in 1865.
7. What property, effects or income has the applicant? (Give your means of knowledge.) I live close to him, and he has not any property of his; he has a little milk, no land, a few chickens.
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? He has no property except on state land.
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He sold an old cow to a man of
10. What is the applicant's occupation and physical condition? Occupation a farmer. His physical condition is that he is not able to do any work or speak of.
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is not. He is diseased & cannot work enough to earn a support.
12. How was he supported during the years 1898 and 1899? He had a boy who supported him.
13. What portion of his support for these two years was derived from his own labor or income? I could not say exactly. I think a very small portion.
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He has head & spinal affection & asthma, and is not able to do manual labor & knows no other kind of work or labor.
15. What interest have you in the recovery of a pension by this applicant? None.

Sworn to and subscribed before me, this 20 day of January, 1900. Elisha Hembree Witness.

J. M. Boone Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me J. B. Medlock and H. W. Runyan, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Perry Wade, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Age 55 years. He has a chronic inflammation of the lungs and chest. He suffers severely with asthma which renders him unable to earn a support.

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the 20 day of January, 1900.

J. B. Medlock Ordinary.

H. W. Runyan M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, J. M. Boone, Ordinary in and for said County, hereby certify that the applicant Perry Wade resides in said County, and has been a bona fide resident of this State since the 20 day of April, 1894 and that the witnesses, viz: Elisha Hembree, J. B. Medlock and H. W. Runyan 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 Cobb County show that applicant returned for taxation in his name in 1898 (40.00) Forty Dollars of property, and in 1899 (40.00) Forty Dollars of property.

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

Witness my hand and seal of office, this 20 day of January, 1900.

J. M. Boone Ordinary, of Cobb County.

NOTE.

1. 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."
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,

Gulton COUNTY.

J M Bowen, of said State and County, having been presented as a witness in support of the application of Perry Wade 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 M Bowen
122 Martin Street Atlanta Ga
2. Are you acquainted with Perry Wade, the applicant; if so, how long have you known him? about 40 years
3. Where does he reside, and how long and since when has he been a resident of this State?
all his life
4. When, where and in what company and regiment did he enlist, and how do you know? Feb 62 in Atlanta Ga. Company C. 64th Va. Inf. was with him
5. Were you a member of the same company and regiment? belong to Co. A. same Regiment
6. How long did he perform regular military duty? from Feb 62 to April 1865
7. When and where was his command surrendered? Appomattox Court House Va. on 9th day April 1865
8. Were you present when it surrendered? yes
9. Was applicant present? yes
10. If he was not present, where was he?
When did he leave his command? 10th April 1865 For what cause? Paroled by Gen Grant
By what authority he left? Paroled How do you know all of this?
was with and knew, by being present at time
11. What property, effects or income has the applicant? (Give your means of knowledge.)
none that I know of
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? None that I know of
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? Farmer. not able to work and earn living.
15. Is the applicant unable to support himself by labor of any sort, if so, why? yes
16. How was he supported during the years 1898 and 1899? don't know
17. What portion of his support for these two years was derived from his own labor or income?
don't know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? General debility old and infirm and has asthma. Blood & Kidney trouble
19. What interest have you in the recovery of a pension by this applicant? none
Sworn to and subscribed before me, this J M Bowen
the 11th day of July 1900. mark Witness.
John R. Wilkinson Ordinary.
Gulton Ga

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Harry Wade hereby authorize John W. Lindsey of _____ to receive and receipt for the pension allowed and request that he remit same to _____ at _____

by Chick

Witness my hand and seal, this 7th day of July, 1902.

Harry Wade [L. S.]
Wade

Executed in presence of

J. M. Gamm

Wade
Cobb

CODE SECTION 124

(FOR THOSE ALREADY ENROLLED)
Do not enroll

No. 525-

INDIGENT

SOLDIER'S PENSION

1902-1903

Name Harry Wade

County Cobb

Co. 6 Regiment 64

WARRANT ISSUED

123 1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Ady

Geo. W. Harrison, State Printer, Atlanta.

7th July

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J Wade of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1841; that he is 62 years old and by occupation a farmer 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 for the term of 2 years in Company C, of 64th Regiment of Kn Vols; that his physical condition is as follows:

Being to Infirmary and poor
he is unable to support himself
that his property consists of the following items Nothing

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Cobb County been allowed a pension for the year 1 900

Sworn to and subscribed before me, this the 7th day of January 1902. J Wade Ordinary Mark

STATE OF GEORGIA,

Cobb County.

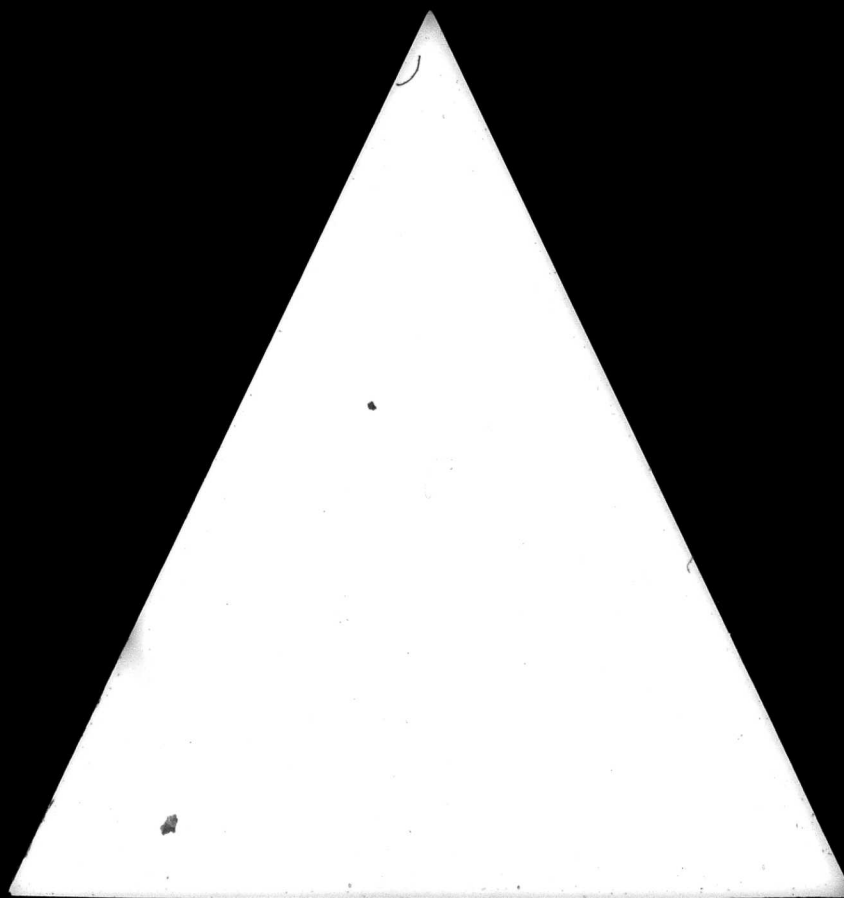
I, John H. Hixson Ordinary of said County, do certify that I am well acquainted with Perry Wade the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 7th day of January 1902.



John H. Hixson Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1902.



Waits, Luvinia
Cobb, County

No. *Indigent*

Widow's Application

To Be Put on Roll in Her Own Right, when
Husband Was on Roll at Death.

✓

County *Cobb*

Name *Luvinia Waits*

Widow of *J. M. Waits*

Approved

J. W. LINDSEY
Commissioner of Penitents

Chas. P. Byrd, State Printer, Atlanta.

10/20/10

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA,

Cobb County.

Personally before me comes Mrs Lurina Sharts of said County, who, after being duly sworn, on oath says, that she is the widow of James M. Sharts to whom in the County of Gulton State of Ga she was married on the 3rd day of July 1914 and that she remained his wife, and resided with him to the date of his death in March 1909 and that she has not since his death remarried. At the time of his death he was a resident of Cobb County, in Indigent said State of Georgia, and he was on the Cobb Pension Roll of the State and paid a pension of \$60.00 in 1909 County for 1909 per annum, on account of being a soldier in Company H Regiment 38th (Volunteers of State Militia.)

At the death of J. M. Sharts he was in the use and possession of the following property. None

What property of any kind and of any value have you in your use, control and possession now, and the cash value, (State fully.) no property

Acres land. \$
Horses and Mules. \$
Hogs, Cows, etc. \$
Total Cash value of all property \$

That she is now a bona fide resident citizen of said County of Cobb and she has so continuously resided since 24th day of Sept 1910

Sworn to and subscribed before me, this the 24th day of Sept 1910 Lurina Sharts
J. M. Sharts Ordinary,
of Cobb County.

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

STATE OF GEORGIA,

Cobb County.

Personally before me come E. L. Shaw known to be responsible and truthful persons, residing in said County, who after having duly sworn on oath, say: that of their own personal knowledge Lurina Sharts who made the foregoing affidavit, is the lawful widow of J. M. Sharts who died in Cobb County in said State of Ga on 17th day of March 1909 and that she has not since remarried. That she became the wife of J. M. Sharts on the 3rd day of July 1914 and that she and he had resided together as man and wife continuously since for 4 years from July 1914 until March 1909 when he died. James M. Sharts was the same man who was on the pension roll of said State from Cobb County.

Sworn to and subscribed before me, this the 24th day of Sept 1910 E. L. Shaw
J. M. Sharts Ordinary,
of Cobb County.

Widow's Application

To Be Put on Roll in Her Own Right, when Husband Was on Roll at Death.

County Cobb

Name Lurina Sharts

Widow of J. M. Sharts

Approved

J. W. LINDSEY
Commissioner of Pensions

Chas. W. Boyd, State Printer, Atlanta

Marriage License

State of Georgia--Fulton County.

To any Minister of the Gospel, Judge of the Superior Court, Justice of the Peace, or other Person authorized to Solemnize:

You are hereby authorized and permitted to join in the honorable

state of Matrimony Mr. James M. Harts
and Miss. Lavinia Ker

According to the Rites of your Church, provided there be no lawful cause to obstruct the same, according to the Constitution and Laws of this State; and for so doing this shall be your sufficient License.

RETURN THIS LICENSE, WITH YOUR CERTIFICATE THEREON, TO MY OFFICE FOR RECORD.

Given under my Hand and Seal this 1st day of February 1869

Daniel Pittman L. S.
Ordinary.

I hereby certify that Mr. James M. Harts
and Miss. Lavinia Ker

were joined together in the HOLY BANS of MATRIMONY

on the 1st day of February 1869 by me, F. M. White, J.P.

State of Georgia,

Fulton County,)

ORDINARY'S OFFICE

September 22nd 1860,

M. Marcellus M. Anderson, Clerk of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

Mr. James M. Harts

and Miss. Lavinia Ker,

as the same appears of record in this office.

Given under my official Signature and Seal of the Court of Ordinary, the day and

year aforesaid.

Marcellus M. Anderson
Clerk of said County

AFFIDAVITS OF TWO FREEHOLDERS.

STATE OF GEORGIA,

County.

Personally before me comes E. L. Shaw who after being sworn on oath says, that they are freeholders of said County, and that they know Emma Harts of said County and knew her said husband J. M. Harts at his death on the 17th day of March 1869, that she and he were in the use, possession and control of the following property at his death to wit:

of the value of \$ That she is now in the use, possession and control of the following property to wit:

of the value of \$

Sworn to and subscribed before me, this the

24th day of Sept 1860

J. M. Harts Ordinary

of E. L. Shaw County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

Ordinary of said County, do certify, that, I know Mrs. Emma Harts the applicant for this pension and that she is the person she represents herself to be, and that she is a bona fide continuing resident of said County and was on the 191

that I also know E. L. Shaw witness as to marriage and I also know who I know to be a resident free holder of said County that all of the foregoing were duly sworn by me before signing the respective affidavits and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

That the tax Books of E. L. Shaw County shows that she returned property to the amount of for 1808 \$2.2 for 1809 \$2.2 for 1810 \$2.2

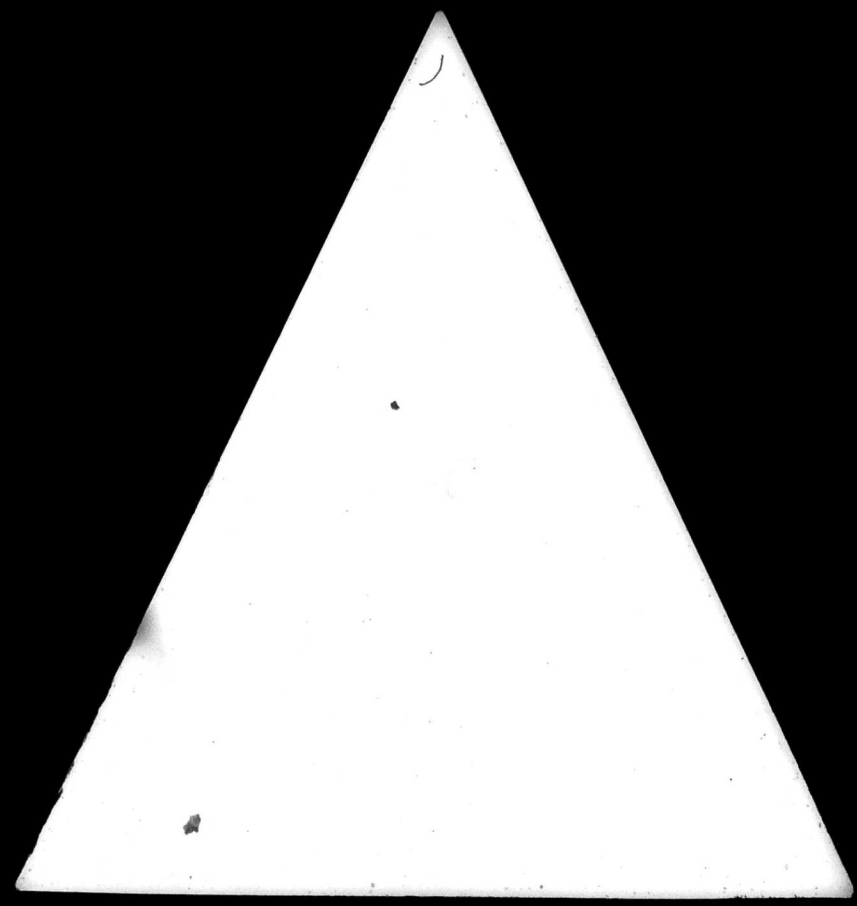
Sworn under my hand and official seal of office this 24th day of Sept 1860 (SEAL) J. M. Harts Ordinary.

- NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words. "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some present, or by general reputation.



Ellis County

BY L. LESTER & CO'S PRESS



Form No. 5.
POWER OF ATTORNEY.
STATE OF GEORGIA.
Cobb

Know all Men by these Presents, That I,
N. A. Walden
 of *Cobb* County.

do hereby appoint
J. P. Denton
 of *DeKalb* County, Va. *DeKalb Co.* 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
13 day of *April* 189*1*

Executed in the presence of us:
for J. P. Denton
W. A. Walden [L. S.]
made

DIRECTIONS.

If allowed, send amount by _____ to _____ and oblige,
 me at _____



Walden N. A.
Cobb County
H19 1891.

No. 1463

Widows' Pension

PAID TO
W. A. Walden
 OF
Cobb COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA.

Cobb County.

Know all Men by these Presents, That I,

N. A. Walden

of *Cobb* County, Ga.

County, in said State, do hereby appoint

J. P. Denton 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 *13th* day of *April* 189*1*.

Executed in the presence of us:

Geo. Fargell
Wm. H. Stone

DIRECTIONS.

If allowed, send amount by me at

, and oblige,

to



Wm. H. Harrison State Printer Atlanta

AND HANDED TO

1891

Warrant Issued

\$100.00

COUNTY.

N. A. Walden

Widows' Pension

210. 146 3

119 1891.

Walden N. A.
Cobb County

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA.

County of *Cobb*

In person came before me, the undersigned Ordinary

in and for the County of *Cobb*

Mrs. *N. A. Walden*, who being sworn according to law, says under oath that she is the widow of *J. P. Walden*, who was a soldier in the service of the Confederate States, and served as a member of Company *K*, of the *19th* Regiment of *Ga.* Volunteers; that he enlisted in said

service on or about the *20th* day of *June* 186*1*, and was in the Army up to *27th* *June* 186*2*. That while in the Army, he was on the *27th* day of *June* 186*2*. (See Note No. 1)

While engaged, at *Gaines Mills*, in the State of *Virginia*, in battle was shot and killed.

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 *11th* day of *August* 1858, and that she has resided in Georgia continuously since the *17th* day of *January* 1840; 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 *3rd* day of *April* 1891.

Wm. H. Stone
Ordinary.

N. A. Walden
mark

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 *Paulding*

In person came before me, the undersigned Ordinary

and for said County, witnesses

and *W H Morgan* (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. *N A Walden* of the County of *Cobb*, State of Georgia, is the widow of *J A Walden*, who was a soldier in Company *A* of the *119* Regiment of *Pa* Volunteers.

That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the *25* day of *June* 186*1*. That while in said service, or by reason of said service in the Army, he lost his life as follows: *shot and killed at Gambrell in that State of Virginia on the 27th June 1862*

I H C Leggins ordinary in and for Paulding County certify that the within Mrs. Walden's affidavit is true and to be true full faith and credit.

We further swear that Mrs. *N A Walden* was the wife of said soldier during the service, and that she has not intermarried since his death, and that she resides in *Cobb* County of the State of Georgia.

Sworn to and subscribed before me, this, the *3* day of *April* 1891.

Ordinary.

H C Leggins
Paulding
County Ga.
W H Morgan
W M Morgan

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

Form No. 3.

STATE OF GEORGIA,

County of *Cobb*

I, *J A Stow*

Ordinary

in and for said County of *Cobb*

State of Georgia, hereby certify that I am acquainted with Mrs. *N A Walden* 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 *13th* day of *April* 1891.

