

Ordinary's Certificate

STATE OF GEORGIA

DeKalb COUNTY.

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

Sworn under my hand and official seal of office this 30 day of Oct 1919

(SEAL)

James R. George Ordinary,
DeKalb County.

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

Trippe, Mary A.
DeKalb Co. Ga.
Widow of M. A. Trippe
Camp No. 11

Widow's Pension

Under Act 1910—as amended by Act of 1919.

County DeKalb
Name Mary A. Trippe
Widow of Augustus P. Trippe
Company _____
Regiment Mass. Light Infantry
Approved _____

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

6161-1-11

Questions for Applicant

STATE OF GEORGIA,
De Kalb COUNTY.

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

1. What is your name, and where do you reside? 187 years old my wife
2. How long and since when have you been a continuing resident of the State of Georgia? 20 years
3. When, where and to whom were you married? 28 June 1892 in place of
4. Have you married since the death of first and soldier husband? No
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) Company 1262 1st Regt. 1st Div. 1st Corps 1st Div. 1st Corps 1st Div. 1st Corps
6. Was your husband personally present at the time of the surrender or discharge of this command? No
7. If he was not present state clearly where he was? He was in the trenches at Petersburg
8. Where was his command when he left? Richmond, Va.
9. For what cause did he leave his command? He was in the trenches at Petersburg
10. By whose authority did he leave his command? General Lee
11. For how long was he granted leave of absence? 30 days
12. What was his physical condition when he left his command? He was in the trenches at Petersburg
13. What effort did he make to return to his command? He was in the trenches at Petersburg
14. In what way was he prevented from going back to Command? He was in the trenches at Petersburg
15. Was he captured by the enemy at any time? No
16. If so, when and where captured and where held as a prisoner, and when and for what cause released? No
17. When and where did your first husband die? Atlanta, Ga. March 1894
18. Were you residing together when he died? Yes
19. If not, how long had you resided apart? No
20. Are you now a widow? Yes
21. Have you or your husband heretofore been paid a pension by the State? No
22. If so, when and for what cause were you or your husband placed on the roll? No

Sworn to and subscribed before me this the 19 day of October, 1917
Ordinary of De Kalb County.
(SEAL)

STATE OF GEORGIA,
De Kalb COUNTY.
I, James P. Duford, Ordinary of said County, do certify that I know Mrs. Mary A. Duford the applicant for pension. She is the person who represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908, that I also know the witness who swears to the service of husband; that both of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 30 day of Oct, 1917
(SEAL) James P. Duford Ordinary,
De Kalb County.

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

Under Act 1910—as Amended by Act of 1919.

Widow's Pension

No. 6161-1-11

Name Mrs. Mary A. Duford
County De Kalb
Widow of Augustus Duford
Company 1262 1st Regt. 1st Div. 1st Corps 1st Div. 1st Corps 1st Div. 1st Corps
Regiment 1262 1st Regt. 1st Div. 1st Corps 1st Div. 1st Corps 1st Div. 1st Corps
Approved James P. Duford

Byrd Printing Co., State Printers, Atlanta.

J. W. LINDSEY
Commissioner of Pensions.

Personally appeared before me, Ordinary
in and for De Kalb County, Mrs. Mary A. Tripod
who first being duly sworn by me, deposes and says that she is
the widow of Auguste P. Tripod, who enlisted in the Confederate
Army in the year 1862, in a company known as the Macon Light
Artillery, and that he served in said Confederate Army to the
end of the war.

Said Auguste P. Tripod was married to the deponent in
the City of Macon, State of Georgia, in the year 1861, and he died
on March 7, 1894, during all of which time the said deponent lived
with the said Auguste P. Tripod as his wife. At the time of the
surrender of Lee the said Auguste P. Tripod was upon a three weeks
furlough, and was upon his journey returning to his command when he
was met by other Confederate soldiers who told him that the sur-
render had taken place, whereupon the said Auguste P. Tripod replied
that he must go on to headquarters to get his honorable discharge.
The large number of returning soldiers impressed him that it would
be useless to go further, and he in company with the others turned
his face back home, and in that way was deprived of receiving his dis-
charge. He was in the service throughout the war, and was, as above
stated, absent at the date of actual surrender upon parole.

Said deponent has never since married and has always re-
mained the widow of the said Auguste P. Tripod. Owing to the long
lapse of time she is now unable to find anyone who served with her
said husband and who can give personal knowledge as to the service
of her said husband in the said Confederate Army, and deponent fur-
ther says, however, that she knows of her own knowledge of the service
of the said August P. Tripod, and that he was a soldier throughout
the war in said Confederate Army, and that he did return hom upon
said three weeks parole, and that he did, in compliance with said
parole, begin his journey back to his command, and that the surrender
of Lee at Appomattox occurred before he had time to reach his
command.

Deponent makes this affidavit for the reasons above
stated, and also authorizes the Pension Commissioner of Georgia to
apply to the War Department of the United States for any and all
data pertaining to the said Auguste P. Tripod in the Confederate
Army, all of which is for the purpose of enabling her to secure
a pension as a Confederate Widow under the laws of the State of
Georgia.

Twining To and
Subscribed before me
March 30 1915
James P. George
Ordinary

STATE OF GEORGIA,

COUNTY.

Personally before me comes _____ who, after
being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? _____
2. How long and since when have you known _____ applicant?
3. How long and since when has she continuously resided in this State? (Give date.) 1850
4. When and to whom was she married? Aug 19 1861 How do you know? _____
5. How long and since when did you know _____ her husband?
6. When and where did _____ the husband of applicant, die?
7. Were the applicant and her husband living together as husband and wife at the date of his death?
8. If not, how long did they live apart before his death? _____ Were they divorced?
9. When, where and in what Company and Regiment did _____ enlist?
10. Were you a member of the same Company? _____
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? Subscribed March 4 1862
12. When and where did his Command surrender, and was discharged?
13. Were you personally present when it was surrendered? _____ If not, where were you _____ and how came you there?
14. Was the husband of applicant personally present at surrender? _____ If not where was he? _____ When, where and for what cause did he leave Command? (Give date.) _____ By whose authority did he leave his Command? _____ And how long was he granted leave? _____ How do you know all this?
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Com- mand?
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how?