SEAL

J A Stow
ask applicant
Ordinary.

Form No. 4.

NOTES.

- 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.

See certificate ordinary of Paulding County.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
H. A. Walden 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
J. P. Walden 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,
27 day of Jan 1893.

SEAL

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. H. A. Walden
of Cobb County, do hereby appoint
J. M. Stone 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 affi-
davit; 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
day of Jan 1893.

Executed in the presence of us:

W. A. Powell
W. A. Phillips

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

Walden, H. A.
Cobb County
FOR THOSE HERETOFORE PAID
1893.
20. 79 1/2
Widows' Pension,
for year ending February 15th, 1893.
PAID TO—
Mrs. H. A. Walden
—OF—
Cobb COUNTY.
Warrant Issued
3/10 1893
AND HANDED TO
Justice
Geo. W. Harrison, State Printer, Atlanta.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
H. A. Walden 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 J. P. Walden 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 26 day of Jan 1894.

SEAL

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. H. A. Walden
of Cobb County, do hereby appoint
Martha 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
day of Jan 1894.

Executed in the presence of us:

W. A. Powell
W. A. Phillips

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

Walden, H. A.
Cobb County
FOR THOSE HERETOFORE PAID
1894.
20. 79 1/2
Widows' Pension,
for year ending February 15th, 1894.
PAID TO—
Mrs. H. A. Walden
—OF—
Cobb COUNTY.
Warrant Issued
3/10 1894
AND HANDED TO
Justice
Geo. W. Harrison, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

N. A. Walden

who being sworn, says on oath, that she is a bona fide resident of said County of

Cobb

State of Georgia, and that she has resided in said State

continuously ever since 17th Jan'y 1840 That she is the Widow of

J. P. Walden

who was a Soldier in Company

N. of the 19th Regiment of GeorgiaVolunteers, that he enlisted in said Regiment on or about the month of 1st June1861 and served in the Army up to 27th June 1862 That he lost hislife on the 27th day of June 1862 (State here

full particulars of the husband's death, when, where and from what cause.)

He served in the Confederate Army as above stated and was killed at Gaines Mill in the Seven days fight in the State of Virginia on the 27th day of June 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 1838; 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

27th day of Jan'y 1893.

Ordinary.

Post-office

Ponders Springs

J. A.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

N. A. Walden

who being sworn, says on oath, that she is a bona fide resident of said County of

Cobb

State of Georgia, and that she has resided in said State

continuously ever since 17th Jan'y 1840 That she is the Widow of

J. P. Walden

who was a Soldier in Company

N. of the 19th Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of June

1861 and served in the Army up to June 1862 That he lost his

life on the 27th day of June 1862 (State here

full particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army in the State of Virginia, he was killed at the battle of Gaines Mill on the 27th day of June 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 1838; 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

27th day of Jan'y 1894.

Ordinary.

Post-office

Ponders Springs

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

Form No. 1.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
N. A. Walden 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 J. P. Walden 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 23rd day of Jan'y 1895.
{ SEAL } J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. N. A. Walden
County in said State, do hereby appoint J. M. Stone
of Marion 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 23rd
day of Jan'y 1895. Mrs. N. A. Walden [L. S.]
Executed in the presence of:
Jas. Pomeroy

DIRECTIONS.

Send amount by _____ to _____
me at _____, and oblige _____

Walden, N. A. (widow)
Cobb, County
FOR THOSE HERETOFORE PAID
1895.
No. 492
WIDOW'S PENSION,
for year ending February 15th, 1895.
PAID TO
N. A. Walden
widow of J. P. Walden County
WARRANT ISSUED
24 July 1895.
AND HANDED TO
W. H. HARRISON, State Printer.

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

Form No. 1.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
State of Georgia, hereby certify that I am acquainted with Mrs.
N. A. Walden 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 J. P. Walden
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 28th day of Jan'y 1896.
{ SEAL } J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, County of Cobb
I, N. A. Walden hereby authorize J. M. Stone
of Marion Ga to receive and receipt for the pension paid hereon and request
that he remit same to me by check
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of Jan'y 1896. Mrs. N. A. Walden [L. S.]
Executed in the presence of
J. M. Flanning

Walden, N. A. (widow)
Cobb, County
FOR THOSE HERETOFORE PAID
1896.
No. 3556
WIDOW'S PENSION,
for year ending February 15th, 1896.
PAID TO
N. A. Walden
widow of J. P. Walden County
WARRANT ISSUED
27 July 1896.
AND HANDED TO
W. H. HARRISON, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

N. A. Walden

who being sworn, says on oath, that she is a bona fide resident of said county of

Cobb State of Georgia, and that she has resided in said State continuously ever since

1840 That she is the Widow of

J. P. Walden who was a Soldier in Company *H* of the *19th* Regiment of *Yug.*

Volunteers, that he enlisted in said Regiment on or about the month of

1861 and served in the Army up to *June* 1862 That he lost his

life on the *27th* day of *June* 1862 (State here

full particulars of the husband's death, when, where and from what cause.) (

That while engaged in the battle of Gaines Mills in the State of Virginia on the 27th day of June 1862 he was killed on the battle field

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 1838 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

23rd day of *June* 1895.

J. P. Walden Ordinary.

Mrs. N. A. Walden

Post-office *Dorner Springs Ga.*

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of *Cobb*

Personally Comes Mrs.

N. A. Walden

who being sworn, says on oath, that she is a bona fide resident of said county of *Cobb* State of Georgia, and that she has resided in said State continuously ever since

1840 That she is the Widow of

J. P. Walden who was a Soldier in Company *H* of the *19th* Regiment of *Yug.*

Volunteers, that he enlisted in said regiment on or about the month of

1861 and served in the Army up to *June* 1862 That he lost his

life on the *27th* day of *June* 1862 (State here

full particulars of the husband's death, when, where and from what cause.) (

That in the battle of Gaines Mills he was killed on the 27th day of June 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 1838 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 *Cobb* 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

23rd day of *June* 1896.

J. P. Walden Ordinary.

Mrs. N. A. Walden
Post-office *Dorner Springs Ga.*

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

Form No. 2.

STATE OF GEORGIA, County of Cobb

I, J. M. Stone Ordinary in and for said County of

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

Mrs. N. A. Walden 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 J. P. Walden

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

the 3rd day of July 1897.



J. M. Stone Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, Cobb County.

I, Mrs. N. A. Walden hereby authorize J. M. Stone

of Winnetka, Ga. to receive and receipt for the pension paid hereon and request

that he remit same to me by check

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

day of July 1897.

Executed in the presence of

G. M. Fleming

X Mrs. N. A. Walden X [L. S.]

OFF. N. JOHNSON, STATE COMMISSIONER, ATLANTA.

WARRANT ISSUED
J. M. Stone
AND HANDS TO
J. M. Stone
1897.

RICHARD JOHNSON,
Commissioner of Pensions.

widow of J. P. Walden
Cobb County.

M. A. Walden

for year ending February 15th, 1897.

QUODD'S PENSION,

No. 3670

1897.

FOR THOSE HERETOFORE PAID.

Walden N. A. (Mrs)
Cobb County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA.

County of

Cobb } M. A. Walden

Personally Comes Mrs.

who being sworn, says on oath, that she is a bona fide resident of said county of
Cobb State of Georgia, and that she has RESIDED in said State
continuously ever since 1840 That she is the Widow of

N. J. Walden who was a Soldier in Company
of the 19th Regiment of Va.

Volunteers, that enlisted in said regiment on or about the month of June
1861 and served in the Army up to June 1862 That he lost his
life on the 27th day of June 1862 (State here

full particulars of the husband's death, when, where, and from what cause.)

Has killed on the
27th day of June 1862 at
the battle of Gaines Mill
in Va.

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 1838
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
Cobb 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

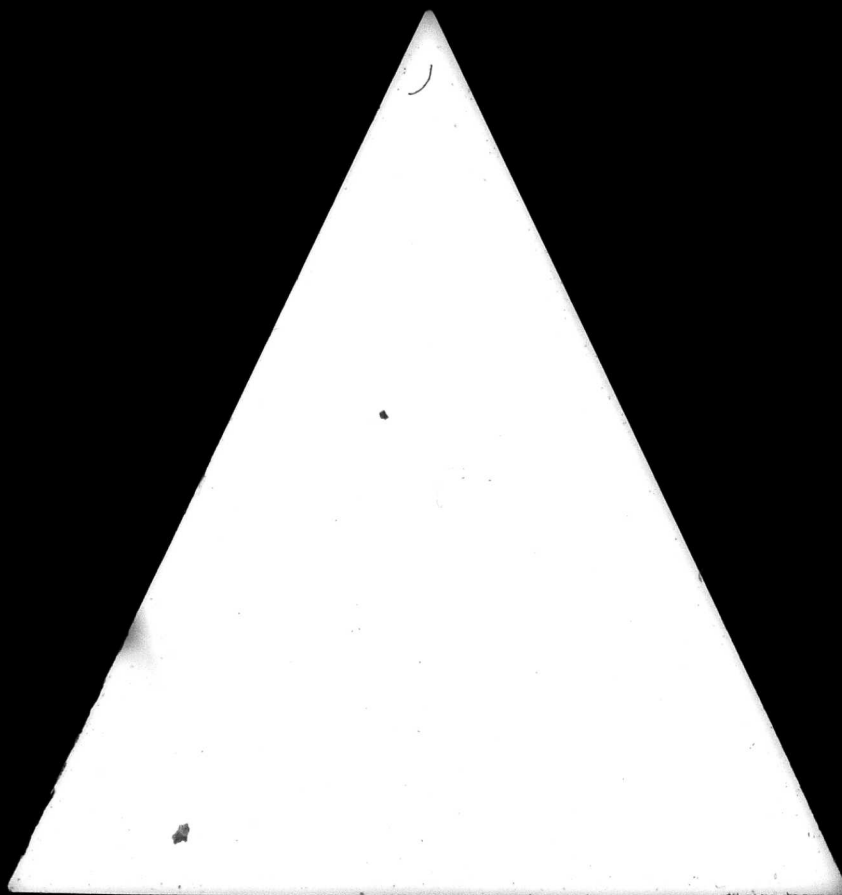
day of

1897.

Ordinary.

Post-office

M. A. Walden
Moor's P.O. Ga.



POWER OF ATTORNEY.

STATE OF GEORGIA.

County.

Know all Men by these Presents, That I,

of

County, in said State, do hereby appoint

of Cobb 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 22 day of May, 1891.

Executed in the presence of us:

[L. s.]

DIRECTIONS.

If allowed, send amount by _____ to _____, and oblige,

Ex Sept Atlanta
May 22 1891

Returned for fuller
and more explicit proof.
Each of the witnesses were
asked if they were present
when Mr Walker died.
Did you see him in his last
illness? Do you positively
know what was the
immediate cause of
his death? Do you
know he never had any
dysentery prior to the war?
Do you positively know that
the particular disease he
contracted in the army
was the positive immediate
cause of his death?
If you answer affirmatively
and full reasons & opportunity
for knowing the facts
Ed H. Harrison see

Walker P. J.

Cobb County

1891.

Walker P. J.

No. 3630.

Widows' Pension

PAID TO

Mrs. P. J. Walker

OF

COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

POWER OF ATTORNEY.

Form No. 6.

STATE OF GEORGIA,

Know all Men by these Presents, That I,

County, in said State, do hereby appoint

of 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 day of 1890

Executed in the presence of us:

DIRECTIONS.

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

Affidavit to be Made by the Widow.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

In person came before me, the undersigned Ordinary

in and for the County of Cobb

Mrs. P. F. Walker, who being sworn according to law, says under oath that she is the widow of J. F. Walker, who was a soldier in

the service of the Confederate States, and served as a member of Company K, of the

44th Regiment of Georgia Volunteers; that he enlisted in said

service on or about the 4th day of March 1862, and was in the

Army up to July 1862 That while in the

Army, he was on the day of 1862, (See Note No. 1)

After going into the Army he was attacked with Chronic Dysentery and was never able for service afterwards and was discharged on the 3rd day of July 1862. The said disease continued to linger on him till he died. He was never cured of said disease from the time he contracted it till his death, nor was he able to do any work to amount to anything. He died August 5th 1878 of Chronic Dysentery.

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 6th day of July 1844 and that she has resided in Georgia continuously since the 1st day of August 1844; 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

5th day of May 1891.

J. F. Walker
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.

Widow's Pension

PAID TO

Widow P. F. Walker

\$100.00

Warrant Issued

1891

AND HANDED TO

Wm. H. HARRISON, State Printer, Atlanta.

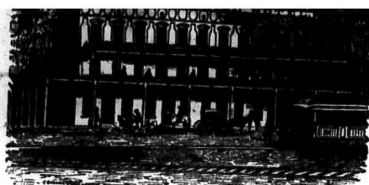
Walker P. F.

Cobb County

1891

1891

COUNTY.



J. R. HOLCOMBE, PROPRIETOR.

HOLCOMBE HOUSE,
LITHIA SPRINGS,

RATES:
Per Day, \$2.00 | Per Week, \$10.00
Special Rates for Families.

Austell, Ga., May 8, 1891

Georgia Cobb County:
Personally appears before me Ordinary
of said County Dr. J. W. Westmonland, who being
duly sworn says that he has known J. T.
Walker, of said County, deceased, ever since
1870, that he has treated him profession-
ally since 1876. That said J. T. Walker
has had Chronic Dysentery ever since
I have known him to wit since 1870.
That professionally from 1876 to time
of his death 1878. I treated him for
said disease till he died, and sat-
isfied that the Chronic Dysentery was
the prime cause of his death.

Known to and
Subscribed before
me. This 8th day of
May 1891
J. M. Stone Ordmy.

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

Form No. 3.

STATE OF GEORGIA,

County of Cobb

I, J. M. Stone Ordinary
in and for said County of Cobb

State of Georgia, hereby certify that I am acquainted with Mrs. P. F. Walker
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

8th day of May 1891.



J. M. Stone
Ordinary.

Form No. 4.

NOTES.

- 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.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,

County of Cobb

In person came before me, the undersigned Ordinary
in and for said County, witnesses J. B. Humphries

and J. H. Howell (each known to said Attesting Officer as truthful,
reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge,
Mrs. J. H. Walker, of the County of Cobb,
State of Georgia, is the widow of J. H. Walker, who was a soldier in
Company H of the 4th Regiment of Ga. Volunteers.
That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or
about the 14th day of March 1862. That while in said service, or by
reason of said service in the Army, he lost his life as follows:

That soon after going into the
Army he was attacked by chronic
disentery and was not able to
do any service while in the Army
and was discharged on the 3rd day
of July 1867.
J. H. Walker was never clear
of the disease from the time he
re-entered said disease till he
died - he was never able to do
any work to amount to anything.
After he came out of the war
and was afflicted with said
disease till his death which
occurred on 5th day of August
1878. We the witnesses were in
the Army with J. H. Walker, members of
the same Company and have lived
neighbors to him since the war
till his death.

We further swear that Mrs. J. H. Walker was the wife of said
soldier during the service, and that she has not intermarried since his death, and that she resides in
Cobb County of the State of Georgia.

Sworn to and subscribed before me, this, the

8th day of May 1891.

Ordinary.

J. B. Humphries
J. H. Howell

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

Form No. 3.

STATE OF GEORGIA,

County of Cobb

I, J. M. Stone Ordinary
in and for said County of Cobb

State of Georgia, hereby certify that I am acquainted with Mrs. J. H. Walker
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
8th day of May 1891.



Ordinary.

Form No. 4.

NOTES.

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.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
P. F. Walker 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
P. F. Walker 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
2nd day of February, 1893.

SEAL

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. P. F. Walker
of Cobb County, do hereby appoint
J. M. Stone 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 affi-
davit; 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 2nd
day of February, 1893.

Executed in the presence of us:

W. H. Cameron X
J. P. Scurry X

DIRECTIONS.

Send amount by _____ to
me at _____, and oblige

PAID TO —
Mrs. P. F. Walker
—OF—
Cobb COUNTY.
Warrant Issued
2/10
1893
AND HANDED TO
J. M. Stone
Geo. W. Hartman, State Printer, Atlanta.

Widow's Pension,
No. 793
1893.

Walker, P. F.
Cobb County
FOR THOSE HERETOFORE PAID.
1893.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
P. F. Walker 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 P. F. Walker 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 12th day of July, 1894.

SEAL

J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA, Cobb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. P. F. Walker
of Cobb County, do hereby appoint
Marietta Ya 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 12th
day of Feb, 1894.

Executed in the presence of us:

A. H. Quinn X
J. B. Humphrey X

DIRECTIONS.

Send amount by check to
me at Austell Ga, and oblige

PAID TO —
Mrs. P. F. Walker
—OF—
Cobb COUNTY.
WIDOW'S PENSION,
for year ending February 15th, 1894.
No. 822
1894.
AND HANDLED TO
J. M. Stone
Geo. W. Hartman, State Printer, Atlanta.

Walker, P. F. (Mrs)
Cobb County
FOR THOSE HERETOFORE PAID.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

P. F. Walker

who being sworn, says on oath, that she is a bona fide resident of said County of

Cobb

State of Georgia, and that she has resided in said State

continuously ever since January 1868 That she is the Widow of

J. F. Walker

who was a Soldier in Company

K. of the 41st Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of

March

1864 and served in the Army up to

Close of war

That he lost his

life on the _____ day of _____ 18____ (State here

full particulars of the husband's death, when, where and from what cause.) (

That the above deceased Soldier
Served in the Army as above stated,
- That he contracted Chronic Drunkard
while in the Service - was not able
to do duty while in Service - was in
Hospital greater portion of the time -
Came home at Close of the war, was
never able to do any work, and died

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 1844; 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

2nd day of February 1893.

J. M. Stone Ordinary.

Post-office

Austell Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally comes Mrs.

P. F. Walker

who being sworn, says on oath, that she is a bona fide resident of said County of

Cobb

State of Georgia, and that she has resided in said State

continuously ever since January 1868 That she is the Widow of

J. F. Walker

who was a Soldier in Company

K. of the 41st Regiment of Georgia

Volunteers, that he enlisted in said Regiment on or about the month of

March

1864 and served in the Army up to

April

That he lost his

life on the 5th day of August 1878 (State here

full particulars of the husband's death, when, where and from what cause.) (X)

He died at Home in Cobb County during
The year 1878 from Chronic Dysentery
Contracted while in the Confederate
Service

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 1844; 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

12th day of July 1894.

J. M. Stone Ordinary.

Post-office

Austell Ga.

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

Form No. 2.

STATE OF GEORGIA, County of Cobb
 I, J. M. Stone Ordinary in and for said County of
Cobb State of Georgia, hereby certify that I am acquainted with Mrs.
P. A. Walker 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 J. S. Walker 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 31st day of January, 1895.
J. M. Stone Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cobb County.
 KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. P. A. Walker
 of Manitowish my true and lawful attorney in fact, for
 County in said State, do hereby appoint
James H. Fleming 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 31st
 day of January, 1895.
P. A. Walker [L. S.]
 Executed in the presence of us:
A. H. Fleming
W. R. H. Fleming

DIRECTIONS.

Send amount by check to col of J. S. Walker
 me at Austell Ga and oblige
P. A. Walker
mark

W. R. H. Fleming
 OF Cobb County.
 WIDOW'S PENSION,
 for year ending February 15th, 1895.
 PAID TO
P. A. Walker
 No. 493
 1895.
 FOR THOSE HERETOFORE PAID.
Cobb Co
Walker, P. A. (Mrs.)

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

Form No. 2.

STATE OF GEORGIA, County of _____
 I, _____ Ordinary in and for said County of
 _____ State of Georgia, hereby certify that I am acquainted with Mrs.
 _____ 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 _____
 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 _____ day of _____, 1896.
 _____ Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA, Cobb County.
 I, Mrs. P. A. Walker hereby authorize J. M. Stone
 of Manitowish to receive and receipt for the pension paid hereon and request
 that he remit same to me at Manitowish
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 31st
 day of January, 1896.
P. A. Walker [L. S.]
 Executed in the presence of
J. M. Fleming

W. R. H. Fleming
 OF Cobb County.
 WIDOW'S PENSION,
 for year ending February 15th, 1896.
 PAID TO
P. A. Walker
 No. 3557
 1896.
 FOR THOSE HERETOFORE PAID.
Cobb County
Walker, P. A.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

P. H. Walker

who being sworn, says on oath, that she is a bona fide resident of said county of

Cobb State of Georgia, and that she has resided in said State continuously ever since Jan 1858 That she is the Widow of

H. J. Walker who was a Soldier in Company of the 41st Regiment of Ga.

Volunteers, that he enlisted in said Regiment on or about the month of March

1867 and served in the Army up to April 1865 That he lost his

life on the 5th day of August 1878 (State here

full particulars of the husband's death, when, where and from what cause.) (

From Chronic Dysentery
Contracted at Camp Milledge
Which last in him until
his death occurred in 1878

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 18 , 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

31st day of Jan 1895.

J. M. Stone Ordinary.

P. H. Walker Post-office Austell Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

P. H. Walker

who being sworn, says on oath, that she is a bona fide resident of said county of

Cobb State of Georgia, and that she has resided in said State continuously ever since Jan 1858 That she is the Widow of

H. J. Walker who was a Soldier in Company of the 41st Regiment of Ga.

Volunteers, that he enlisted in said regiment on or about the month of March

1867 and served in the Army up to April 1865 That he lost his

life on the 5th day of August 1878 (State here

full particulars of the husband's death, when, where and from what cause.) (

That while in the Confed-
erate Army he contracted
from which disease
he never recovered and
died with said disease
on the 5th day of August
1878,

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 18 ,

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

Cobb 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

day of Jan 1896.

Ordinary.

Post-office

P. H. Walker man

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

Form No. 2.

STATE OF GEORGIA, County of Cobb

I, M. Stone Ordinary in and for said County of Cobb
State of Georgia, hereby certify that I am acquainted with Mrs. P. J. Walker 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 J. J. Walker 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 18th day of July, 1897.

M. Stone Ordinary.



POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb

I, Mrs. P. J. Walker hereby authorize M. Stone of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him 15-

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this July day of July, 1897.

Executed in the presence of J. J. Walker Mark

J. J. Walker Mark

POWER OF ATTORNEY.

State of Georgia, County of Cobb

I, Mrs. P. J. Walker hereby authorize M. Stone of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him 16-

In Witness Whereof, I have hereunto set my hand and seal, this July day of July, 1898.

Executed in the presence of

J. J. Walker Mark

POWER OF ATTORNEY.

STATE OF GEORGIA, County of Cobb

I, Mrs. P. J. Walker hereby authorize M. Stone of Atlanta Ga to receive and receipt for the pension paid hereon and request that he remit same to me by him 15-

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this July day of July, 1897.

Executed in the presence of J. J. Walker Mark

J. J. Walker Mark

Walker P. J. (Mrs)
Cobb County
For Those Heretofore Paid.

1898.

No. 3761

WIDOW'S PENSION,

For year ending February 15th, 1898.

Mrs. P. J. Walker

County,

Cobb

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1898.

AND HANDLED TO

Geo. W. Harrison, State Printer, Atlanta

Geo. W. Harrison, State Printer, Atlanta

WARRANT ISSUED

1897,

RICHARD JOHNSON,

Commissioner of Pensions.

P. J. Walker Mark

P. J. Walker Mark

for year ending February 15th, 1897.

WIDOW'S PENSION,

No. 3761

1897.

FOR THOSE HERETOFORE PAID

Walker P. J. (Mrs)

Cobb County

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

P. F. Walker

who being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has resided in said State continuously ever since 1858. That she is the Widow of James who was a Soldier in Company 41st of the Georgia Regiment of Vol. Volunteers, that he enlisted in said regiment on or about the month of April 1867 and served in the Army up to April 1868 That he lost his life on the 5th day of April 1878 (State here

full particulars of the husband's death, when, where and from what cause.)

That While In The Confederate Army He Contracted Chronic Dysentery From Which Disease He Died On The 5th Day of August 1878

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 1844 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 Cobb 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

15th day of Feb 1897.
J. B. Dune Ordinary.

Post-office

P. F. Walker
M. J. Austell Ga

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

P. F. Walker

who, being sworn, says on oath, that she is a bona fide resident of said county of Cobb State of Georgia, and that she has resided in said State continuously ever since 1858. That she is the Widow of James who was a Soldier in Company 41st of the Georgia Regiment of Vol. Volunteers, that he enlisted in said regiment on or about the month of April 1867 and served in the Army up to April 1868 That he lost his life on the 5th day of August 1878 (State here

full particulars of the husband's death, when, where and from what cause.) Died In Cobb County on the 5th day of August 1878. From Chronic Dysentery contracted While In the Confederate Service and Stationed at Corinth Miss

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 1844.

I have been allowed a pension as a resident of Cobb 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

16th day of Feb 1898.
J. B. Dune Ordinary.

Post-Office

State of Georgia,

County of Cobb

Ordinary of said County, certify that I am well acquainted

with Mrs. P. F. Walker 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 16th day of Feb 1858.

Given under my official signature and seal this the 16th day of Feb 1898.

Official Seal.

Ordinary of

Cobb County.

POWER OF ATTORNEY.

State of Georgia,

Cobb County.

I, Mrs. P. F. Walker, hereby authorize

of

Marietta Ga

to receive and receipt for the pension paid hereon and request that he remit same to

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

day of Feb, 1899.

Executed in presence of

A. H. Swine
E. F. Walker

X Mrs. P. F. Walker
mark

X [L. S.]

Walker, P. F. Mrs.
Cobb County
For Those Heretofore Paid.

1899.

NO. 3275

WIDOW'S PENSION,

For year ending February 15th, 1899.

Mrs. P. F. Walker

Cobb County
Widow of P. F. Walker

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/8
AND HANDED TO
M. S.

1899.

Geo. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, Mrs. P. F. Walker, hereby authorize

of

Marietta Ga

to receive and receipt for the pension paid hereon and request that he remit same to

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

day of Feb, 1900.

Executed in presence of

A. H. Swine
J. W. Standridge

X Mrs. P. F. Walker
mark

X [L. S.]

Walker, P. F. Mrs.
Cobb County
To Those Heretofore Paid

1900.

NO. 2085

WIDOW'S PENSION,

For year ending February 15th, 1900.

Mrs. P. F. Walker

Cobb County
Widow of P. F. Walker

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Feb 16, 1900.

AND HANDED TO

M. S.

Geo. W. HARRISON, State Printer, Atlanta.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

P. T. Walker

Cobb 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 January 1858 That she is the Widow of
J. T. Walker who was a soldier in Company
50 of the 41st Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about the month of March
1862 and served in the Army up to April 1865 That he lost his
life on the 5th day of August 1878 (State here
full particulars of the husband's death, when, where and from what cause.)

That the said de-
ceased husband contracted
chronic disease from
which disease he never
recovered and died from
it on 5th day of August
1878.

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

I have been allowed a pension as a resident of Cobb 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

1st day of Feb 1899.

X Mrs P. T. Walker
Ordinary. Post-Office Austell Ga

State of Georgia,

County of CobbI J. W. Stone

Ordinary of said County, certify that I am well acquainted
with Mrs. P. T. Walker who made the above affidavit and am satis-

fied 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 Jan 1858

Given under my official signature and seal this the 1st day of Feb 1899.

Official
Seal.

Ordinary of Cobb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

P. T. Walker

Cobb 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 January 1858 That she is the Widow of
J. T. Walker who was a soldier in Company
50 of the 41st Regiment of Georgia
Volunteers, that he enlisted in said regiment on or about the month of March
1862 and served in the Army up to April 1865 That he lost his
life on the 5th day of August 1878 (State here
particulars of the husband's death, when, where and from what cause.)

That while in the Confederate
Army he contracted chronic
disease from which disease he
never recovered and died from it
on 5th day of August 1878

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

I have been allowed a pension as a resident of Cobb 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

9th day of Feb 1900.

X Mrs P. T. Walker
Ordinary. Post-Office Austell Ga

State of Georgia,

County of CobbI J. W. Stone

Ordinary of said County, certify that I am well acquainted
with Mrs. P. T. Walker who made the above affidavit and am satis-

fied 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 Jan 1858

Given under my official signature and seal, this the 9th day of Feb 1900.

Official
Seal.

Ordinary of Cobb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, Mr. P. H. Walker hereby authorize
John Gentry of Meritt
to receive and receipt for the pension paid hereon and request that he remit same to
me at _____

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8th
day of Jan'y, 1901.

Mr. P. H. Walker [L. S.]

Executed in presence of _____

To Those Heretofore Paid.

1901.

No. 148.

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO
Mrs. P. H. Walker

Widow of P. H. Walker County. Cobb

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

Jan. 18- 1901,
AND HANDED TO
Gentry

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County. }
I, Mr. P. H. Walker hereby authorize
John Gentry of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
_____ at _____

In Witness Whereof, I have hereunto set my hand and seal, this 9th
day of Jan, 1902.

Mr. P. H. Walker [L. S.]

Executed in presence of _____

J. M. Gentry

To Those Heretofore Paid.

1902.

No. 257

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO
Mrs. P. H. Walker

Widow of P. H. Walker County, Cobb

Co. _____ Regiment _____

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

He 1902
AND HANDED TO
Ord

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

Walker, P. H. Mr.
Cobb Co.

Walker, Mrs. P. H.
Cobb County

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

Personally Comes Mrs.

P. F. Walker

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since January 1858. That she is the Widow of J. F. Walker who was a soldier in Company 41st of the 41st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March

1862 and served in the Army up to April 1865. That he lost his life on the 5th day of August 1878. (State here particulars of the husband's death, when, where and from what cause) That while in the Confederate Army he contracted Chronic disease from which disease he never recovered and died from it on 5th day of August 1878

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

I have been allowed a pension as a resident of Cobb County for the year ending February 15th, 1900, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this

9th day of January, 1901.

Ordinary.

Post Office

Mrs. P. F. Walker

State of Georgia,

County of Cobb

I, John Aubrey Ordinary of said County, certify that I am well acquainted

with Mrs. P. F. Walker, 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

day of 18 1901.

Given under my official signature and seal, this the

Official Seal.

Ordinary of

Cobb County.

For Widows Heretofore Allowed Pensions.

Form No. 1.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

P. F. Walker

who, being sworn, says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has resided in said State continuously ever since January 1858. That she is the Widow of J. F. Walker who was a soldier in Company 41st of the 41st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March

1862, and served in the Army up to April 1865. That he lost his life on the 5th day of August 1878. (State here particulars of the husband's death, when, where and from what cause) That while in the Confederate Army he contracted Chronic disease from which disease he never recovered and died from it on 5th day of August 1878

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

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1901, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me,

this 9th day of January, 1902.

Ordinary.

Post-Office

Mrs. P. F. Walker

State of Georgia,

County of Cobb

I, John Aubrey Ordinary of said County, certify that I am well acquainted

with Mrs. P. F. Walker, 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

day of 18 1902.

Given under my official signature and seal, this the

Official Seal.

Ordinary of

Cobb County.

NOTE.—All blank spaces must be filled.

Voucher and affidavit must bear date after January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, J. F. Walker, hereby authorize
of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this 16
day of January 1903.

Executed in presence of

J. F. Walker [L. S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, J. F. Walker, hereby authorize
of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this 18
day of Jan 1904.

Executed in presence of

Mrs. J. F. Walker [L. S.]
Wm. B. J. Stevenson

Walker, J. F. (Mrs)
Cobb County

To Those Heretofore Paid.

1903.

No. 228

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO
Mrs. J. F. Walker

Cobb County,

Widow of J. F. Walker

Co. 4 Regiment 41

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDED TO

Cody

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

Walker, J. F. (Mrs)
Cobb County

TO THOSE HERETOFORE PAID.

1904.

No. 228

WIDOW'S PENSION

FOR
YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. J. F. Walker

Cobb County,

Widow of J. F. Walker

Co. 41 Regiment 41

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1904

AND HANDED TO

Cody

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

ALLOWED PENSIONS

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA

County of Cobb

PERSONALLY COMES MRS.

J. F. Walker

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since Jan 1898. That she is the Widow of J. F. Walker who was a soldier in Company H of the 41st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to April 1865. That he lost his life on the 5th day of August 1878. (State here particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army he contracted chronic disease from which disease he never recovered and died from
on 5th day of August 1878

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_____

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1902, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 16th day of Jan 1903. John F. Walker Ordinary. Post Office United

State of Georgia, Cobb County, I, John F. Walker Ordinary of said County, certify that I am well acquainted with Mrs. J. F. Walker, 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 day of _____ 18____.

Given under my official signature and seal, this 16th day of Jan 1903.

Official Seal.

Ordinary of _____ County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1903.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA

County of Cobb

PERSONALLY COMES MRS.

J. F. Walker

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1858. That she is the Widow of J. F. Walker who was a soldier in Company H of the 41st Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to April 1865. That he lost his life on the 5th day of August 1878. (State here particulars of the husband's death, when, where and from what cause.)

That while in the Confederate Army he contracted Chronic disease from which disease he never recovered and died from it on 5th day of August 1878

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_____

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 18th day of Jan 1904. Mrs J. F. Walker Ordinary. Post Office Smith Ga

State of Georgia, Cobb County, I, _____ Ordinary of said County, certify that I am well acquainted with Mrs. J. F. Walker, 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 day of _____ 18____.

Given under my official signature and seal, this 18th day of Jan 1904.

Official Seal.

Ordinary of _____ County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, P. F. Walker, hereby authorize
John Lindsey of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this 6
day of July 1905.

Mrs P F Walker [L. S.]

Executed in presence of

[Signature]

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.

I, P. F. Walker, hereby authorize
John Lindsey of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____

In Witness Whereof, I have hereunto set my hand and seal, this
day of July 1906.

x Mrs P F Walker [L. S.]

Executed in presence of

[Signature]

Walker, P. F. (Mr.)
Cobb County
To Those Heretofore Paid.

1905.

No. 267

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

Mrs. P. F. Walker

OF

Cobb County,

Widow of

Co. _____ Regiment

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

133 1905.

AND HANDED TO

July

The Pension Printing and Publishing Co., Atlanta,
Geo. W. HARRISON, Manager, FOR STATE PRINTING.

Walker, P. F. (Mr.)

Cobb Co

To Those Heretofore Paid.

1906.

No. 178

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs P F Walker

OF

Cobb County,

Widow of P F Walker

Co. K Regiment 41

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

122 1906

AND HANDED TO

July

The Pension Printing and Publishing Co., Atlanta, Geo. W. HARRISON, Manager.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

P. F. Walker

who, being sworn says on oath, that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since 1858. That she is the Widow of J. F. Walker who was a soldier in Company H of the 41 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of March 1862, and served in the Army up to April 1865. That he lost his life on the 5 day of August 1868. (State here particulars of the husband's death, when, where and from what cause.)

Contracted Chronic Bronchitis
he never recovered from same

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

I have been paid a pension as a resident of Cobb County for the year ending December 31, 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me,
this 4 day of January 1905.
John A. Wiley, Ordinary.

Post-Office

State of Georgia,

Cobb County, Ordinary of said County, certify that I am well acquainted with Mrs. P. F. Walker, 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 day of 18

Given under my official signature and seal, this 4 day of January 1905.

Official
Seal.

Ordinary of

County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavit must bear date after January 1st, 1905.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of Cobb

PERSONALLY COMES MRS.

P. F. Walker

who, being sworn, says on oath that she is a bona fide resident of said County of Cobb State of Georgia, and that she has RESIDED in said State continuously ever since . That she is the Widow of J. F. Walker who was a soldier in Company H of the 41 Regiment of Georgia Volunteers, that he enlisted in said regiment on or about the month of 186 , and served in the Army up to 186 . That he lost his life on the day of 18 . (State here particulars of the husband's death, when, where and from what cause.)