Sworn to and subscribed before me this the _____ day of _____ 19____

Ordinary _____ County. of _____ (SEAL)

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY }

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

Sworn under my hand and official seal of office this _____ day of _____ 19____

(SEAL)

Ordinary,

County.

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

Don't go 1928
Proctor, Ella
No. De Kalb County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County _____

Name _____

Widow of _____

Company _____

Regiment _____

Approved _____

J. W. LINDSEY,

Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

E. P. O. 1942

For state no date of husband's enlistment
or discharge and no record of this found and no testimony.
It is facts of the service that is required and not
opinions of witness as term of service.
Com. of Pensions.

Mrs. Ella Proctor,
De Kalb Co.,

2/2/21

Mrs. Ella Trottie,
DeKalb Co.,

You state no date of husband's enlistment or discharge and no record of this found and no testimony. It is facts of the service that is required and not opinions of witness-as term of service.

Com. of Pensions.

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

ERC 1942

Approved

Regiment Coast Artillery 1st S

Company Co = 118

Widow of R. J. Trotter

Name Mrs. Ella Trottie

County DeKalb

Under Act 1910—as Amended by Act of 1919.

Widow's Pension

OK for 1922
Trottie, Ella
No DeKalb County

Ordinary's Certificate

STATE OF GEORGIA,

COUNTY.

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

Sworn under my hand and official seal of office this _____ day of _____ 19____

(SEAL)

Ordinary,

County

NOTES: 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you give will be the truth, so help you God."
2. Affidavits given by the applicant and the witness are inadmissible in any court.
3. Only affidavits made prior to January 1st, 1921, are entitled to full faith and credit.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by such Ordinary.
5. The Ordinary shall furnish a certified copy of marriage license if obtainable. If not, prove marriage by some person, or by general reputation.

As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

COUNTY.

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

1. What is your name, and where do you reside? Mrs. Ella Trottie
2. How long and since when have you been a continuing resident of the State of Georgia? 23 years all my life.
3. When, where and to whom were you married? Atlanta Georgia R. J. Trotter January 15-1908
4. Have you married since the death of first and soldier husband? have not
5. When, where and in what Company and Regiment did your husband enlist as a soldier in the Federal Army or Georgia Militia? (State the arms and class of Service.) Company C Coast Artillery Captain W. C. Hall Company 1st S April 1865 - Greenback 1st S
6. Was your husband personally present at the time of the surrender or discharge of this command? No, was
7. If he was not present state clearly where he was? Schenectady
8. Where was his command when he left? Sumner
- a. For what cause did he leave his command? —
- b. By whose authority did he leave his command? —
- c. For how long was he granted leave of absence? —
- d. What was his physical condition when he left his command? —
- e. What effort did he make to return to his command? —
- f. In what way was he prevented from going back to Command? was not
- g. Was he captured by the enemy at any time? —
- h. If so, when and where captured and where held as a prisoner, and when and for what cause released? —
- i. When and where did your first husband die? April 20-1882 Atlanta Ga
- j. Were you residing together when he died? Yes was
- k. If not, how long had you resided apart? I am
- l. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? have not
- If so, when and for what cause were you or your husband placed on the roll?

Sworn to and subscribed before me this the

21 day of Nov 1922

James B. George Ordinary

of DeKalb County.

(SEAL)

Fulton COUNTY.

Personally before me comes Frank B. Trotti who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? Frank B. Trotti, Soldiers Home
2. How long and since when have you known Mrs. Ella Trotti applicant? Over forty years
3. How long and since when has she continuously resided in this State? (Give date.) Lived in Ga. ever since I have known her
4. When and to whom was she married? L. J. Trotti How do you know? her
5. How long and since when did you know L. J. Trotti husband? All my life, he was my brother
6. When and where did L. J. Trotti the husband of applicant, die? Atlanta, Ga., about twenty-five years ago
7. Were the applicant and her husband living together as husband and wife at the date of his death? Yes
8. If not, how long did they live apart before his death? Never resided apart
- Were they divorced? No
9. When, where and in what Company and Regiment did L. J. Trotti enlist? Charleston, S.C. Co. "C" S.C. Coast Artillery, 1863, under Capt Hall
10. Were you a member of the same Company? Yes for about six months before surrender
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From enlistment to surrender in 1865, over year and half
12. When and where did his Command surrender, and was discharged? Greensboro, N.C April 1865
13. Were you personally present when it was surrendered? No If not, where were you Sick near Greensboro and how came you there? Was put in temporary hospital near Greensboro on account of sickness
14. Was the husband of applicant personally present at surrender? Yes If not where was he? When, where and for what
- cause did he leave Command? (Give date.) By whose
- authority did he leave his Command? And how
- long was he granted leave? How do you know all this?
- I was transferred from a cavalry Company about six months before the surrender to Capt. Hall's Co. of Artillery and served in same company with L. J. Trotti until the surrender
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? mand?
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? 7 B Trotti

Sworn to and subscribed before me this the

27 day of November 1919

Ordinary

of Fulton County

(SEAL)

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
Lawrence J. Trotter
and
Ella E. Cozart

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 15th day of JANU. 1879.
Daniel Pittman, L. S. Ordinary.

I hereby certify that Lawrence J. Trotter
and Ella E. Cozart
were joined together in the HOLY BANS OF MATRIMONY
on the 15th day of JANU. 1879, by me, H. H. Parker, M. G.

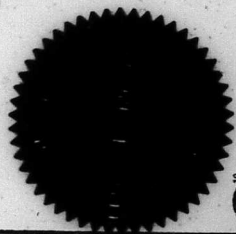
State of Georgia,
Fulton County.
s. s.
ATLANTA, GA., November 25th 1879.

ORDINARY'S OFFICE

I, ARTHUR R. MARBUT, Clerk Court of Ordinary of said County, hereby certify that the foregoing is a true copy of the Marriage License and Certificate of Marriage of

LAWRENCE J. TROTTER
and ELLA E. COZART
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.