Died Aug 5, 1878 Disease Contracted
in war

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

I have been paid a pension as a resident of Cobb County, for the year ending December 31, 1905, and now apply for the pension provided by law for the year ending December 31, 1906.

Sworn to and subscribed before me
this 4 day of January 1906.
John A. Wiley, Ordinary.

Post-Office

State of Georgia,

Cobb County, Ordinary of said County, certify that I am well acquainted with Mrs. P. F. Walker, 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 day of 18

Given under my official signature and seal, this 4 day of January 1906.

Official
Seal.

Ordinary of

County.

NOTE.—All blank spaces must be filled.
Voucher and Affidavits must bear date after January 1st, 1906.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }

I, J. F. Walker hereby authorize

John Lindsey
to receive and receipt for the pension paid hereon, and request that he remit same to
at

In Witness Whereof, I have hereunto set my hand and seal, this 14
day of May 1907.

Executed in presence of
J. F. Walker [T. S.]
John Lindsey

Walker, J. F. (Mr.)
Cobb County
to those Heretofore Paid.

1907.

No. 168

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO
Mrs. J. F. Walker
OF
Cobb County,

Widow of
Co. _____ Regiment _____

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED 121 1907.

AND HANDLED TO [Signature]

John W. Lindsey, State Printer, Atlanta.

STATE OF GEORGIA

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

FORM NO. 1

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of

Cobb

PERSONALLY COMES MRS.

P. F. Walker

who, being sworn says on oath, that she is a bona fide resident of said County of

Cobb

State of Georgia, and that she has RESIDED in said State

continuously ever since

That she is the Widow of

J. J. Walker

who was a soldier in Company

*Co*of the *41st Ga*

Regiment of

Volunteers, that he enlisted in said regiment on or about the month of

188, and served in the Army up to

188

That he lost his

life on the day of

18

(State here

particulars of the husband's death, when, where and from what cause.)

disc. of service, Contractor in war

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.

I have been paid a pension as a resident of *Cobb* County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me

this day of 1907.

Post Office

State of Georgia,

County.

acquainted with Mrs.

Ordinary of said County, certify that I am well acquainted with Mrs. *P. F. Walker*, 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

day of 18

Given under my official signature and seal, this day of 1907.

Official Seal

Ordinary of

County.

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1907.

State of Georgia
County of Cobb

In person came before
me, the undersigned, Ordinary in and
for said County J. B. Humphries, W. B.
Hornell and J. H. Hornell, each known
to said attesting Officer as truthful,
reliable and reputable Citizens, who
say under oath, in addition to their
former Affidavit hereto attached:
Testify as follows:

J. B. Humphries swears that he was
present soon after J. Walker died and
that he shaved him - that he saw Mr.
Walker frequently during his last illness
- that he does not positively know that
the Chronic Dysentery killed him but
believes it, the Physicians said that said
disease killed him, Mr. Walker said
himself that Dysentery was the trouble
- his General appearance proved it - in
fact it was understood throughout the
Community that he was sick with
Dysentery, & had been ever since his ser-
vice in the Army & that said disease
killed him.

I knew him for 10 or 15 years before
he went into the Army and never knew
him nor heard of his having said dis-
ease, nor any disease of any kind,
that he was prior to the war a stout
man.

That Mr. Walker was discharged from the Army on account of Chronic Dysentery - that when he left we decided we would never see him again. He came home, had the same disease and was never well of it, nor scarcely able to go about until he died with the same disease he had while in the Army.

W. B. Hornell and J. H. Hornell testify to the same facts as does W. B. Humphris, except that they did not see him when he died. They lived about 3 miles from him.

~~That~~ Mrs. P. J. Walker & Frank Walker swear that J. J. Walker the deceased was a stout man when he went into the Army - that he came home with Chronic Dysentery in July 1863 and was never well of it until he died - that he had the same disease during his life, after they were only died with it that he came home from the Army with.

That they Mrs. P. J. Walker & Frank Walker are the wife and son of the said deceased and were with him all the time till he died.

Sworn to before me
This 21st day of July 1891
J. M. Stone

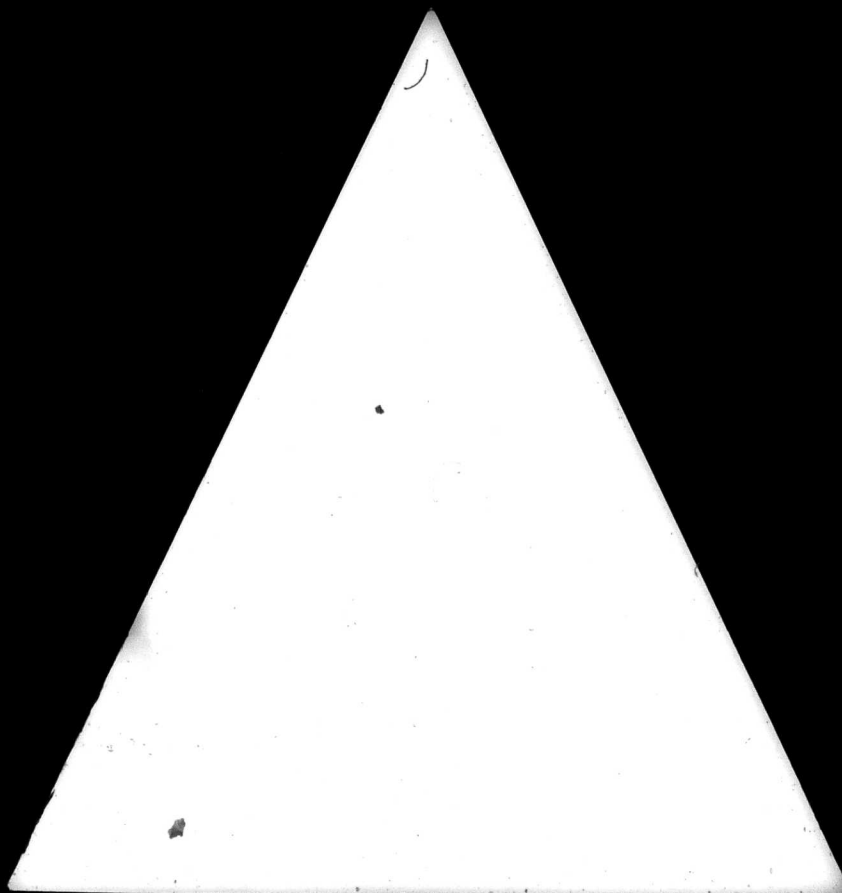
Ordinary

J. B. Humphris
W. B. Hornell
J. H. Hornell

W. B. Humphris
W. B. Hornell
J. H. Hornell

Grundy

3 Mrs P. J. Walker
Ed. J. Walker



POWER OF ATTORNEY.

STATE OF GEORGIA,

County, }
Cobb

I, E. H. Wallace

E. H. Wallace of DeKalb Co. Ga. hereby authorize

to receive and receipt for the pension allowed, and request that he remit same to me in cash
or by mail at Harwell 64483 by _____

Witness my hand and seal this _____ day of _____ 1900.

Executed in presence of

_____ } E. H. White (A. S.)

Wallace, E. H.
Cobb Co.

E. H. No. _____

INDIGENT PENSION,

~~1900.~~

1901.

Name E. H. Wallace

County Cobb
Co. E - 1 - 12

Approved _____ 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

517-1901

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, E. A. Wallace, hereby authorize

E. A. Wallace of DeKalb Co. Ga

to receive and receipt for the pension allowed, and request that he remit same to me in Person
or by Mail at Room 111 Cobb Co. Ga

Witness my hand and seal this day of 1900.

Executed in presence of E. A. Wallace (L. S.)

INDIGENT PENSION,

1900.

1901.

Name E. A. Wallace

County Cobb

Co. 1 - 1st

Approved 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Hutchins, State Printer, Atlanta.

5/17-1901

Questions for Applicant.

STATE OF GEORGIA,

Cobb County.

E. A. Wallace 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:

- What is your name and where do you reside? (give State, County and post office) E. A. Wallace State of Georgia County of Cobb Postoffice Roswell Ga
- How long and since when have you been a resident of this State? All of my life since March 10th 1841
- When and where were you born? Cobb Co. Ga. March 10th 1841
- When and where and in what company and regiment did you enlist or serve? In 1861 at Marietta Cobb Co. Ga. Company E. 1st Georgia Regt.
- How long did you remain in such company and regiment? Until the Surrender or close of the war
- For how long a period did you discharge regular military duty? during the whole of the war
- When, where and under what circumstances were you discharged from service? At the surrender of Gen. Joseph E. Johnston's army at Salisbury North Carolina at which time I received a discharge from my Capt. F. W. Rogers he being present with me.
- What is your present occupation? Nothing
- How much can you earn (gross) per annum by your own exertions or labor? I can earn nothing now
- What has been your occupation since 1865? Farming as long as I was able
- 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"? Second
- 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? Second Infirmity, Poverty I have an affection on the face of the heart from which I suffer very much & totally unable me for labor any exertion increasing the trouble very much
- What property, effects or income do you possess, and its gross value? I have nothing
- What property, effects or income did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, did you make of same? None
- In what County did you reside during those years, and what property did you then return for taxation? 1894 & 1895 in Fulton Co. 1896 & 1897 in Cobb Co. since then in Cobb Co. because my property was there
- How were you supported during the years 1898 and 1899? I have been living with my daughter & her husband & have been supported by them
- How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? I contributed nothing Early on fifty dollars
- What was your employment during 1898 and 1899? What pay did you receive in each year? I received nothing being unable to work
- Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? The daughter with whom I live as stated above supports me in all the family I have
- Are you receiving any pension? If so, what amount, and for what disability? I applied on these grounds last year but application was lost I am receiving none

Sworn to and subscribed before me this the

14th day of May 1900.

E. A. Wallace
John L. Anthony Ordinary,
of Cobb County.

Applicant.

Every Question MUST Be Answered.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Fulton COUNTY.

F. M. Myers of said State and County, having been presented as a witness in support of the application of E. A. Wallace 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? F. M. Myers
Fulton Co. State of Georgia
2. Are you acquainted with E. A. Wallace, the applicant; if so how long have you known him? about 43 years I have known him
3. Where does he reside, and how long and since when has he been a resident of this State? at Russell Cobb Co. Ga. a resident of State as long as I have lived
4. When, where and in what company and regiment did he enlist, and how do you know? at Russell Cobb Co. Ga. in 1861 Co. E 1st Geo. Regt. he was in my company
5. Were you a member of the same company and regiment? Yes a Capt. of company
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? 4 years & made a good soldier was discharged at home of wounds of Gen. Joseph E. Johnson, at North Carolina. The Captains were ordered to parole these men Wallace was present & gave him his Parole
7. What property, effects or income has the applicant? (Give your means of knowledge.) None, I have known him intimately & have been acquainted with his circumstances & surroundings & know that he has no property
8. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? He had none & has none now
9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He has had none to convey
10. What is the applicant's occupation and physical condition? He has been a farmer as long as he was able. He now has a disease of the heart from which cause he is unable to work any exertion whatever
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is, from the diseased condition of the heart rendered unfit for labor & suffers very much
12. How was he supported during the years 1898 and 1899? By his daughter & son husband with whom he lives at Russell Co. Ga.
13. What portion of his support for these two years was derived from his own labor or income? None
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He suffers from an affection of the heart, causing pain & shortness of breath which is increased by exertion rendering him unable to work
15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this

29th day of April 1900.

John R. Johnson

F. M. Myers
Witness.

Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me J. G. Green and E. J. Lyon, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully E. A. Wallace, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Simon Wainwright's heart is diseased in function & forbids work or exercise the valves do not do their duty. He suffers from chronic rheumatism & neuritic pains

They further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the

14th day of May 1900.

John A. History

Ordinary.

J. G. Green M.D.
E. J. Lyon, M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, John A. History, Ordinary in and for said County, hereby certify that the applicant E. A. Wallace resides in said County, and has been a bona fide resident of this State since the _____ day of _____ 189____ and that the witnesses, viz: _____

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 Cobb County show that applicant returned for taxation in his name in 1898 nothing Dollars of property, and in 1899 nothing. Come to this County 1899 Dollars of property.

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

Witness my hand and seal of office, this 14 day of May 1900.

John A. History Ordinary,
of Cobb County.

NOTE.

1. 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."
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.

Georgia, Fulton County. I, John F. Myers, do hereby certify that I know F. M. Myers to be of trustworthy character and his statement entitled to full faith and credit. John F. Myers, Clerk.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, E. A. Wallace hereby authorize

F. M. Hembree of Roswell

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

E. A. Wallace at Roswell

by hand

Witness my hand and seal, this day of January 1902.

E. A. Wallace [L. S.]

Executed in presence of

L. E. Hembree

(FOR THOSE ALREADY ENROLLED.)

No. 468

INDIGENT

SOLDIER'S PENSION
1902.

Name E. A. Wallace

County Cobb

Co. G E Regiment 104

WARRANT ISSUED

44 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

H. H. Hembree

Geo. W. Harrison, State Printer, Atlanta.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, E. A. Wallace hereby authorize

F. M. Hembree of Roswell

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

me at Roswell

by hand

Witness my hand and seal, this 1st day of January 1907.

E. A. Wallace [L. S.]

Executed in presence of

W. E. Shannon

(FOR THOSE ALREADY ENROLLED)

No. 706

INDIGENT

SOLDIER'S PENSION
1907.

Name E. A. Wallace

County Cobb

Co. E Regiment 1st

WARRANT ISSUED

JAN 21 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Hembree

Geo. W. Harrison, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
Cobb County.

Personally appears E A Wallace of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1891; that he is 60 years old and by occupation a that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 years in Company E, of 1st Regiment of the 1st Division; that his physical condition is as follows: *owing to infirmity and poverty he is unable to support himself*

that his property consists of the following items:

nothing

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Cobb county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the day of January 1902.

John Anthony Ordinary.

STATE OF GEORGIA,

Cobb County.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *E A Wallace* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this day of Jan 1902.

Ordinary

Cobb County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1902.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears *E A Wallace* of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1891; that he is years old and by occupation a that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of in Company E, of 1st Regiment of the 1st Division; that his physical condition is as follows: *Age & infirmity & poverty*

that his property consists of the following items:

of the value of Dollars. I am now earning by my labor, Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

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

John Anthony Ordinary.

State of Georgia,

Cobb County.

I, *John Anthony* Ordinary of said County, do certify that I am well acquainted with *E A Wallace* the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this day of Jan 1907.

Ordinary

Cobb County.

Note.—The blank spaces must be filled.
Note.—Affidavit should not be attested before January 1st, 1907.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, E. O. Wallace hereby authorize
E. O. Hembree of Kennel
 to receive and receipt for the pension allowed and request that he remit same to
the at Kennel
 by hand

Witness my hand and seal, this 6th day of January 1903.

E. O. Wallace [L. S.]

Executed in presence of

E. O. Hembree

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, E. O. Wallace hereby authorize
E. O. Hembree of Kennel
 to receive and receipt for the pension allowed and request that he remit same to
me at Kennel
 by hand

Witness my hand and seal, this 1st day of January 1904.

E. O. Wallace [L. S.]

Executed in presence of

E. O. Hembree

CODE SECTION 154.

(FOR THOSE ALREADY ENROLLED.)

No. 527

INDIGENT

**SOLDIER'S PENSION
1903.**

Name E. O. Wallace

County Cobb

Co. 6 Regiment 1st

WARRANT ISSUED

23 1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

E. O. Hembree

Geo. W. Harrison, State Printer, Atlanta.

CODE SECTION 154.

(FOR THOSE ALREADY ENROLLED.)

No. 618

INDIGENT

**SOLDIER'S PENSION
1904.**

Name E. O. Wallace

County Cobb

Co. 4 Regiment 1st

WARRANT ISSUED

1/2 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Hembree

Geo. W. Harrison, State Printer, Atlanta.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears E A Wallace of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1844; that he is 62 years old and by occupation a farmer, 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 for the term of 4 years in Company B, of 10th Regiment of Georgia Cavalry; that his physical condition is as follows: Owing to Infirmary

that his property consists of the following items: Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Cobb county been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 1st day of Jan, 1903.

Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John Hooten Ordinary of said County, do certify that I am well acquainted with E A Wallace 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 1st day of Jan, 1903.

Ordinary

County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears E A Wallace of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1841; that he is 60 years old and by occupation a _____, 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 for the term of 4 years in Company A, of 1st Regiment of Georgia Regt; that his physical condition is as follows: Owing to infirmity and poverty, he is unable to support himself

that his property consists of the following items: Nothing

of the value of _____ Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Cobb County been allowed a pension for the year 1903

Sworn to and subscribed before me, this the 1st day of Jan, 1904.

Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John Hooten Ordinary of said County, do certify that I am well acquainted with E A Wallace 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 1st day of Jan, 1904.

Ordinary

County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
I, E. A. Wallace, hereby authorize
F. M. Hembrue of Roswell
to receive and receipt for the pension allowed, and request that he remit same to
me at Roswell
by Hand

WITNESS my hand and seal, this _____ day of _____, 1905.

Executed in the presence of

E. A. Wallace [I. S.]

Wallace, E. A.
Cobb Co.

(FOR THOSE ALREADY ENROLLED.)

No. 660

INDIGENT
SOLDIER'S PENSION
1905.

Name E. A. Wallace
County Cobb
Co. A Regiment 1 ga

WARRANT ISSUED

12/23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

F. M. Hembrue

GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

no data

Wallace, E. A.
Cobb County

(FOR THOSE ALREADY ENROLLED.)

No. 674

INDIGENT
SOLDIER'S PENSION
1906.

Name E. A. Wallace
County Cobb
Co. B Regiment 1 ga

WARRANT ISSUED

1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

F. M. Hembrue

GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

no data

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
I, E. A. Wallace, hereby authorize
F. M. Hembrue of Roswell
to receive and receipt for the pension allowed, and request that he remit same to
me at Roswell
by Hand

WITNESS my hand and seal, this _____ day of January, 1906.