Arthur R. Marbut
Clerk Court of Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____
of _____ County, to receive and receipt for the pension allowed and that he
remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 190 _____

Executed in presence of

Ordinary,

L. S.

County.

SEAL

July 2-1904
Affidavit is sworn of
Grove of value
not sufficient
H. L. L.

Tucker, Josephine
Re. Kate Cunningham
Dec 12/1904
No. _____

WIDOW'S
INDIGENT PENSION.
1903.

Name Josephine Tucker
County Jefferson
Widow of Henry N. Tucker

Approved _____ 1903.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____
1903.
Geo. W. Harrison, State Printer, Atlanta.
10/1/03

County.

I, _____ hereby authorize _____
 County, to receive and receipt for the pension allowed and that he
 remit the same to me at _____ by his check or registered mail.

Witness my hand this _____ day of _____ 1903

Executed In presence of

Ordinary,

L. S.

County.

SEAL

WIDOW'S INDIGENT PENSION.

1903.

Name Josephine Sueker
 County DeKalb
 Widow of William N. Sueker

Approved _____ 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO _____

1903.

Geo. W. Harrison, State Printer, Atlanta.

10/1/03

avail herself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submits her 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? Josephine Sueker DeKalb Co

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

38 yrs 11 days May 1846

3. When and where were you born?

1846 Morgan County

4. When and where was your husband born—state his full name, and when were you and he married?

Married in every case. In DeKalb County Ga

5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?

1862. 62nd Ga Infantry. 36 Ga Regt.

6. How long did your husband serve in said Company and Regiment?

from 1862 to April 1865

7. When and where did your husband's Company and Regiment surrender and was discharged?

When and where did your husband die?

In DeKalb County

8. Was your husband present at the time and place when his Company and Regiment surrendered?

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause, and by what authority?

10. When and where did your husband die?

In DeKalb County

11. 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 a condition that you cannot 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?

13. What has been your occupation since your husband's death?

I have been trying to attend to my house hold duties no occupation

14. How much can you earn gross, by your own exertion or labor?

about \$2.00

15. What property, real or personal, or income do you have or possess, and its gross value?

about 50 acres of land value \$2000

16. What property, real or personal, did you possess at death of husband or he left you, and of the years 1899/1900, 1901, and what disposition, if any, by sale or gift, have you made of the same?

he did not leave me any thing

17. In what counties did you reside in 1899, 1900, 1901 and 1902, and what property did you return for taxation?

by my son in law and what I owned

18. How have you been supported since death of husband, and especially for 1899, 1900, 1901 and 1902?

by my son in law and what I owned

19. How much did you support for each of those years, and how much did you contribute by your own labor or income?

about \$2.00

20. What was your employment during 1899, 1900, 1901 and 1902—how much did you receive for each year?

I have no employment except what I own

21. Have you a family? If so, who composes such family? Give their means of support? Have they any lands or other property?

My children all married

22. Have you ever made application for pension before?

never

23. How many applications have you made for a Pension, and under what class?

none

Sworn to and subscribed before me this _____ day of _____ 1903.

Sept 10th 1903

John W. Lindsey

of _____ County.

DeKalb

John W. Lindsey

DeKalb

DeKalb

DeKalb

DeKalb

DeKalb

DeKalb

DeKalb

DeKalb

27. How was he supported for 1899, 1900, 1901 and 1902? by selling off his stock and some federal property.

28. How much did applicant contribute to her support for last two years? \$25.00

29. Give a full and complete statement of applicant's physical condition? She is a very business woman and her physical is very good.

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

Sworn to and subscribed before me this 30 day of Sept 1903 J.C. Channing
Jas B. Gage Ordinary, A. J. Braden
Setha County, Wives.

AFFIDAVITS OF PHYSICIANS.

STATE OF GEORGIA.
Personally before me came W. Houston County.
Jas B. Gage both known to me to be reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Mrs. Josephine Tucker, applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this: she is a very business woman and her physical is very good. Old age. This duty.

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this 30 day of Sept 1903 W. L. Houston M.D.
Jas B. Gage Ordinary, W. S. Conway M.D.
Setha County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.
I, Jas B. Gage Ordinary, in and for said County, hereby certify that the applicant, Mrs. Josephine Tucker, resides in said County, and has been a bona fide resident of this State since the day of May 1846, and that the witnesses, Mr. Josephine Tucker are entitled to full faith and credit.

I further certify that the tax digest of 1899 dollars worth of property, and in 1900 500.00 dollars worth of property, and in 1901 500.00 dollars worth of property, and in 1902 500.00 dollars worth of property.

Witness my hand and official seal this 30 day of Sept 1903 J.C. Channing Ordinary.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will 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."
3. All affidavits must be made before Ordinary.
4. All affidavits must be made before Ordinary.
5. All affidavits must be made before Ordinary.
6. All affidavits must be made before Ordinary.
7. All affidavits must be made before Ordinary.
8. All affidavits must be made before Ordinary.
9. All affidavits must be made before Ordinary.
10. All affidavits must be made before Ordinary.

Beulah J.C. Channing of said State and County, having been presented as a witness in support of the Application of Mrs. Josephine Tucker for a Pension under the Act of 1900, 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.C. Channing Beulah

2. Are you acquainted with the applicant, Mrs. Josephine Tucker? Yes

3. If so, how long have you known her? Since her husband died

4. Where does she reside, and how long and since when has she been a resident of this State? Beulah Co. all her life

5. When and where was she born? In the year 1846

6. Were you ever acquainted with her husband? Yes

7. Where did she reside in 1861? In the year 1861

8. When and to whom was he married? Josephine Tucker

9. When and where was he born? In the year 1846

10. How long have you known him? Since her husband died

11. When and where did she enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? At Beulah Co. Company 40th Regt. Georgia

12. Were you a member of the same Company and Regiment? Yes

13. How long did he perform regular military duty? 3 years

14. When and where was his Company and Regiment surrendered and discharged from service? In the year 1865

15. Were you with the Command when it surrendered? Yes

16. Was she present when he was surrendered? Yes

17. If not present, where was he? In the year 1865

18. When and where did he leave his command? In the year 1865

19. For what cause? War was over

20. By whose authority he left? War was over

21. How do you know all this? State fully and clearly. I was there and knew it

22. When and where did he die? In the year 1865

23. Where did he reside at his death and how long had he been a resident of Georgia at his death? In the year 1865

24. Do you of your own knowledge know that applicant is the lawful widow of Mrs. H. Tucker? Yes

25. Has she remained unmarried since her soldier husband's death, and is now his widow? Yes

26. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? It is all her own property. She has no income.