Executed in the presence of

E. A. Wallace [I. S.]

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears

E. A. Wallace

of

Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 1841; that he is 63 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of 4 years in Company 28 of 1st th Regiment of Pa. Reg; that his physical condition is as follows: Infirmity and poverty

that his property consists of the following items:

Nothing

of the value of _____ Dollars. I am now earning, by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1904, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore as a resident of Cobb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the _____ day of _____ 1905.

John Anthony

Ordinary.

E. A. Wallace

STATE OF GEORGIA,

Cobb County.

I,

John Anthony

Ordinary of said County,

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

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

John Anthony

Ordinary.

Cobb

County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cobb County.

Personally appears

E. A. Wallace

of

Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 18 day of March 1841; that he is 64 years old and by occupation a farmer, that he enlisted in the military service of the Confederate States (or of the State of Pa 1861) during the war between the States, and served for the term of _____ in Company 8, of 154th Regiment of Reg; that his physical condition is as follows: Infirmity and poverty

that his property consists of the following items:

of the value of nothing Dollars. I am now earning by my labor, nothing Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1905. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the _____ day of June 1905.

John Anthony

Ordinary.

E. A. Wallace

State of Georgia,

Cobb County.

I,

John Anthony

Ordinary of said County,

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

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

John Anthony

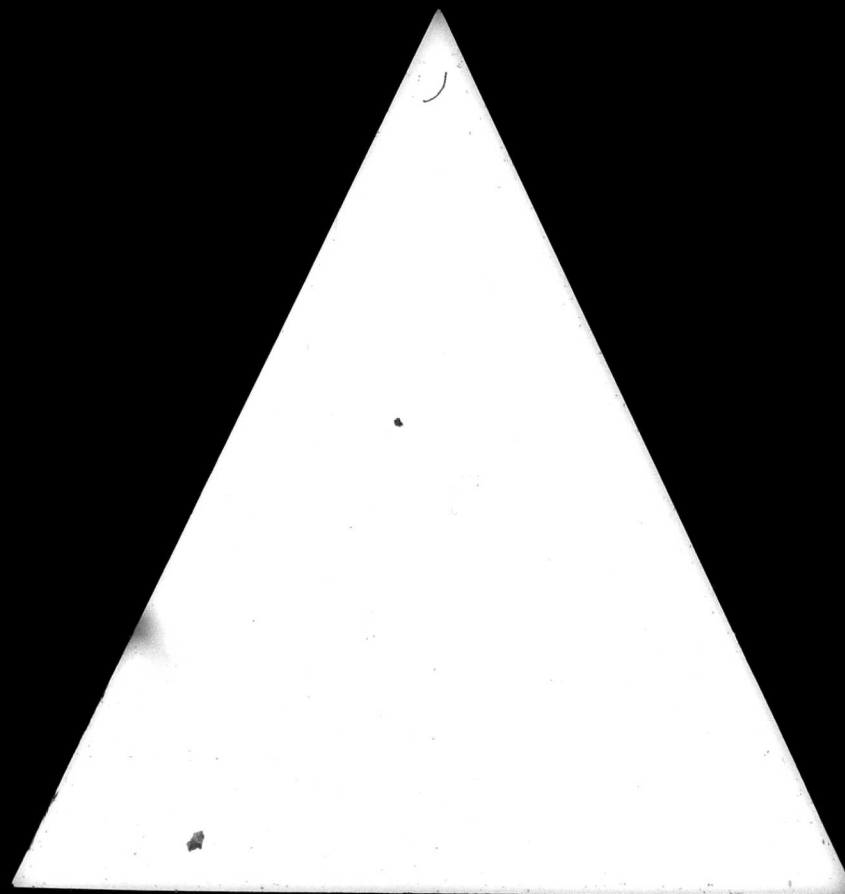
Ordinary.

Cobb

County.



NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1905.



Wallace, George
Cable County

No. un 1906

INDIGENT PENSION
1903.

Name George Wallace

County Cable

Co. 2nd 2nd Regt.

Approved Geo. W. Harrison 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

12/15/03
9/13/05

Pension Office, 7/20/04.

This is not an aged man. Infir-
mity not shown to be such that he
cannot by ordinary effort earn
his support at some kind of labor
with the aid of minor children.
Pensions are not paid to increase
other earnings, only where there
are none and none can be made.

J. W. Lindsey,
Com. of Pen.

STATE OF GEORGIA.
POWER OF ATTORNEY.

I, George Wallace, hereby authorize
John Lindsey of Cable County, Ga.,
to receive and receipt for the pension allowed and request that he remit same to
me at his office by hand
Witness my hand and seal, this 17th day of August, 1903.
George Wallace [L.S.]
Executed in the presence of
John Lindsey

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY.
George Wallace hereby authorizes
John Purdy of *Stratford, Ga.*
 to receive and receipt for the pension allowed and request that he remit same to
me at *his office* by *hand*
 Witness my hand and seal, this *10th* day of *December* 1903.
George Wallace [L.S.]
 Executed in the presence of

Pension Office, 7/20/04.

This is not an aged man. Infir-
 mity not shown to be such that he
 cannot by ordinary effort earn
 his support at some kind of labor
 with the aid of minor children.
 Pensions are not paid to increase
 other earnings, only where there
 are non and none can be made.
 J. W. Lindsey,
 Com. of Pen.

No. *Wm 1906*
INDIGENT PENSION.
1903.
1906
 Name *George Wallace*
 County *Cobb*
 Co. *2nd* Regt.
 Approved *12/15/03* 1903.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

12/15/03 *9/13/05*

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Cobb COUNTY.
George Wallace 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 post-office)
George Wallace - Marietta Cobb Co Ga
 2. How long and since when have you been a resident of this State? *My life*
 3. When and where were you born? *In Clarke Co Ga - Dec 15th 1846*
 4. When and where and in what company and regiment did you enlist or serve? *1st La State*
troop Capt Leapt Joel T. Haley, Commanding
1862-1864
 5. How long did you remain in such company and regiment? *Until May 1865*
 6. When and where was your company and regiment surrendered and discharged? *at Marietta Ga*
about the middle of May 1865 - then Company being the
remnant of the Confederate and State troops
 7. Were you present with your company and regiment when it was surrendered? *Yes*
 8. If not present, state specifically and clearly where you were, when you left your command, for what cause
 and by whose authority? *I was not actually present when the Company*
was surrendered, but I was in the order of Capt. Haley, and was present
 9. How much can you earn (gross) per annum by your own exertions or labor? *My wife*
 10. What has been your occupation since 1865? *worked as a R. R. hand and part of the time*
 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? *My infirmity commenced*
about three years ago and has increased until I am
unable to make my support by labor - Drury
 13. What property, real and personal, or income, do you possess, and its gross value? *In property*
of my kind except a little house for me
 14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and
 1902, and what disposition, if any, by sale or gift, have you made of same? *None*
 15. In what County did you reside during those years, and what property did you then return for taxation?
In Cobb County
 16. How were you supported during the years 1899, 1900, 1901 and 1902? *By my labor as long*
as I was able
 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? *Cost very low much of my labor and a small little*
 18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
Employed as the watchman of my property
 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? *Yes a wife 57 years old*
and daughter 18 years old a son 12 years old and a grandchild
they live on a small farm in my little crop
 20. Are you receiving any pension? If so, what amount and for what disability?
 21. Have you ever made an application for pension before? *No*
 22. How many applications have you ever made and under what class?
 Sworn to and subscribed before me this the
 day of *November* 1903.
John Purdy Ordinary,
 of *Cobb* County.
George Wallace Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Dekalb COUNTY.

John Flinn of said State and County, having been presented as a witness in support of the application of George Wallace 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? John Flinn
2. Are you acquainted with George Wallace, the applicant; if so, how long have you known him? I am 40 years ago
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta all of his life
4. When, where and in what company and regiment did he enlist, and how do you know? 1864 Hickory Flat Cherokee Co Ga Co D 2 Ga
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? 11 months
7. When and where was his command surrendered? Kingston Ga 1865
8. Were you present when it surrendered? I was
9. Was applicant present? He was not
10. If he was not present, where was he? in Cherokee Co under Order Capt Haley
When did he leave his command? under For what cause? lost his leg
By what authority he left? By Capt Haley's authority How do you know all of this? I was there
11. What property, effects or income has the applicant? (Give your means of knowledge.) Thus 710 Property
12. What property, effects or income did the applicant possess in 1898, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, did he make of same? Had none
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He had none
14. What is the applicant's occupation and physical condition? Farming
He looks fine
15. Is the applicant unable to support himself by labor of any sort, if so, why? I don't think
he is
16. How was he supported during the years 1898, 1899, 1900, 1901 and 1902? by farming
17. What portion of his support for these four years was derived from his own labor or income? Very little
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code?
19. Who composes family? What property have they? Children's age and their earning capacity? himself & wife & my daughter 18 years old
I my son 17 years old earning capacity very little
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 Dec 1903. James R. George Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

James M. Moore and W. M. Kemp, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

George Wallace, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

We find the applicant: Geo Wallace suffering with a severe rupture on the right side. He also has kidney and heart trouble, from which diseases he suffers with a general anasarca that has been treated by several Physicians. The combined troubles present a serious condition and that we have no interest in said pension being allowed.

Subscribed and sworn before me, this the 15th day of Dec 1903.

John Dwyer Ordinary.

James M. Moore M.D.
W. M. Kemp M.D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cobb COUNTY.

I, John Dwyer Ordinary, in and for said County, hereby certify that the applicant George Wallace resides in said County, and has been a bona fide resident of this State since the 1st day of January 1894 and that the witnesses, viz.:

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 affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of Cobb County show that applicant returned for taxation in his name in 1899 20 Dollars of property, and in 1900 20 Dollars of property, in 1901 20 Dollars of property, in 1902 20 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 January 1903. John Dwyer Ordinary, of Cobb 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
I, *Geo Wallace* hereby authorize
John Andrew of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____

by _____
WITNESS my hand and seal, this *16* day of *Jan* 1906.

Geo Wallace [L. S.]
Executed in the presence of
J. M. Sam

COOK SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. *737*

**INDIGENT
SOLDIER'S PENSION
1906.**

Name *Geo Wallace*
County *Cobb*
Co. *A 24* Regt. *State*
Hoops

WARRANT ISSUED
1/22 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
1

THE FRANKLIN PRINTING AND PUBLISHING CO., W. HARTMAN, MGR.

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb COUNTY. }
I, *Geo Wallace* hereby authorize
John Andrew of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____

by _____
WITNESS my hand and seal, this *16* day of *Jan* 1907.

Geo Wallace [L. S.]
Executed in presence of

COOK SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No. *678*

**INDIGENT
SOLDIER'S PENSION
1907.**

Name *Geo Wallace*
County *Cobb*
Co. *A 24* Regt. *Sta*
Hoops

WARRANT ISSUED
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., W. HARTMAN, MGR.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Personally appears

County.

Geo Wallace of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____, 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company _____, of _____th Regiment of _____; that his physical condition is as follows: _____

that his property consists of the following items: _____

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Enrollment County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the _____ day of _____, 1906.

Ordinary:

State of Georgia,

County.

I, John A. Hickey Ordinary of said County, do certify that I am well acquainted with Geo Wallace the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this _____ day of _____, 1906.

Ordinary

County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

County.

Personally appears

of

Geo Wallace of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____, 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company _____, of _____th Regiment of _____; that his physical condition is as follows: _____

that his property consists of the following items: _____

of the value of _____ Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of _____ County, been allowed a pension for the year 1906.

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

Ordinary.

State of Georgia,

County.

I, John A. Hickey Ordinary of said County, do certify that I am well acquainted with Geo Wallace the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this _____ day of _____, 1907.

Ordinary

County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1907.

STATE OF GEORGIA, Cobb County

I, J. M. Gamm, Ordinary of said County, do certify that I personally know Mary Wallace, the applicant, and that she is the lawful widow of George Wallace, and was on the Senior Pension Roll of said Cobb County, and was paid a Pension from Cobb County for 1922 and at the time of his death on the 25 day of December, 1921, there was due to him and unpaid his Pension of One Hundred Dollars from the State of Georgia, and I know Lennie Wilcombe, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 30 of July, 1922
(SEAL.) J. M. Gamm Ordinary
Cobb County.

WALLACE, George
Cobb Co.

1921

Application for Pension Due
Deceased Soldier

(UNDER ACT 1891)

(To be paid to Widow or Dependent Children)

BY

Mary Wallace
Widow of George Wallace
of Cobb County
Old or New Georgia
Date of Death Dec 25 1922

Approved and ordered paid

1921

J. W. LINDSEY,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Office.

GEORGIA, _____ County.

I hereby authorize and constitute _____, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192____, through my deceased husband, _____, who was on _____ Pension Roll and paid from _____ County for 19____.

Witness my hand this _____ day of _____, 192____.
Attested before me: _____

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 3, 1901

STATE OF GEORGIA, Cobb County

Personally before me comes Mrs. Mary Wallace of said County, who after being duly sworn, on oath says that she is the widow of George Wallace who was duly enrolled as a volunteer Pensioner from the County of Cobb and was paid a Pension of One hundred Dollars from Cobb County for 1922 and that the said George Wallace died in Cobb County on the 25 day of December, 1921, and at the time of his death a Pension of \$100 was due him from Cobb County and unpaid for 1923. Applicant further swears that she married the said George Wallace on the 5 day of Nov, 1891, in Georgia County and State of Ga, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 30 day of July, 1923
J. M. Gamm Ordinary.
Cobb County. Mary Wallace (L. S.)
(SEAL.)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County

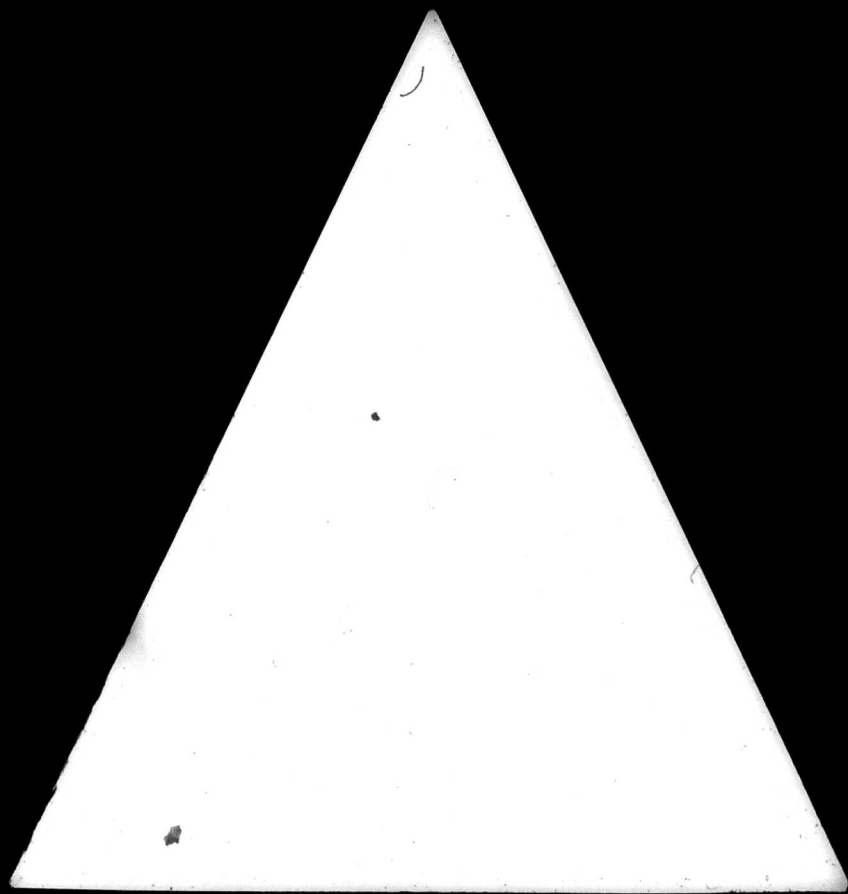
Personally before me comes Annie Splach, who on oath says that he knew George Wallace while in life and that he knows Mrs. Mary Wallace, the above applicant; that he knows that the said George Wallace and Mary Wallace were in due form of law married in the County of Georgia in the State of Ga on the 5 day of November, 1891, and that they resided together as husband and wife from date of marriage to the day of his death on the 25 day of December, 1921, and I know that she is his dependent widow.

Sworn to and subscribed before me this 30 day of July, 1923
J. M. Gamm Ordinary.
Cobb County. Annie Splach
(SEAL.)

INSTRUCTIONS:
1st. This form can be used by guardian, or minor children, where there is no widow.
2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witness.
3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.
4th. This form is for widows of disabled soldiers who died after October 31st, and for widows and dependent children of service soldiers who died after November 1st.
5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filled out.
6th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.
7th. Return this application with your final settlement to the Pension Office.
8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
9th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner, who was due 1890 and 1911 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

COBB COURT OF ORDINARY,
MARIETTA, GA.
JOHN AWTRY, JUDGE PROBATE.

Georgia } Personally appeared
Cobb County. } before me the undersigned
J. M. Moore who being
duly sworn says on oath, That he is
a Physician and lives near George Wal-
lace and knows him well. Said Wallace
is badly ruptured and is unable
to perform manual labor. On Yester-
day Said Wallace tried to pick
cotton on my place and today he
had to be assisted to get in and
out of a wagon. His wife is afflict-
ed and feeble and the only help he
has to earn a living is a small
boy twelve years of age. Said Wal-
lace had a grown daughter who
is now married and does not reside
with her father. He can not make ordinary effort.
Sworn to and certified before me } J. M. Moore
this Sept 6th 1905. }
John Awtry, Judge.



POWER OF ATTORNEY.

STATE OF GEORGIA.

COUNTY.

I,

hereby authorize

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

at

by

Witness my hand and seal this _____ day of _____, 1898.

Executed in presence of

[L.S.]

Wallace, J. M.

No.

Cobb Co

INDIGENT PENSION

1898.

Name

Jas M. Wallace

County

Cobb

Approved

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

1/31.98

POWER OF ATTORNEY.

STATE OF GEORGIA,
COUNTY.

I, _____ here by authorize

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

Witness my hand and seal this _____ day of _____ 1898.

Executed in presence of _____

[L.S.]

Wallace, J. M.
Cobb Co

No.

INDIGENT PENSION

1898.

Name

County

Approved

1898.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

SEC. 1, 1898, STAT. REV. GEORGIA.

1/31/95

Questions for Applicant.

STATE OF GEORGIA,

County.

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.)

Jas. M. Wallace Marietta Cobb Co Ga

2. How long and since when have you been a resident of this State?

Have been resident 64 years

3. When and where were you born?

South Carolina Sept 8th 1833

4. When and where and in what company and regiment did you serve?

Philips Legim in Cherokee County in Spring of 1862, Feb

5. How long did you remain in such company and regiment?

Until Surrender in May 1865 at Atlanta Ga

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

3 years & 5 Mos

7. When, where and under what circumstances were you discharged from service?

Surrendered

8. What is your present occupation?

Trying to Farm

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

20⁰⁰

10. What has been your occupation since 1865?

White abiding business Mail line

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 infirmity 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?

Applicant has not been able to make a support in 6 years, left side partially paralyzed for more than 12 Mos, right ankle hurt from falling from horse

13. What property, effects or income do you possess and its gross value?

Nothing

14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897 and what disposition, if any, did you make of same?

Went. Sold for debt

15. In what County did you reside during those years and what property did you then return for taxation?

Milton 94 & 95 Cobb 96 & 97 return to 98

16. How were you supported during the years 1896 and 1897?

By my labor and the proceeds of my wife labor

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?

65⁰⁰ to 70⁰⁰ about 20⁰⁰

18. What was your employment during 1896 and 1897? What pay did you receive in each year?

Trying to farm on rented land not over 20⁰⁰ to 30⁰⁰

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?

Wife and one child no Homestead wife works in farm to help make a living, when able to do so

20. Are you receiving any pension, if so, what amount and for what disability?

No

Sworn to and subscribed before me this the _____ day of _____ 1898.

J. M. Wallace

Ordinary.

County.

Applicant.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb County.

W. G. Delany

of said State and County, having been presented as a witness in support of the application of Jas M Wallace for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? Marietta Cobb Co Ga
2. Are you acquainted with Jas M Wallace, the applicant, if so how long have you known him? Fourty years
3. Where does he reside, and how long and since when has he been a resident of this State? 64 years lived in Cobb Milton & Summitt 28 years
4. When, where and in what company and regiment did he enlist, and how do you know? I do not know he was a member Co C Phillips Legion
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? From Spring 1862 (Feb) to the time of the Surrender 1865. When he was discharged he was always ready when called for was true and faithful
7. What property, effects or income has the applicant? (Give your means of knowledge.) None that I know of I know he is living on rental land trying to farm which he is not able to do
8. What property, effects or income did the applicant possess in 1896 and 1897, and what disposition, if any, did he make of same? I don't know I think he had some and some went to pay debt
9. Has he conveyed away any of his property in the last three years, if so, what was it and to whom? None that I know of
10. What is the applicant's occupation and physical condition? Fanner is and old man 64 years old in very feeble health. One half of the time he is not able to leave his room
11. Is the applicant unable to support himself by labor of any sort, if so, why? His left side is partially paralyzed. He is not able to work or labor while on duty, and it has given him trouble since
12. How was he supported during the years 1896 and 1897? Don't know
13. What portion of his support for these two years was derived from his own labor or income? Don't know
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? He is and old man in very feeble health 64 years old with his affliction as stated above. he is not able make a living by labor
15. What interest have you in the recovery of a pension by this applicant? None what ever

Sworn to and subscribed before me, this 27 day of May 1898. J. M. Bozeman Witness. W. G. Delany Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb County.

Personally came before me Jas H Simpson M.D. and W. F. Setzer M.D., both known to me as reputable physicians of said County who being severally sworn, say on oath that they have examined carefully Jas M Wallace, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

Is partially paralyzed on right side. Is 64 years old and infirm. Not able to do but very little manual labor. Will never be able to make a support for himself by his own labor

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the 27 day of May 1898.

J. M. Bozeman Ordinary.

ORDINARYS' CERTIFICATE.

STATE OF GEORGIA,

Cobb County.

I, J. M. Bozeman Ordinary in and for said County, hereby certify that the applicant Jas M Wallace resides in said County, and has been a bona fide resident of this State since the 1st day of January 1862 and that the witnesses, viz: J. W. Bozeman, J. M. Delany, Jas H Simpson M.D. and W. F. Setzer M.D. are of trust worthy 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 Cobb County show that applicant returned for taxation in his name in 1896 \$70 Dollars of property, and in 1897 Nothing Dollars of property.

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

Witness my hand and seal of office, this 27 day of May 1898

J. M. Bozeman Ordinary of Cobb County.

NOTE.

1. 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."
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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

I, J. M. Wallace, hereby authorize

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

by

Witness my hand and seal this 12th day of Jan 1899.

Executed in presence of J. M. Wallace (L. S.)

CODE SEC. 1254.

(For These Already Enrolled.)

No. 1178

INDIGENT

SOLDIER'S PENSION,

1899.

Name J. M. Wallace
County Cobb

WARRANT ISSUED

1/14 1899

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Wallace
Geo. W. Harrison, State Printer, Atlanta.

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

I, J. M. Wallace, hereby authorize

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

by

Witness my hand and seal, this 15 day of Jan 1900.

Executed in presence of

J. J. Hamby [L. S.]

CODE SEC. 1254.

(For These Already Enrolled.)

No. 820

INDIGENT

SOLDIER'S PENSION,

1900.

Name J. M. Wallace
County Cobb

WARRANT ISSUED

January 8 1900.

JOHN. W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

J. M. Wallace
Geo. W. Harrison, State Printer, Atlanta.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. M. Wallace of Cobb County, State of Georgia who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1844 day of 1844, that he is 55 years old and by occupation a farmer; 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 for the term of 3 1/2 years in Company C, of 2nd Regiment of Legion Ga. Vol.; that his physical condition is as follows: on account of disease

infirmity poverty &c he is unable to support himself that his property consists of the following items Nothing

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1899. I have heretofore as a resident of Cobb county been entitled for pension allowed a pension for the year 1899

Sworn to and subscribed before me, this, the 12th day of January 1899. } J. M. Wallace } Marietta Ga
J. M. Stone Ordinary.

State of Georgia,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with J. M. Wallace 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 January 1899.



J. M. Stone Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1899.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cobb County.

Personally appears J. M. Wallace of Cobb County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the 1844 day of 1844; that he is 56 years old and by occupation a farmer; 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 for the term of 13 1/2 years in Company C, of 2nd Regiment of Legion Ga. Vol.; that his physical condition is as follows: On account of disease, infirmity and poverty &c. he is unable to support himself

that his property consists of the following items Nothing

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1900. I have heretofore as a resident of Cobb county been allowed a pension for the year 1899

Sworn to and subscribed before me, this, the 15th day of January 1900. } J. M. Wallace }
J. M. Stone Ordinary.

State of Georgia,

Cobb County.

I, J. M. Stone Ordinary of said County, do certify that I am well acquainted with J. M. Wallace 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 15th day of January 1900.



J. M. Stone Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1900.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *J M Wallace* hereby authorize
John Swamy of *Marion*

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

at _____
by *Land*

Witness my hand and seal, this *3* day of *January* 1901.

J M Wallace [L. S.]

Executed in presence of

Thos. J. Kandy

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cobb County.

I, *J M Wallace* hereby authorize
John Swamy of *Cobb*

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

at _____
by _____

Witness my hand and seal, this *2* day of *January* 1902.

J M Wallace [L. S.]

Executed in presence of

John Swamy

Wallace, J. M.
Cobb Co

CODE SECTION 124

(For Those Already Enrolled.)

No. *255-*

INDIGENT

SOLDIER'S PENSION.

1901.

Name *J M Wallace*
County *Cobb*

WARRANT ISSUED

Jan. 15th 1901.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Swamy
Land
Geo. W. Harrison, State Printer, At 3254

no date

Wallace, J. M.
Cobb County

CODE SECTION 124

(FOR THOSE ALREADY ENROLLED.)

No. *256*

INDIGENT

SOLDIER'S PENSION

1902.

Name *J M Wallace*
County *Cobb*
Co *Phillips Legion*
Regiment *Phillips Legion*

WARRANT ISSUED

1/16 1902

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Swamy
Land
Geo. W. Harrison, State Printer, At 3254

no date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Personally appears

Cobb County, }
J. M. Wallace of *Cobb*
 County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
 and resident of said County and State, and has resided in said State continuously ever
 since the day of 1844; that he is 58 years old and
 by occupation a *farmer* 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 for the term of 3 1/2 yrs in Company C, of 1st Regiment
 of *Ka. Vols.*; that his physical condition is as
 follows: *On account of disease, infirmity*
poverty he is unable to support himself

that his property consists of the following items

Nothing

of the value of _____ Dollars, that by reason of his physical
 condition and poverty he is unable to support himself by his own exertion or labor, and
 that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th,
 1894, and the Acts amendatory thereof, and makes application for the pension to which he
 is entitled for the year 1901. I have heretofore as a resident of *Cobb*
 county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the

day of 1901.

STATE OF GEORGIA,

I, _____

John Arthur Ordinary of said County,
 do certify that I am well acquainted with *J. M. Wallace* the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him
 in his said affidavit are true, and I know he is the individual he represents himself to be
 and that he resides in this County.

Given under my official signature and seal, this

day of *Jan* 1901.

Ordinary

County.



NOTE.—The blank spaces must be filled.
 NOTE.—Affidavit should not be attested before January 1st, 1901.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Personally appears

Cobb County, }
J. M. Wallace of *Cobb*
 County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen
 and resident of said County and State, and has resided in said State continuously ever
 since the day of 1844; that he is 58 years old and
 by occupation a *farmer* 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 for the term of 3 1/2 yrs in Company C, of 1st Regiment
 of *Ka. Vols.*; that his physical condition is as
 follows: *On account of disease, infirmity and poverty he is*
unable to support himself

that his property consists of the following items

Nothing

of the value of _____ Dollars, that by reason of his physical
 condition and poverty he is unable to support himself by his own exertion or labor, and
 that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 15th,
 1894, and the Acts amendatory thereof, and makes application for the pension to which he
 is entitled for the year 1902. I have heretofore as a resident of *Cobb*
 county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the

day of *Jan* 1902.

STATE OF GEORGIA,

I, _____

John Arthur Ordinary of said County,
 do certify that I am well acquainted with *J. M. Wallace*
 the applicant in the foregoing affidavit, and am well satisfied that the statements made by
 him in his said affidavit are true, and I know he is the individual he represents himself to be
 and that he resides in this County.

Given under my official signature and seal, this

day of *Jan* 1902.

Ordinary

County.



NOTE.—The blank spaces must be filled.
 NOTE.—Affidavit should not be attested before January 1st, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, J. M. Wallace hereby authorize John W. Lindsey of Cherokee to receive and receipt for the pension allowed and request that he remit same to him at _____ by _____

Witness my hand and seal, this 2 day of Jan 1903.

[L. S.]

Executed in presence of

J. M. Wallace J. M. Wallace

Wallace, J. M.
Cherokee County
CODE SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. 521

INDIGENT

SOLDIER'S PENSION
1903.

Name J. M. Wallace

County Cherokee

Co. Phillips

WARRANT ISSUED

1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordery Hembree

Geo. W. Harrison, State Printer, Atlanta.

No data

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, J. M. Wallace hereby authorize John W. Lindsey of Cherokee to receive and receipt for the pension allowed and request that he remit same to _____ at _____ by _____

Witness my hand and seal, this 27 day of Jan 1904.

[L. S.]

Executed in presence of

Wallace, J. M.
Cherokee County
CODE SECTION 1254
(FOR THOSE ALREADY ENROLLED.)

No. 637

INDIGENT

SOLDIER'S PENSION
1904.

Name J. M. Wallace

County Cherokee

Co. Phillips

WARRANT ISSUED

1/27 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordery Hembree
Geo. W. Harrison, State Printer, Atlanta.

No data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J M Wallace of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1844 that he is 59 years old and by occupation a farmer, 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 for the term of 3 1/2 yrs in Company 6 of Phillips Legion of La Vals; that his physical condition is as follows: from infirmity & poverty he cannot support himself

that his property consists of the following items:

nothing

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of Cobb county been allowed a pension for the year 1 902

Sworn to and subscribed before me, this the 2 day of Jan 1903.

J M Wallace

Ordinary.

STATE OF GEORGIA,

Cobb County.

I, John Arthur Ordinary of said County, do certify that I am well acquainted with J M Wallace 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 2 day of Jan 1903.

Ordinary

Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cobb County.

Personally appears J M Wallace of Cobb County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1844 that he is 58 years old and by occupation a farmer, 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 for the term of 3 yrs in Company 6 of Phillips Legion of La Vals; that his physical condition is as follows: on account of illness & infirmity from poverty he is unable to support himself

that his property consists of the following items:

nothing

of the value of Dollars, that by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act, approved December 16th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1904. I have heretofore as a resident of Cobb County been allowed a pension for the year 1 903.

Sworn to and subscribed before me, this the 4th day of Jan 1904.

J M Wallace

Ordinary.

STATE OF GEORGIA,

Cobb County.

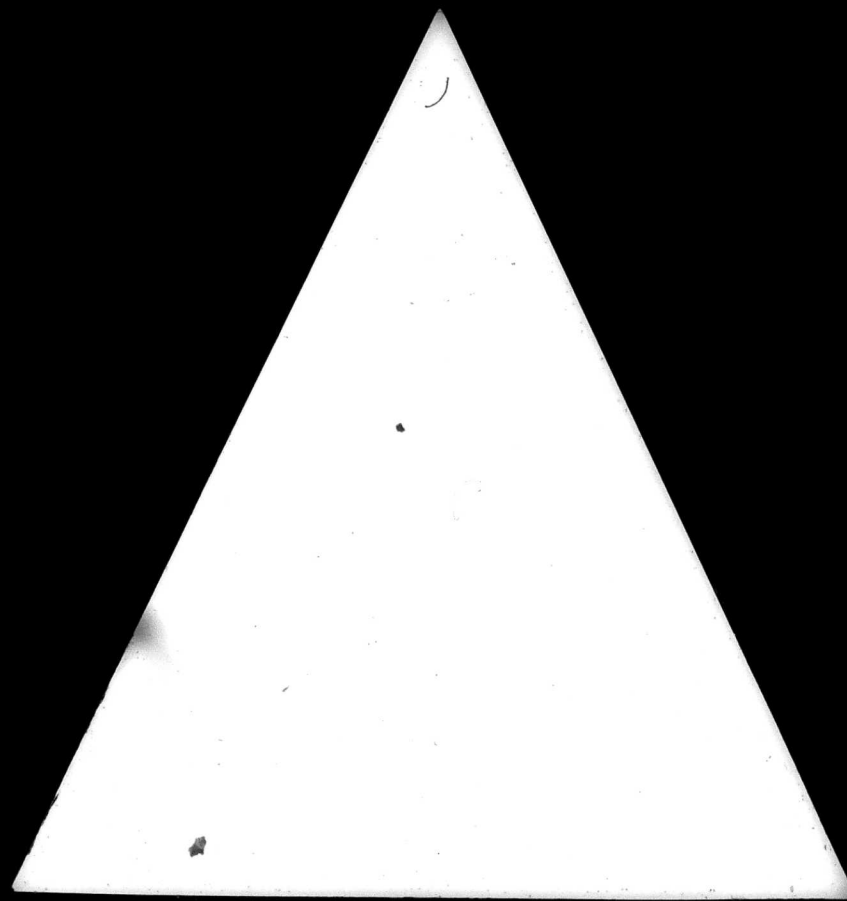
I, John Arthur Ordinary of said County, do certify that I am well acquainted with J M Wallace the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 2th day of January 1904.

Ordinary

Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1904.



Wallace, Joshua
Capt G.
No. OK for 1907

INDIGENT PENSION,
1907

Name Joshua Wallace
County Cobb
Co. 2nd Reg't Reg'm't

Approved _____ 1906

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

9/15/06

POWER OF ATTORNEY.

STATE OF GEORGIA,

County Cobb

Joshua Wallace hereby authorize

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

Witness my hand and seal, this _____

1907. [L.S.]

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, Joshua Wallace hereby authorize

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

at 15th day of July 1902.

Witness my hand and seal, this

Executed in presence of

[L. S.]

Wallace, Joshua
Capt G.
No. 107

INDIGENT PENSION,
1902

Name Joshua Wallace

County Cobb

Co. A

Reg't

1906

Approved

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

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

Geo. W. Harrison, State Printer, Atlanta.

9/15/06

Questions for Applicant.

STATE OF GEORGIA,

County.

I, Joshua Wallace 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 post office)

Joshua Wallace, Ga - Pitts Co - Marietta

2. How long and since when have you been a resident of this State? Acc my life

3. When and where were you born? 15th of December 1846 Cherokee Co Ga

4. When and where and in what company and regiment did you enlist or serve? Vol 1864 in 1864 from Oct 1863 until Oct 1864 Capt

Crowley's Legion, 1st Co, 1864 and was transferred to

5. How long did you remain in such company and regiment? about 17 months

6. When and where was your company and regiment surrendered and discharged? August 1868

7. Were you present with your company and regiment when it was surrendered? Yes

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority?