27. What property, effects or income did applicant possess in 1899, 1900, 1901 and 1902, and what disposition did she make of it? 50 acres of land

28. Has applicant conveyed any property in last two years or given any away, if so, what was it, and to whom? 10 acres of land

29. What is applicant's physical condition and her chances and ability to earn a support? She has physical condition in poor

30. How much is your good for her to earn a support? In fact she is not able to work

STATE OF GEORGIA,

Dekalb County.

for Applicant.

Personally before me comes Mrs J. B. Tucker of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Mrs J. B. Tucker Dekalb Co

64 years May 17 1846

2. How long and since when have you been a continuing resident in the State of Georgia? 64 years May 17 1846

3. When, where and to whom were you married? Nov 16 1869 Alvin Tucker

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) March 1862

De Kalb Co Company No. 36 3d Ga Regiment Infantry

5. When and where did the Command of your husband surrender or discharge from the army? May 1865 North Carolina I do not know where

6. Was your husband personally present at the time of the surrender or discharge of this Command? He was

7. If he was not present state clearly where he was? Present

8. Where was his Command when he left? He did not leave command

9. For what cause did he leave his Command? —

a. By whose authority did he leave his Command? —

b. For how long was he granted leave of absence? —

c. What was his physical condition when he left his Command? —

d. What effort did he make to return to his Command? —

e. In what way was he prevented from going back to Command? He was not

f. Was he captured by the enemy at any time? He was not

g. If so, when and where captured and where held as a prisoner, and when and for what cause released? —

h. When and where did your husband die? Were you residing together when he died? Yes

i. How long had you resided apart? April 12 1903 Dekalb County Ga

j. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items.) 570 Acers of land in Long lot

299 value of 100000. Annual and good for 20

Real value 10000

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? Sold nothing

11. What property of any description of any value, now? 50 acers of land and 2000

Give list and cash value? Same and good for 20

12. What are your annual earnings, income and their value? Just what little I make on my farm. But about

13. Have you heretofore been paid a pension by the State? Yes

If so, when and for what cause were you struck from the Roll? I am not

Sworn to and subscribed before me this the 22 day of Sept 19 10

James R. Wright of Dekalb County.

Mrs J. B. Tucker

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

Dekalb County.

Personally before me comes J. B. Wright who after being duly sworn true answers to make, to the following questions, answers as follows:

Tucker, Josephine B.
Dekalb Co

P. R. Jan 1911

Widow's Pension

UNDER ACT 1910.

County Dekalb

Name Mrs J. B. Tucker

Widow of Alvin H. Tucker

J. W. LINDSEY,
Commissioner of Pensions.

Chas. P. Byrd, State Printer.

8/20/10

3. How long and since when has she continuously resided in this State? (Give date.)
64 yrs May 17th 1846

4. When and to whom was she married? How do you know?
Alvin A. Tucker her husband

5. How long and since when did you know Alvin A. Tucker all his life?

6. When, where and in what Company and Regiment did March 1862 Company H - 36th Regtment

7. Were you a member of the same Company? I was

8. How long within your personal knowledge did he perform actual military service with his Company and Regiment? About 3 years

9. When, where did his Command surrender and was discharged? I was a Prisoner I understand at some place in N.C.

10. Were you personally present when it was surrendered? I was If not where were you was Prisoner and how came you there?

11. Was the husband of applicant personally present at surrender? where was he? do not know from being a prisoner when, where and for what cause did he leave Command? (Give date.) Surrendered By whose authority did he leave his Command? War ended and how long was he granted leave? Surrendered How do you know all this? Do you state if of your own personal knowledge? (State all you know fully, and how you know it.) Command. I was present with S. S. C. Tucker July 22 1864

12. For what cause, if you know of your own knowledge was he prevented from returning to his Command? I was present with S. S. C. Tucker July 22 1864

13. What effort did he make to return to his Command and how do you know that? Of your own knowledge or how? Has I understand and he did not have Command

22nd day of August 1910

James R. George Ordinary DeKalb County

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA, DeKalb County.

Personally before me comes W. D. Lively, Co. A. 1st Regt. 1st Div. who says that they are freeholders of said County and that they know Mrs. J. S. Tucker of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:

Personal property	\$ 25.00
Notes and accounts due	\$
Total	\$ 25.00

Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property	\$
Money, Notes and accounts	\$

Schedule (C).

We also know what property she has now in her possession, use and control to wit:

Acres of land worth	\$ 1000.00
Horses and Mules	\$
Cows and Hogs	\$
Other property	\$
Income and earnings	\$ 37.00
Total Value of all property and effects	\$ 1117.00

Sworn and subscribed before me this the 22nd day of August 1910

James R. George Ordinary DeKalb County

STATE OF GEORGIA, DeKalb County.

I, James R. George, Ordinary of said County do certify that, I know Mrs. J. S. Tucker the applicant for pension. She is the person she represents herself to be and she is a bonafide continuing resident citizen of said County and was in the 4th Nov. 1908.

That I also know W. D. Lively, Co. A. 1st Regt. 1st Div. the witness who swears to the service of husband, and W. D. Lively, Co. A. 1st Regt. 1st Div. who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavit and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That this Day Return for 1910 made on 25th day of August 1910

Sworn under my hand and official seal of office this 25th day of August 1910

SEAL. James R. George Ordinary DeKalb County

NOTES 1. Before any questions are answered, the Ordinary shall swear applicant and the witness in the following words: "You do solemnly swear that you will true answer make to each of the questions asked you and the evidence you shall give will be the truth. So help you God."

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

3. All affidavits must be sworn to by 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 person, or by general reputation.

State of Georgia, DeKalb County.

ORDINARY'S OFFICE - ss.

I, Jas. R. George, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of the Marriage License of A. M. Tucker and Miss Josephine Henderson Recorred in Marriage License Book B Page 272 with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Court of Ordinary, this the 22nd day of August 1910

James R. George Ordinary and ex-officio C. C. O.

SLIGHT PRINT OR BAD COPY *

GREENSBORO, NORTH CAROLINA.

In accordance with the terms of the Military Convention entered into on the twenty-first day of April, 1865, between General Joseph E. Johnson, Commanding the Confederate Army, and Major-General James B. McPherson, Commanding the United States Army in North Carolina,

has given his solemn obligation not to take up arms against the Government of the United States, and properly released from his obligation, and is permitted to return to his home, not to be disturbed by the United States authorities so long as he observes this obligation and obeys the laws in force where he may reside.

J. E. Johnson
J. E. Johnson, U. S. A.,
Special Commissioner.

C. S. Ayer,
Commanding.

00.367

Page 300.

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

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)
(Under Act Approved August 15, 1904)

GEORGIA, Dekalb County.
Personally before me, the Ordinary of said County, comes A. S. Turner
of said County, who, after being sworn, on oath
says that he knew Mrs. Jane Tucker
of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in Dekalb
County, in this State, on the 9th day of April, 1932,
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of \$173.50, per sworn statements fully and completely
ITEMIZED hereto attached.
Sworn to and subscribed before me,
V. S. Morgan Ordinary
Dekalb County
(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Dekalb County.
I, V. S. Morgan, Ordinary of said County, do certify
that I personally know A. S. Turner, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also knew Mrs. Jane Tucker while in life and that this was
the same person whose name appears on the Pension Roll of Dekalb County, and
was paid a Pension of Three hundred and Sixty (\$360.00) Dollars
in said County for 1932, and I now believe said pensioner to be dead; and that the instructions at
the foot of this voucher have been carefully observed in making up this voucher and the bills which are
attached hereto.
Given under my hand and official seal, this 12th day of April, 1932.
(Seal of Ordinary) V. S. Morgan Ordinary
Dekalb County

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

Funeral Director and Embalmer
Prompt Ambulance Service
Buckner, Georgia
April 12, 1932.
Funeral Expenses of Mrs. Jane Tucker,
Scottdale, Georgia.
April 9, 1932.

To Casket	\$120.00
Embalming	25.00
Funeral Notices	5.50
Hearse Service and	
Service Rendered	12.50
3 Cars Service	10.50
	\$173 50

Georgia, Dekalb County,
I do hereby certify that the above account
is rendered for the funeral expenses of Mrs. Jane Tucker,
who died without owning sufficient property to pay this
bill.

Sworn to and subscribed before me,
This April 12, 1932.
Ruby Johnston
My Commission Expires Nov. 3, 1933

The above and foregoing account is rendered for
services in the last illness of Mrs. Sarah Tucker
who died without owning sufficient property to pay
this bill.

Sworn to and subscribed before
me this 4 day of March, 1935.
Katharine Edelman
N. P. McCarty Co. Sec.

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 _____

at _____

by _____

Witness my hand and seal this _____ day of _____ 1897.

Executed in presence of _____ }

Remain of 5/3/1897
It is a provision require-
ment of the state that
the money be certified to
be trust money.
Rich. Johnson
Comptroller General

2 De Kalb Co.
1 Tucker, W. J.
No. _____

INDIGENT PENSION

1897.

Name _____

County _____

Approved _____ 1897.

WARRANT HANDED TO _____

W. W. HARRISON, STATE PRINTER, ATLANTA.

2/24.99 727 97

STATE OF GEORGIA,

County.

hereby authorize

of

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

by

Witness my hand and seal this day of 1897.

Executed in presence of

James O. A. 5/3/1897
It is a fact in regard to
the matter in question that
I have not money
Rich Johnson
Carmel Johnson

INDIGENT PENSION

1897.

WARRANT HANDED TO

1897.

Approved

County

Name

W. J. Tucker
De Kalb

Geo. W. Harrison, State Printer, Atlanta

2/24/99 727 97

STATE OF GEORGIA,

County.

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

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

William J. Tucker De Kalb Co Ga

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

Same place as above
I was and where and in what company and regiment did you enlist or serve
Go to 20th Ga Regiment - entered and August 1861
Ga in 1861

5. How long did you remain in such company and regiment? until April 1865

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

7. When, where and under what circumstances were you discharged from service? at Appomattox Court House Va under Appomattox

8. What is your present occupation? unable to work and make a living

9. How much can you earn (gross) per annum by your own exertions or labor? \$25.00

10. What has been your occupation since 1865? nothing

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 eyes are completely blind since I was in the army
I was in the army of the Confederate States

13. What property, effects or income do you possess and its gross value? None

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

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

I live in De Kalb Co De Kalb Co Ga

16. How were you supported during the years 1895 and 1896? What better made I was able to do and what I have received a good

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? What I received in each year

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

19. Have you a family? If so, who composed such family? Give their means of support? Have they a homestead? No Family no homestead

20. Are you receiving any pension, if so what amount and for what disability? None

Sworn to and subscribed before me this the 4th day of Feb 1897.

W. J. Tucker Applicant.

Ordinary.

De Kalb County.

STATE OF GEORGIA,

Fallen County.

of said State and County, having been presented as a witness in support of the application of William J. Tucker for pension under the Act approved December 15th, 1894, 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?
at 122 Trotter St. Atlanta Ga
2. Are you acquainted with William J. Tucker, the applicant, is of how long have you known him?
I can't know him 47 years
3. Where does he reside, and how long has he been a resident of this State?
near Stone Mountain Dekalb He lives
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this?
He was a volunteer soldier

5. When, where and in what company and regiment did he enlist?
in Co. K 20th Ga Regiment

6. Were you a member of the same company and regiment?
Yes

7. 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?
He served during the war and was discharged at the expiration of 4 years

8. What property, effects or income has the applicant? (Give your means of knowledge.)
none

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

10. What is the applicant's occupation and physical condition?
no occupation any member to work

11. Is the applicant unable to support himself by labor of any sort, if so, why?
He is not entitled of his bad health when he gets his feet wet or cold he has him very often to him

12. How was he supported during the years 1895 and 1896?
on a farm by his labor

13. What portion of his support for these two years was derived from his own labor or income?
all he made

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 64 years old and is tender of old head work

15. What interest have you in the recovery of a pension by this applicant?
nothing except a

Sworn to and subscribed before me, this 22 day of Jan 1897.
De Witt C. Ra Witness

Ordinary.