9. How much can you earn (gross) per annum by your own exertions or labor? Nothing

10. What has been your occupation since 1865? Cropper

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?" Infirmary 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? Can see in left eye

13. What property, real or personal, or income, do you possess, and its gross value? None except household and kitchen furniture = value \$15.00

14. What property, real or personal, did you possess in 1861, 1863, 1865, 1867, 1869, 1871, 1873, 1875, 1877, 1879, 1881, 1883, 1885, 1887, 1889, 1891, 1893, 1895, 1897, 1899, 1901, 1903, 1905, 1907, 1909, 1911, 1913, 1915, 1917, 1919, 1921, 1923, 1925, 1927, 1929, 1931, 1933, 1935, 1937, 1939, 1941, 1943, 1945, 1947, 1949, 1951, 1953, 1955, 1957, 1959, 1961, 1963, 1965, 1967, 1969, 1971, 1973, 1975, 1977, 1979, 1981, 1983, 1985, 1987, 1989, 1991, 1993, 1995, 1997, 1999, 2001, 2003, 2005, 2007, 2009, 2011, 2013, 2015, 2017, 2019, 2021, 2023, 2025, 2027, 2029, 2031, 2033, 2035, 2037, 2039, 2041, 2043, 2045, 2047, 2049, 2051, 2053, 2055, 2057, 2059, 2061, 2063, 2065, 2067, 2069, 2071, 2073, 2075, 2077, 2079, 2081, 2083, 2085, 2087, 2089, 2091, 2093, 2095, 2097, 2099, 2101, 2103, 2105, 2107, 2109, 2111, 2113, 2115, 2117, 2119, 2121, 2123, 2125, 2127, 2129, 2131, 2133, 2135, 2137, 2139, 2141, 2143, 2145, 2147, 2149, 2151, 2153, 2155, 2157, 2159, 2161, 2163, 2165, 2167, 2169, 2171, 2173, 2175, 2177, 2179, 2181, 2183, 2185, 2187, 2189, 2191, 2193, 2195, 2197, 2199, 2201, 2203, 2205, 2207, 2209, 2211, 2213, 2215, 2217, 2219, 2221, 2223, 2225, 2227, 2229, 2231, 2233, 2235, 2237, 2239, 2241, 2243, 2245, 2247, 2249, 2251, 2253, 2255, 2257, 2259, 2261, 2263, 2265, 2267, 2269, 2271, 2273, 2275, 2277, 2279, 2281, 2283, 2285, 2287, 2289, 2291, 2293, 2295, 2297, 2299, 2301, 2303, 2305, 2307, 2309, 2311, 2313, 2315, 2317, 2319, 2321, 2323, 2325, 2327, 2329, 2331, 2333, 2335, 2337, 2339, 2341, 2343, 2345, 2347, 2349, 2351, 2353, 2355, 2357, 2359, 2361, 2363, 2365, 2367, 2369, 2371, 2373, 2375, 2377, 2379, 2381, 2383, 2385, 2387, 2389, 2391, 2393, 2395, 2397, 2399, 2401, 2403, 2405, 2407, 2409, 2411, 2413, 2415, 2417, 2419, 2421, 2423, 2425, 2427, 2429, 2431, 2433, 2435, 2437, 2439, 2441, 2443, 2445, 2447, 2449, 2451, 2453, 2455, 2457, 2459, 2461, 2463, 2465, 2467, 2469, 2471, 2473, 2475, 2477, 2479, 2481, 2483, 2485, 2487, 2489, 2491, 2493, 2495, 2497, 2499, 2501, 2503, 2505, 2507, 2509, 2511, 2513, 2515, 2517, 2519, 2521, 2523, 2525, 2527, 2529, 2531, 2533, 2535, 2537, 2539, 2541, 2543, 2545, 2547, 2549, 2551, 2553, 2555, 2557, 2559, 2561, 2563, 2565, 2567, 2569, 2571, 2573, 2575, 2577, 2579, 2581, 2583, 2585, 2587, 2589, 2591, 2593, 2595, 2597, 2599, 2601, 2603, 2605, 2607, 2609, 2611, 2613, 2615, 2617, 2619, 2621, 2623, 2625, 2627, 2629, 2631, 2633, 2635, 2637, 2639, 2641, 2643, 2645, 2647, 2649, 2651, 2653, 2655, 2657, 2659, 2661, 2663, 2665, 2667, 2669, 2671, 2673, 2675, 2677, 2679, 2681, 2683, 2685, 2687, 2689, 2691, 2693, 2695, 2697, 2699, 2701, 2703, 2705, 2707, 2709, 2711, 2713, 2715, 2717, 2719, 2721, 2723, 2725, 2727, 2729, 2731, 2733, 2735, 2737, 2739, 2741, 2743, 2745, 2747, 2749, 2751, 2753, 2755, 2757, 2759, 2761, 2763, 2765, 2767, 2769, 2771, 2773, 2775, 2777, 2779, 2781, 2783, 2785, 2787, 2789, 2791, 2793, 2795, 2797, 2799, 2801, 2803, 2805, 2807, 2809, 2811, 2813, 2815, 2817, 2819, 2821, 2823, 2825, 2827, 2829, 2831, 2833, 2835, 2837, 2839, 2841, 2843, 2845, 2847, 2849, 2851, 2853, 2855, 2857, 2859, 2861, 2863, 2865, 2867, 2869, 2871, 2873, 2875, 2877, 2879, 2881, 2883, 2885, 2887, 2889, 2891, 2893, 2895, 2897, 2899, 2901, 2903, 2905, 2907, 2909, 2911, 2913, 2915, 2917, 2919, 2921, 2923, 2925, 2927, 2929, 2931, 2933, 2935, 2937, 2939, 2941, 2943, 2945, 2947, 2949, 2951, 2953, 2955, 2957, 2959, 2961, 2963, 2965, 2967, 2969, 2971, 2973, 2975, 2977, 2979, 2981, 2983, 2985, 2987, 2989, 2991, 2993, 2995, 2997, 2999, 3001, 3003, 3005, 3007, 3009, 3011, 3013, 3015, 3017, 3019, 3021, 3023, 3025, 3027, 3029, 3031, 3033, 3035, 3037, 3039, 3041, 3043, 3045, 3047, 3049, 3051, 3053, 3055, 3057, 3059, 3061, 3063, 3065, 3067, 3069, 3071, 3073, 3075, 3077, 3079, 3081, 3083, 3085, 3087, 3089, 3091, 3093, 3095, 3097, 3099, 3101, 3103, 3105, 3107, 3109, 3111, 3113, 3115, 3117, 3119, 3121, 3123, 3125, 3127, 3129, 3131, 3133, 3135, 3137, 3139, 3141, 3143, 3145, 3147, 3149, 3151, 3153, 3155, 3157, 3159, 3161, 3163, 3165, 3167, 3169, 3171, 3173, 3175, 3177, 3179, 3181, 3183, 3185, 3187, 3189, 3191, 3193, 3195, 3197, 3199, 3201, 3203, 3205, 3207, 3209, 3211, 3213, 3215, 3217, 3219, 3221, 3223, 3225, 3227, 3229, 3231, 3233, 3235, 3237, 3239, 3241, 3243, 3245, 3247, 3249, 3251, 3253, 3255, 3257, 3259, 3261, 3263, 3265, 3267, 3269, 3271, 3273, 3275, 3277, 3279, 3281, 3283, 3285, 3287, 3289, 3291, 3293, 3295, 3297, 3299, 3301, 3303, 3305, 3307, 3309, 3311, 3313, 3315, 3317, 3319, 3321, 3323, 3325, 3327, 3329, 3331, 3333, 3335, 3337, 3339, 3341, 3343, 3345, 3347, 3349, 3351, 3353, 3355, 3357, 3359, 3361, 3363, 3365, 3367, 3369, 3371, 3373, 3375, 3377, 3379, 3381, 3383, 3385, 3387, 3389, 3391, 3393, 3395, 3397, 3399, 3401, 3403, 3405, 3407, 3409, 3411, 3413, 3415, 3417, 3419, 3421, 3423, 3425, 3427, 3429, 3431, 3433, 3435, 3437, 3439, 3441, 3443, 3445, 3447, 3449, 3451, 3453, 3455, 3457, 3459, 3461, 3463, 3465, 3467, 3469, 3471, 3473, 3475, 3477, 3479, 3481, 3483, 3485, 3487, 3489, 3491, 3493, 3495, 3497, 3499, 3501, 3503, 3505, 3507, 3509, 3511, 3513, 3515, 3517, 3519, 3521, 3523, 3525, 3527, 3529, 3531, 3533, 3535, 3537, 3539, 3541, 3543, 3545, 3547, 3549, 3551, 3553, 3555, 3557, 3559, 3561, 3563, 3565, 3567, 3569, 3571, 3573, 3575, 3577, 3579, 3581, 3583, 3585, 3587, 3589, 3591, 3593, 3595, 3597, 3599, 3601, 3603, 3605, 3607, 3609, 3611, 3613, 3615, 3617, 3619, 3621, 3623, 3625, 3627, 3629, 3631, 3633, 3635, 3637, 3639, 3641, 3643, 3645, 3647, 3649, 3651, 3653, 3655, 3657, 3659, 3661, 3663, 3665, 3667, 3669, 3671, 3673, 3675, 3677, 3679, 3681, 3683, 3685, 3687, 3689, 3691, 3693, 3695, 3697, 3699, 3701, 3703, 3705, 3707, 3709, 3711, 3713, 3715, 3717, 3719, 3721, 3723, 3725, 3727, 3729, 3731, 3733, 3735, 3737, 3739, 3741, 3743, 3745, 3747, 3749, 3751, 3753, 3755, 3757, 3759, 3761, 3763, 3765, 3767, 3769, 3771, 3773, 3775, 3777, 3779, 3781, 3783, 3785, 3787, 3789, 3791, 3793, 3795, 3797, 3799, 3801, 3803, 3805, 3807, 3809, 3811, 3813, 3815, 3817, 3819, 3821, 3823, 3825, 3827, 3829, 3831, 3833, 3835, 3837, 3839, 3841, 3843, 3845, 3847, 3849, 3851, 3853, 3855, 3857, 3859, 3861, 3863, 3865, 3867, 3869, 3871, 3873, 3875, 3877, 3879, 3881, 3883, 3885, 3887, 3889, 3891, 3893, 3895, 3897, 3899, 3901, 3903, 3905, 3907, 3909, 3911, 3913, 3915, 3917, 3919, 3921, 3923, 3925, 3927, 3929, 3931, 3933, 3935, 3937, 3939, 3941, 3943, 3945, 3947, 3949, 3951, 3953, 3955, 3957, 3959, 3961, 3963, 3965, 3967, 3969, 3971, 3973, 3975, 3977, 3979, 3981, 3983, 3985, 3987, 3989, 3991, 3993, 3995, 3997, 3999, 4001, 4003, 4005, 4007, 4009, 4011, 4013, 4015, 4017, 4019, 4021, 4023, 4025, 4027, 4029, 4031, 4033, 4035, 4037, 4039, 4041, 4043, 4045, 4047, 4049, 4051, 4053, 4055, 4057, 4059, 4061, 4063, 4065, 4067, 4069, 4071, 4073, 4075, 4077, 4079, 4081, 4083, 4085, 4087, 4089, 4091, 4093, 4095, 4097, 4099, 4101, 4103, 4105, 4107, 4109, 4111, 4113, 4115, 4117, 4119, 4121, 4123, 4125, 4127, 4129, 4131, 4133, 4135, 4137, 4139, 4141, 4143, 4145, 4147, 4149, 4151, 4153, 4155, 4157, 4159, 4161, 4163, 4165, 4167, 4169, 4171, 4173, 4175, 4177, 4179, 4181, 4183, 4185, 4187, 4189, 4191, 4193, 4195, 4197, 4199, 4201, 4203, 4205, 4207, 4209, 4211, 4213, 4215, 4217, 4219, 4221, 4223, 4225, 4227, 4229, 4231, 4233, 4235, 4237, 4239, 4241, 4243, 4245, 4247, 4249, 4251, 4253, 4255, 4257, 4259, 4261, 4263, 4265, 4267, 4269, 4271, 4273, 4275, 4277, 4279, 4281, 4283, 4285, 4287, 4289, 4291, 4293, 4295, 4297, 4299, 4301, 4303, 4305, 4307, 4309, 4311, 4313, 4315, 4317, 4319, 4321, 4323, 4325, 4327, 4329, 4331, 4333, 4335, 4337, 4339, 4341, 4343, 4345, 4347, 4349, 4351, 4353, 4355, 4357, 4359, 4361, 4363, 4365, 4367, 4369, 4371, 4373, 4375, 4377, 4379, 4381, 4383, 4385, 4387, 4389, 4391, 4393, 4395, 4397, 4399, 4401, 4403, 4405, 4407, 4409, 4411, 4413, 4415, 4417, 4419, 4421, 4423, 4425, 4427, 4429, 4431, 4433, 4435, 4437, 4439, 4441, 4443, 4445, 4447, 4449, 4451, 4453, 4455, 4457, 4459, 4461, 4463, 4465, 4467, 4469, 4471, 4473, 4475, 4477, 4479, 4481, 4483, 4485, 4487, 4489, 4491, 4493, 4495, 4497, 4499, 4501, 4503, 4505, 4507, 4509, 4511, 4513, 4515, 4517, 4519, 4521, 4523, 4525, 4527, 4529, 4531, 4533, 4535, 4537, 4539, 4541, 4543, 4545, 4547, 4549, 4551, 4553, 4555, 4557, 4559, 4561, 4563, 4565, 4567, 4569, 4571, 4573, 4575, 4577, 4579, 4581, 4583, 4585, 4587, 4589, 4591, 4593, 4595, 4597, 4599, 4601, 4603, 4605, 4607, 4609, 4611, 4613, 4615, 4617, 4619, 4621, 4623, 4625, 4627, 4629, 4631, 4633, 4635, 4637, 4639, 4641, 4643, 4645, 4647, 4649, 4651, 4653, 4655, 4657, 4659, 4661, 4663, 4665, 4667, 4669, 4671, 4673, 4675, 4677, 4679, 4681, 4683, 4685, 4687, 4689, 4691, 4693, 4695, 4697, 4699, 4701, 4703, 4705, 4707, 4709, 4711, 4713, 4715, 4717, 4719, 4721, 4723, 4725, 4727, 4729, 4731, 4733, 4735, 4737, 4739, 4741, 4743, 4745, 4747, 4749, 4751, 4753, 4755, 4757, 4759, 4761, 4763, 4765, 4767, 4769, 4771, 4773, 4775, 4777, 4779, 4781, 4783, 4785, 4787, 4789, 4791, 4793, 4795, 4797, 4799, 4801, 4803, 4805, 4807, 4809, 4811, 4813, 4815, 4817, 4819, 4821, 4823, 4825, 4827, 4829, 4831, 4833, 4835, 4837, 4839, 4841, 4843, 4845, 4847, 4849, 4851, 4853, 4855, 4857, 4859, 4861, 4863, 4865, 4867, 4869, 4871, 4873, 4875, 4877, 4879, 4881, 4883, 4885, 4887, 4889, 4891, 4893, 4895, 4897, 4899, 4901, 4903, 4905, 4907, 4909, 4911, 4913, 4915, 4917, 4919, 4921, 4923, 4925, 4927, 4929, 4931, 4933, 4935, 4937, 4939, 4941, 4943, 4945, 4947, 4949, 4951, 4953, 4955, 4957, 4959, 4961, 4963, 4965, 4967, 4969, 4971, 4973, 4975, 4977, 4979, 4981, 4983, 4985, 4987, 4989, 4991, 4993, 4995, 4997, 4999, 5001, 5003, 5005, 5007, 5009, 5011, 5013, 5015, 5017, 5019, 5021, 5023, 5025, 5027, 5029, 5031, 5033, 5035, 5037, 5039, 5041, 5043, 5045, 5047, 5049, 5051, 5053, 5055, 5057, 5059, 5061, 5063, 5065, 5067, 5069, 5071, 5073, 5075, 5077, 5079, 5081, 5083, 5085, 5087, 5089, 5091, 5093, 5095, 5097, 5099, 5101, 5103, 5105, 5107, 5109, 5111, 5113, 5115, 5117, 5119, 5121, 5123, 5125, 5127, 5129, 5131, 5133, 5135, 5137, 5139, 5141, 5143, 5145, 5147, 5149, 5151, 5153, 5155, 5157, 5159, 5161, 5163, 5165, 5167, 5169, 5171, 5173, 5175, 5177, 5179, 5181, 5183, 5185, 5187, 5189, 5191, 5193, 5195, 5197, 5199, 5201, 5203, 5205, 5207, 5209, 5211, 5

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

COUNTY.

Robert of said State and County, having been presented as a witness in support of the application of Joshua Wallace 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? Robert County, Ga. George Wallace
2. Are you acquainted with Joshua Wallace the applicant; if so, how long have you known him? Since 1846.
3. Where does he reside, and how long and since when has he been a resident of this State? Liberty Co. Ga. Since 1846.
4. When, where and in what company and regiment did he enlist, and how do you know? 2nd Ga. Heavy Artillery, 1862. He enlisted in Capt. Coward's Co. and was killed in the battle of Gettysburg, July 3rd, 1863.
5. Were you a member of the same company and regiment? Yes.
6. How long did he perform regular military duty? About 17 months.
7. When and where was his command surrendered? In May 1865 at Kingston Ga.
8. Were you present when it surrendered? I was.
9. Was applicant present? He was.
10. If he was not present, where was he? When did he leave his command? May 1865. For what cause? Surrender.

By what authority he left? Surrender. How do you know all of this? I was present.

11. What property, effects or income has the applicant? (Give your means of knowledge). None. I know him intimately. I know his means.
12. What property, effects or income did the applicant possess in 1860, 1861, 1862, 1863, 1864, and 1865, and what disposition, if any, did he make of same? None. except household furniture except a mule which he sold in 1863 to pay purchase money.
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? None except as above.
14. What is the applicant's occupation and physical condition? He has been a crop planter since 1865 until 1902. Since then has been a farmer on left hand and paralytic in a small way.
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is because of Cancer.
16. How was he supported during the years 1860, 1861, 1862, 1863, 1864, and 1865? By aid of relatives & the little he could make for himself.
17. What portion of his support for these four years was derived from his own labor or income? Very little. I can't say how much.
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Cancer on left hand that makes him almost helpless.