STATE OF GEORGIA,

County.

Personally came before me Wm. Redwine M.D. and Ed. Branyon M.D., both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully

William J. Tucker, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

is suffering from Rheumatoid Paralysis of the right arm and leg, also stiffness of the right arm and leg, also the left side.

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 16th day of Feb 1897.
Wm. Redwine M.D.
Ed. Branyon M.D.
Wm. Redwine Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

County.

I, Ed. Branyon, Ordinary in and for said County, hereby certify that the applicant William J. Tucker resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: Wm. Redwine M.D. & Ed. Branyon M.D. 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 witnesses before same was signed.

I further certify that the tax digests of De Witt County show that applicant returned for taxation in his name in 1895, No Property dollars of property, and in 1896, 11 dollars of property.

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

Witness my hand and seal of office, this 23d day of Feb 1897.

Wm. Redwine Ordinary
of De Witt County.

NOTE.
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." Additional affidavits may be attached if blank space are insufficient.

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

at

by

Witness my hand and seal, this day of 1900.

[L. S.]

Executed in presence of

(For Those Already Enrolled.)

CODE SEC. 1254.

NO. 165

INDIGENT

SOLDIER'S PENSION,

1900.

Name W. J. Tucker

County De Kalb

WARRANT ISSUED

1900.

JOHN. W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

(For Those Already Enrolled.)

CODE SECTION 124

NO. 677

INDIGENT

SOLDIER'S PENSION.

1901.

Name W. J. Tucker

County De Kalb

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

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

at

by

Witness my hand and seal, this day of 1901.

[L. S.]

Executed in presence of

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Personally appears

M. J. Tucker of *De Kalb*

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 *20* day of *Dec* 18*31*; that he is *69* years old and by occupation a *Private*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *4* years in Company *H*, of *20*th Regiment of *Ga* *Vol*; that his physical condition is as follows: *Discharged from enlistment in the Civil War and general disability rendering me unable to work*; that his property consists of the following items: *None*

of the value of

00 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 *De Kalb* county been allowed a pension for the year 189*9* *None*

Sworn to and subscribed before me, this, the *15* day of *Jan* 1900.

Ordinary.

State of Georgia,

County.

I,

M. J. Tucker Ordinary of said County, do certify that I am well acquainted with *M. J. Tucker* 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* 1900.

Ordinary *M. J. Tucker* County.

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

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

County.

Personally appears

M. J. Tucker of *De Kalb*

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 *20* day of *Dec* 18*31*; that he is *69* years old and by occupation a *Private*; that he enlisted in the military service of the Confederate States (or of the State of *Ga*) during the war between the States, and served for the term of *4* years in Company *H*, of *20*th Regiment of *Ga* *Vol*; that his physical condition is as follows: *Discharged from enlistment in the Civil War and general disability rendering me unable to work*; that his property consists of the following items: *None*

of the value of

00 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 *De Kalb* county been allowed a pension for the year 190*0*

Sworn to and subscribed before me, this, the *11* day of *Jan* 1901.

Ordinary.

STATE OF GEORGIA,

County.

I,

M. J. Tucker Ordinary of said County, do certify that I am well acquainted with *M. J. Tucker* 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 *M. J. Tucker* County.

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

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

_____ at _____

by _____

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

[L. S.]

Executed in presence of _____

SOLDIER'S PENSION
INDIGENT
1902.

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1364.
No. 590

Name Tucker, W. J.
County DeKalb
Co. K. Regiment 20

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1903.

[L. S.]

Executed in presence of _____

SOLDIER'S PENSION
INDIGENT
1903.

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1364.
No. 124

Name Tucker, W. J.
County DeKalb
Co. K. Regiment 20th

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,)
De Kalb County.)
Personally appears M. J. Truener of De Kalb
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 20 day of Dec 1831; that he is 71 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 4 Years in Company K, of 24th Regiment
of La Pol; that his physical condition is as
follows: Suffering from enlargement
of the liver and general debility
that his property consists of the following items, None

of the value of 00 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 De Kalb
county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the 15 day of Jan 1902, }
M. M. Cogsdale Ordinary.

STATE OF GEORGIA,)
De Kalb County.)
I, M. M. Cogsdale Ordinary of said County,
do certify that I am well acquainted with M. J. Truener
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 15
day of Jan 1902.
M. M. Cogsdale Ordinary. De Kalb 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,)
De Kalb County.)
Personally appears M. J. Truener of De Kalb
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 20 day of Dec 1831; that he is 71 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 4 Years in Company K, of 24th Regiment
of La Pol; that his physical condition is as
follows: Suffering from enlargement
of the liver and general debility
that his property consists of the following items: None

of the value of 00 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 De Kalb
county been allowed a pension for the year 1902.

Sworn to and subscribed before me, this the 10 day of Jan 1903, }
M. M. Cogsdale Ordinary.

STATE OF GEORGIA,)
De Kalb County.)
I, M. M. Cogsdale Ordinary of said County,
do certify that I am well acquainted with M. J. Truener
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 10
day of Jan 1903.
M. M. Cogsdale Ordinary. De Kalb County.

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

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

at

by

Witness my hand and seal, this

day of

1904.

[L. s.]

Executed in presence of

INDIGENT
SOLDIER'S PENSION
1904.

(FOR THOSE ALREADY ENROLLED.)

No. *125*

Name *W. J. Tucker*
County *De Kalb*
Co. *11* Regiment *30*

WARRANT ISSUED

1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

no date

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

at

by

Witness my hand and seal, this

day of

1905,

[L. s.]

Executed in the presence of

INDIGENT
SOLDIER'S PENSION
1905.

(FOR THOSE ALREADY ENROLLED.)

No. *632*

Name *W. J. Tucker*
County *De Kalb*
Co. *11* Regiment *30*

WARRANT ISSUED

1905

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, Manager, for State Printer, Atlanta.

no date

FUR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears *W. J. Tucker* of *DeKalb* 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 *20* day of *Dec* 18*91*; that he is *73* 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 *H*, of *20*th Regiment of *Georgia*; that his physical condition is as follows, *entirely disabled, general debility*.

that his property consists of the following items:
None

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 *DeKalb* County been allowed a pension for the year 1*903*

Sworn to and subscribed before me, this the *19* day of *Jan* 1904. *W. J. Tucker* Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, *James R. George* Ordinary of said County, do certify that I am well acquainted with *W. J. Tucker* 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 *19* day of *Jan* 1904.

James R. George Ordinary *DeKalb* County.

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

STATE OF GEORGIA,
DeKalb County.

Personally appears *W. J. Tucker* of *DeKalb* 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 *H*, of *20*th Regiment of *Georgia*; that his physical condition is as follows, *entirely disabled, general debility*.

that his property consists of the following items:

of the value of _____ Dollars. I am now earning, _____ 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 *17* day of *Jan* 1905. *W. J. Tucker* Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, *James R. George* 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 _____ 1905.

James R. George Ordinary *DeKalb* County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb COUNTY, } hereby authorize
 I, W. F. Tucker
John P. Ray of DeKalb Co
 to receive and receipt for the pension allowed, and request that he remit same to
W. F. Tucker at Decatur Ga
 by _____ day of Jan 1906.
 WITNESS my hand and seal, this 22 day of Jan 1906.
 [L. S.] W. F. Tucker

Executed in the presence of

James B. George
Ordinary

Code Section 1234 (FOR THOSE ALREADY ENROLLED)
 No. 592
SOLDIER'S PENSION
INDIGENT
1906.
 Name W. F. Tucker County DeKalb Regt 10th
 WARRANT ISSUED 1/22 1906.
 JOHN W. LINDSEY, Commissioner of Pensions.
 WARRANT HANDLED TO W. F. Tucker
 THE FRANKLIN PENSION AND BUSINESS CO., GEO. W. HARRISON, ATLANTA

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb COUNTY, } hereby authorize
 I, _____ of _____
 to receive and receipt for the pension allowed, and request that he remit same to
 by _____ at _____ day of _____ 1907.
 WITNESS my hand and seal, this _____ day of _____ 1907.
 [L. S.] _____
 Executed in presence of _____

Code Section 1234 (FOR THOSE ALREADY ENROLLED)
 No. 1085
SOLDIER'S PENSION
INDIGENT
1907.
 Name W. F. Tucker County _____ Regt 10th
 WARRANT ISSUED 1/22 1907.
 JOHN W. LINDSEY, Commissioner of Pensions.
 WARRANT HANDLED TO W. F. Tucker
 GEO. W. HARRISON, STATE PRINTER, ATLANTA

State of Georgia,

De Kalb County.

Personally appears

W. J. Tucker of De Kalb 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 20 day of Dec 1891; that he is 74 years old and by occupation a poor, 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 1/2 years in Company D, of 22nd Regiment of Georgia; that his physical condition is as follows: Infirmitly poverty stricken

that his property consists of the following items:

of the value of _____ Dollars. I am now earning _____ 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 De Kalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this 18th day of January 1906. W. J. Tucker Ordinary.

State of Georgia,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with W. J. Tucker 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 18th day of January 1906.

James R. George Ordinary De Kalb County.

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



State of Georgia,

De Kalb County.

Personally appears

W. J. Tucker of _____ 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: Infirmitly poverty stricken

that his property consists of the following items:

of the value of _____ Dollars. I am now earning _____ 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 18th day of January 1907. W. J. Tucker Ordinary.

State of Georgia,

De Kalb County.

I, James R. George 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 18th day of _____ 1907.

James R. George Ordinary _____ County.

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



NAME Tucker, W.J.

YEAR 1897 COUNTY DeKalb

WHEN AND WHERE BORN? Oglethorpe County Ga.

ENLISTED WHEN AND WHERE? Augusta, Ga. 1861.

RANK.

COMPANY AND REGIMENT? Co. K, 20th. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Appomattox Court House, Va.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Dewitt C. Goza, same command -- No data.

JWT

NAME Tucker, W.J.

YEAR 1900 COUNTY DeKalb

WHEN AND WHERE BORN? December 20th. 1831.

ENLISTED WHEN AND WHERE?

RANK Private

COMPANY AND REGIMENT? Co. K, 20th. Regt. Georgia Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES.

JWT

Tuggle, Ella B Mrs
Delaware County

No.)

Widow's Pension

UNDER ACT 1910.

County Delaware
Name Tuggle, Ella B Mrs
Widow of W E B Tuggle
late C. J. Pa. Regt.

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

11/15-1911
ENTERED ROSTER OFFICE

for Applicant.
STATE OF GEORGIA,
DeKalb County.

Personally before me comes, Ella B. Tuggle, of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of Legislature 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Mrs. Ella B. Tuggle, DeKalb Co. Ga.
 2. How long and since when have you been a continuing resident in the State of Georgia? 23rd day of July 1879, since I have lived in Georgia.
 3. When, where and to whom were you married? 2nd day December 1889, Green Co.
 4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service,) on the 5th day of May, 1861 at Portsmouth, Va. Company G, 3rd Ga. Regiment Infantry, G.S.A.
 5. When and where did the Commands of your husband surrender or discharge from the army? Surrendered 9th day of April 1865, Appomattox Court, Va. under Gen. R. E. Lee
 6. Was your husband personally present at the time of the surrender or discharge of this Command? Yes. He was personally present at Appomattox Court, Va. 9th day of April, 1865.
 7. If he was not present state clearly where he was? He was present.
 8. Where was his Command when he left? He did not leave.
 - a. For what cause did he leave his Command? He did not leave his command.
 - b. By whose authority did he leave his Command? He did not leave.
 - c. For how long was he granted leave of absence? He was not granted leave of absence
 - e. What was his physical condition when he left his Command? Did not leave his command
 - f. What effort did he make to return to his command? He was not absent.
 - g. In what way was he prevented from going back to Command? He was not absent
 - h. Was he captured by the enemy at any time? No.
 - i. If so, when and where captured and where held as a prisoner, and when and for what cause released? He was not captured.
 - j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? 9th day of June, 1877, Flora, Smith Co. Tex. Yes
 9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908? (State same by items.) A life estate in 72 acres of land in Green Co. Ga. Cash value about \$1200.00. Life estate is given to me under the will of my deceased husband, Judge Wm. Tuggle, and cannot be sold.
 10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) Have not sold any property since Nov. 4th, 1908. Life estate in 72 acres of land. Cash value about \$1200.00. Income from rent of the land about \$150.00 per annum. \$5.
 11. What property of any description of any value have you now? Life estate in 72 acres. Give list and cash value? Life estate of 72 acres of land. Value about \$1200.00
 12. What are your annual earnings or income and their value? About \$150.00 income of rent from land.
 13. Have you heretofore been paid a pension by the State? No.
- If so, when and for what cause were you struck from the Roll? Never on the roll.