19. What interest have you in the recovery of a pension by this applicant? None.
Sworn to and subscribed before me, this the 13th day of Sept, 1906. George Wallace Witness.
John Avery Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

COUNTY.

Personally came before me Wm. Kemp and Chas. H. Field, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Joshua Wallace, applicant for pension under Section 1254, Code, and after such personal examination say that his precise physical condition is as follows:

Applicant's left hand and arm is paralyzed and is nearly useless. Also the right arm is paralyzed and the right leg is nearly useless. Applicant is suffering from cancer of the face
and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the 13th day of Sept, 1906.

Wm. Kemp M. D. Ordinary.
Chas. H. Field M. D.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY.

I, John Avery Ordinary in and for said County, hereby certify that the applicant Joshua Wallace resides in said County, and has been a bona fide resident of this State since the 1st day of January, 1864, and that the witnesses, viz.: George Wallace

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 digest of Coos County show that applicant returned for taxation in his name in 1904 15 Dollars of property, and in 1905 15 Dollars of property.

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

Witness my hand and seal of office, this 13th day of Sept, 1906.
John Avery Ordinary,
of Coos 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.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Guthrie COUNTY.

I, Josh Wallace, hereby authorize
John Lindsey of _____
to receive and receipt for the pension allowed, and request that he remit same to
_____ at _____
by _____

WITNESS my hand and seal, this 8 day of January 1907.

Executed in presence of

William

Josh Wallace [L. S.]
John Lindsey

Wallace, Joshua
Cobb Co.

Great Seal of the State
(FOR THOSE ALREADY ENROLLED)

No. 682

INDIGENT
SOLDIER'S PENSION
1907.

Name Josh Wallace
County Cobb
Co. 2nd Regt.

WARRANT ISSUED
JAN 21 1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. LINDSEY, STATE PRINTER, ATLANTA.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cobb County.

Personally appears Josh Wallace of Cobb

County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the _____ day of _____ 18____; that he is _____ years old and by occupation a _____, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served for the term of _____ in Company 1, of 2nd th Regiment of _____; that his physical condition is as follows: very strong

that his property consists of the following items: _____

of the value of nothing Dollars. I am now earning by my labor, _____ Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Cobb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the _____ day of July 1907. Josh Wallace Ordinary. Mark

State of Georgia,

Cobb County.

I, John A. Trotter Ordinary of said County,

do certify that I am well acquainted with Josh Wallace 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 8 day of July 1907.



John A. Trotter Ordinary Cobb County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1907.

STATE OF GEORGIA

Cobb

County

I, *J. M. Garrison*, Ordinary of said County, do certify that I personally know *Mollie Wallace*, the applicant, and that she is the lawful widow of *Joshua Wallace*, and was on the *Service* Pension Roll of said *Cobb* County, and was paid a Pension from *Cobb* County for 19*22*, and at the time of his death on the *18* day of *December*, 192*1*, there was due to him and unpaid his Pension of *One Hundred* Dollars from the State of Georgia, and I know *Mary Wallace*, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this *21* of *August*, 192*2*

(SEAL.)

J. M. Garrison Ordinary
Cobb County.

WALLACE, Joshua

Cobb County

1921

Application for Pension Due
Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY

Mollie Wallace
Widow of *Joshua Wallace*

of *Cobb* County

Old or New *Service*

Date of Death *Dec 18 - 1921*

Approved and ordered paid.

1921

J. W. LINDSEY,
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money, and return it with your pay-rolls for permanent filing in the Pension Office.

GEORGIA, _____ County.

I hereby authorize and constitute _____, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 192____, through my deceased husband, _____, who was on _____ Pension Roll and paid from _____ County for 19____.

Witness my hand this _____ day of _____, 192____.

Attested before me:

Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 9, 1901.

STATE OF GEORGIA, Cobb County

Personally before me comes Mrs. Mollie Waller, of said County, who after being duly sworn, on oath says that she is the widow of Joshua Waller who was duly enrolled as a Indigent Pensioner from the County of Cobb and was paid a Pension of 100 Dollars from Cobb County for 1922, and that the said Joshua Waller died in Cobb County on the 18 day of December, 1922, and at the time of his death a Pension of \$100 was due him from Cobb County and unpaid for 1921. Applicant further swears that she married the said Joshua Waller on the 17 day of July, 1879 in Cherokee County and State of Ga, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 21 day of August, 1923
J. M. Gann, Ordinary.
Cobb County. Mollie Waller (s.)
(SEAL.) (X Her Mark)

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Cobb County

Personally before me comes Wm. Mary Waller, who on oath says that he knew Joshua Waller while in life and that he knew Mrs. Mollie Waller, the above applicant; that he knows that the said Joshua Waller and Mollie Waller were in due form of law married in the County of Cherokee in the State of Ga on the 17 day of July, 1879, and that they resided together as husband and wife from date of marriage to the day of his death on the 16 day of December, 1922, and I know that she is his dependent widow.

Sworn to and subscribed before me this 21 day of August, 1923
J. M. Gann, Ordinary.
Cobb County. Mary Waller
(SEAL.)

INSTRUCTIONS:
1st. This form can be used by guardian of minor children, where there is no widow.
2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witness.
3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for framing. Such a certificate is entirely too bulky for use in any form of pension packet.
4th. This form is for widows of disabled soldiers who died after October 26th, and for widows and dependent children of Service soldiers who died after November 1st.
5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filed out.
6th. Pay out no money on this application until it is approved by the Pension Office, and returned to you as your authority to make the payment.
7th. Return this application with your final settlement to the Pension Office.
8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.
9th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. Widow of a "new" pensioner, who was due 1930 and 1931 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

Wallace, Mary
OK for 1923
Cobb
WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When
Husband Was on the Pension Roll
of Georgia.

County Cobb
Name Mrs Mary Wallace
Widow of George Wallace
Company 2nd Reg. Ga. State Troops
Regiment 2nd Reg. Ga. State Troops
Date of Husband's Death 3/25- 1922
Date of Marriage 18
Approved _____

*Date of marriage not
stated by applicant and
proven by witness.*

C. E. McGREGOR

C. E. McGREGOR,
Commissioner of Pensions.

10/31/1923

STATE OF GEORGIA

Ordinary's Certificate
Cobb COUNTY.

I, Wm. L. Linn Ordinary of said County, do certify that I
know Mrs. Mary Wallace, the applicant for pension; that she is the person
she represents herself to be, and that she is continuously a bona fide resident of said County since
January 1st, 1920; that I also know Wm. Wallace Jr. the witness as to
marriage, and that both the foregoing were duly sworn by me before signing the respective afi-
davits, and that they are truthful and trustworthy and their statements are entitled to full faith
and credit.

Given under my hand and official seal of office this 17 day of October, 1923.
(SEAL OF ORDINARY) Wm. L. Linn Ordinary,
Cobb County

Instructions

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You solemnly swear that you will true answers make to each of the questions asked you and the evidence
you shall give will be the truth. So help you God."
2. Affidavits of witnesses must be made before the Ordinary, and the evidence must be sufficient.
3. All affidavits must be made before the Ordinary, and the evidence must be sufficient.
4. Only widows who are married prior to first January, 1861, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage by some person, or by gen-
eral service—because Disabled Pensioners must use the Blue Application Blank and make and prove full term of hus-
band's service—because Disabled Pensioners made no proof of service and were not required to do so.

Wallace, Mary
OK for 1923

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When
Husband Was on the Pension Roll
of Georgia.

County Colt
Name Mrs Mary Wallace
Widow of George Wallace
Company 1st
Regiment 2nd Reg. Co. 3rd Inf.
Date of Husband's Death 12/25 1922
Date of Marriage 18
Approved _____

Date of marriage not
stated by applicant not
proven by witness

[Signature]

C. E. MCGREGOR,
Commissioner of Pensions.

10/31/1923

Ordinary's Certificate

STATE OF GEORGIA,

Colt COUNTY.

I, J. M. Gamm Ordinary of said County, do certify that I
know Mrs. Mary Wallace, the applicant for pension; that she is the person
she represents herself to be, and that she is continuously a bona fide resident of said County since
January 1st, 1920; that I also know Amie Solomon, the witness as to
marriage, and that both the foregoing were duly sworn by me before signing the respective affi-
davits, and that they are truthful and trustworthy and their statements are entitled to full faith
and credit.

Given under my hand and official seal of office this 17 day of October, 1923.

(SEAL OF ORDINARY) J. M. Gamm Ordinary,
Colt County

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You solemnly swear that you will true answers make to each of the questions asked you and the evidence
you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the County of residence.
4. Only widows who are married prior to first January, 1861, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by gen-
eral reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of hus-
band's service—because Disabled Pensioners made no proof of service and were not required to do so.

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA

Cobb

COUNTY.

Personally before me comes *Mary Wallace* of said County, who, after having been duly sworn, says that she is the widow of *George Wallace* to whom, in the County of *Cobb* State of *Ga* she was married on the _____ day of _____ 18____, and that she remained his wife, and resided with him to the date of his death in *Dec. 25* 1922 and that she has not since his death remarried; at the time of his death he was a resident of _____ County, in said State of Georgia, and he was on the *Subsistent* Pension Roll of the State and paid a pension of \$100 in *Cobb* County for 1922 (per annum), on account of being a soldier in Company *D* 2nd Regiment *in State Troops* (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of *Ga* and she has, continuously, resided there since *all my life* day of _____ 192____.

Sworn to and subscribed before me, this the

17 day of *October* 1923
J M Hume Ordinary
of *Cobb* County.

Mary Wallace
(Applicant)

(SEAL OF THE ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA

Cobb

COUNTY.

Personally before me comes *Annie Halcomb* known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. *Mary Miller*, who made the foregoing affidavit, is the lawful widow of *George Wallace* who died in *Fullin* County in said State of *Ga* on the *25* day of *Dec*, 1922, and that she has not since remarried; that she became the wife of *George Wallace* on the _____ day of _____ 18____; that she and he had resided together as husband and wife, continuously, since *for about 35 years to my knowledge* day of _____ 19____, and that was the same man who was on the pension roll of said State _____ from *Cobb* County _____ when he died.

Sworn to and subscribed before me, this the

17 day of *October* 1923
J M Hume Ordinary
of *Cobb* County.

Annie Halcomb

(SEAL OF ORDINARY)

STATE OF GEORGIA

Marriage Certificate

Harris COUNTY

This Certifies that *Mr. George W. Wallis*
and *Miss Mary A. Scott*

WERE UNITED IN THE HOLY BONDS OF MATRIMONY

By *D. J. Higgins M. H.*

On the *5th* day of *November* in the year of our Lord *1871*

as appears of record in my office in Marriage Record, book *D*

page *160*. This *15th* day of *Feb* 192*5*

WATKINS & BRUCE, C.D., NASHVILLE

W. J. Dickson

Ordinary.

OK Wallace Molly (m)
OK Cobb County
OK for 1925

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When
 Husband Was on the Pension Roll
 of Georgia.

County Cobb
 Name Mrs. Molly Wallace
 Widow of Joseph Wallace
 Company _____
 Regiment 2 Ga
 Date of Husband's Death Dec 11, 1924
 Date of Marriage June 18, 70
 Approved Feb. 5, 1925

V E Harris
 Commissioner of Pensions.

10-31-1924

STATE OF GEORGIA

Ordinary's Certificate

Cobb COUNTY.

I, Mary Wallace, Ordinary of said County, do certify that I
 know Mrs. Molly Wallace, the applicant for pension; that she is the person
 she represents herself to be, and that she is continuously a bona fide resident of said County since
 January 1st, 1920; that I also know Wm. Wallace, the witness as to
 marriage, and that both the foregoing were duly sworn by me before signing the respective affi-
 davits, and that they are truthful and trustworthy and their statements are entitled to full faith
 and credit.

Given under my hand and official seal of office this 28 day of June, 1924.
 (SEAL OF ORDINARY) M. Wallace Ordinary,
 County _____

Instructions.

1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
 "You solemnly swear that you will true answers give to each of the questions asked you and the evidence
 you shall give will be the truth. So help you God."
2. All affidavits must be sworn to before the Ordinary of the County of residence.
3. All affidavits must be sworn to before the Ordinary of the County of residence.
4. Only widows who are married prior to January 1st, 1920, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by gen-
 eral reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of hus-
 band's service—because Disabled Pensioners made no proof of service and were not required to do so.

STATE OF GEORGIA

COUNTY OF Cobb

Before the undersigned attesting officer in person appeared W. H. Mitchell, who, after being duly sworn, deposes and says, that he is a resident of Cobb County, Georgia and has been for most of my life years, his present Post office address being R.F.D. No. 25 Rowwell, Georgia.

Deponents is 67 years old having been born on the 15 day of Nov 1855.

Deponent knows Mrs. Mary Wallace, formerly Miss Mary Hadder, and knew her husband Joshua Wallace during his life time and until his death which occurred on the or about the 16 day of Dec 1922 in Cobb County, Georgia. Deponent knew both Mr. And Mrs. Wallace before they were married and knows that they were married in Cherokee County, near Ball Ground, Georgia, on or about the ___ day of ___ 1887. He knows that at that time of said marriage and prior thereto the said Mrs. Mary Wallace was living with her mother, who after the death of her father, Hader, had married again, one Terrell with whom she and her daughter were then living. The said Mrs. Wallace was sometimes spoken of as Mary Terrell on as account of living with her stepfather, as a manner of his family.

Deponent further says that after the said marriage of Joshua Wallace and Mary Hadder (sometimes called Mary Terrell) they lived together continuously as man and wife until the death of Mr. Wallace last year as indicted.

This affidavit is made by deponent, as he is one of the few witnesses now living who knows of the marriage as well as the continued living together thereafter until the husband's death.

Deponent is not related to the parties and has no interest other than long time friendship for them.

Sworn to and subscribed before me this April 22 1923.)

W. H. Mitchell

A. W. Ledbetter
Notary Public.

I never knew Mrs. & Mrs. Wallace before their marriage & first met them some time in the year 1887 and have known them ever since.

10-31-1924

A. E. Harris
Commissioner of Pensions.

WIDOW'S APPLICATION

To Be Put on Roll in Her Own Right When Husband Was on the Pension Roll of Georgia.

County Cobb
Name Mrs. Mary Wallace
Widow of Joshua Wallace
Company J
Regiment 28th
Date of Husband's Death Dec 1922
Date of Marriage June 1887
Approved Feb 5, 1925

Ordinary's Certificate

STATE OF GEORGIA

COUNTY.

I, J. M. Gay Ordinary of said County, do certify that I know Mrs. Mary Wallace, the applicant for pension; that she is the person she represents herself to be, and that she is continuously a bona fide resident of said County since January 1st, 1920; that I also know W. H. Mitchell one of, the witness as to marriage, and that both the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Given under my hand and official seal of office this 28 day of June 1924

(SEAL OF ORDINARY) J. M. Gay Ordinary, _____ County

Instructions.

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

APPLICATION FOR PENSION BY A WIDOW

Whose Deceased Husband Was on the Pension Roll of Georgia. (Not to be Used by the Widow of a Disabled Soldier Pensioner.)

STATE OF GEORGIA,

Cobb COUNTY.

Personally before me comes Mary Wallace of said County, who, after having been duly sworn, says that she is the widow of Joshua Wallace to whom, in the County of Cobb State of Ga she was married on the 27 day of June 1883, and that she remained his wife, and resided with him to the date of his death in Dec 1922 and that she has not since his death remarried; at the time of his death he was a resident of Cobb County, in said State of Georgia, and he was on the Service Pension Roll of the State and paid a pension of \$ 40 in Cobb County for 1923 (per annum), on account of being a soldier in Company _____ Regiment _____ (Volunteers or State Militia).

That she is now a bona fide resident citizen of said State of 83 years and she has, continuously, resided there since _____ day of June 1883.

Sworn to and subscribed before me, this the

28 day of June, 1924,
I, W. L. Lane, Ordinary
of Cobb County.

(SEAL OF THE ORDINARY.)

Affidavit of Witness to Prove Marriage and Date of Death of Husband.

STATE OF GEORGIA,

COUNTY.

Personally before me comes _____ known to be a responsible and truthful person, residing in said County, who after having been duly sworn, says that of deponent's own personal knowledge, Mrs. _____, who made the foregoing affidavit, is the lawful widow of _____ who died in _____ County in said State of _____ on the _____ day of _____, 19____, and that she has not since remarried; that she became the wife of _____ on the _____ day of _____, 18____; that she and he had resided together as husband and wife, continuously, since _____ day of _____, 19____, and that _____ was the same man who was on the pension roll of said State _____ from _____ County _____ when he died.

Sworn to and subscribed before me, this the

_____ day of _____, 19____
I, _____ Ordinary
of _____ County.

(SEAL OF ORDINARY)

STATE OF GEORGIA,

COUNTY OF BORTON

Before the undersigned attesting officer in person appeared Mrs. Ab Wright, who after being duly sworn deposes and says that she is a sister of Mrs. Mary Wallace, widow of Joshua Wallace, who recently died in Cobb County, Georgia.

Deponent says that she was present at the wedding between the said Joshua Wallace and Mary Hadder, which occurred at the home of her mother and step-father Mr. Walter Terrell, near Ball Ground Georgia, in Cherokee County, on or about the 27 day of July 1882. Deponent was a very young girl at the time, but was present at the wedding.

Deponent further says that she has seen the said Mr. and Mrs. Wallace from time since and they continued to live together as man and wife, raising a family, until the death of Mr. Wallace on or about the 18 day of Dec 1922.

Sworn to and subscribed before me this the 30 day of April 1923.

Notary Public.

J. H. Ward J. P.