Sworn to and subscribed before me this 10th day of Sept. 1911 at DeKalb County.
James A. George of DeKalb County.
Mrs. Ella B. Tuggle

Questions for the Witnesses as to Service of Husband and Marriage.
STATE OF GEORGIA,
James A. George County.
W. K. Mullins
Personally before me comes, James A. George who after being duly sworn true answers to make, to the following questions, answers as follows:

Tuggle, Ella B Mrs
DeKalb County

No.

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Tuggle Ella B Mrs

Widow of E B Tuggle

Chas. E. J. Fahey

STATE OF GEORGIA,
Duke. 2.

James O'Brien
that, I know Mrs. Ella B. Buzzele
is the person she represents herself to be and she is a bonafide continuing resident citizen of said
County and was in the 4th Nov. 1908.
That I also know _____ the witness who swears
to the service of husband, and _____ who are
freeholders. That all of them are now residents of said County and were duly sworn by me before signing
the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to
full faith and credit.
That the Tax Returns _____ Returned for Tax is for
1908 \$ _____
Sworn under my hand and official seal of office this _____ day of
Dec 11th 1911
James Buzzele Co
Ordinary,
County
SEAL.
(SEAL.)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You shall give me the true answers 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 sufficient.

3 All affidavits must be made before the Ordinary.

4 All affidavits must be made prior to first January 1870.

5 Only widows who married prior to first January 1870, are entitled.

6 Attached certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

Georgia
Greene County 3 I Geo H. Menphote Ordinary of said County do
That I know W. H. Mullish who came to the
of husband and Charles C. Harrison Sr & Eliza W. Mobley
for husband. That all of them are now residents of said County and
they all are very happy but nothing but their statements are with
the faith and credit.
That the Tax returns show that there is property returned in said
for taxation in name of Mrs. Ellen B. Sugge in 1908 \$ 1200.00
for 1910 \$ 1200.00
I know under my hand and official signature & seal of
the

11 Jas W Munroter Chairman of
Gen. County Assocn

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA, County, Green

Personally before me comes John L. Harrison and John M. Mosley who on oath says that they are freeholders of said County and that they know Miss Ella B. Huggins who on oath says that they are freeholders of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows: 2 1/2 acres of land Val. \$ 1200.00

Personal property	<u>nothing</u>	\$
Notes and accounts due	<u>nothing</u>	\$
Total		\$

Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property	<u>nothing</u>	\$
Money, Notes and accounts	<u>nothing</u>	\$

Schedule (C).

We also know what property she has now in her possession, use and control to wit:

72	Acres of land	worth	<u>\$ 1200.00</u>
	Horses and Mules	<u>none</u>	\$
	Cows and Hogs	<u>none</u>	\$
	Other property	<u>none</u>	\$
	Income and earnings		<u>\$ 100.00</u>

Total Value of all property and effects

Sworn and subscribed before me this 5th day of October 1911 Charles C. Harrison Jr

John M. Mosley Ordinary. County, Green

of husband and Charles C. Dawson Sr & Chas M. Mobley for husband that all of them are now residents of New County and July 5th 1900 I, the town signing the foregoing affidavits and that they all are well & happy that nothing and their statements are well & happy with and credit.

That the Tax returns show that there is property returned in said for tax return in Name of Mrs. Ellen B. Fuggle for 1908 \$ 1200.⁰⁰ for 1910 \$ 1200.⁰⁰

5th 1900 under my hand and official Signature & Seal of the

Georgia
 DeKalb County
 I, Geo. H. McPherson, ordinary in and for said
 county state of Georgia do hereby certify that the
 within and correct true copy of marriage license of E.
 B. Tuggle and M. E. Bledsoe, at the same appears of re-
 cord in this office
 upon which my official signature and seal of office this the
 4th day of October 1911
 Geo. H. McPherson, ordinary of same
 County Georgia

Ordinary.
 of Marriage Licenses.
 Book 97
 Issued Nov 29th 1897
 M. E. Bledsoe
 AND
 E. B. Tuggle
 OF
 MARRIAGE LICENSE
 Correct Copy

Georgia,
 DeKalb County.

Personally appeared before me an officer authorized
 to administer oaths, Mrs. Maynie G. Mitchell, who on oath, de-
 poses and says, that she is the daughter of E. B. Tuggle, and
 that she was present when he died on the 10th day of June, 1877
 at Flora, Smith County, Texas, and she knows of a fact that he
 is dead.

Mrs. Maynie G. Mitchell

Sworn to and subscribed to
 before me this 21 day of Sept. 1911.

James R. George
 Ordinary of
 DeKalb County Ga

MARRIAGE LICENSE

OF
 E. B. Tuggle
 AND
 M. E. O'Leary
 Issued Nov 29th 1869

and Recorded on Page 97

Book

of Marriage Licenses.

for membership

Ordinary.

to administer oaths, Mrs. Maymie G. Mitchell, who on oath, de-
 poses and says, that she is the daughter of E. B. Tuggle, and
 that she was present when he died on the 4th day of June, 1877
 at Flora, Smith County, Texas, and she knows of a fact that he
 is dead.

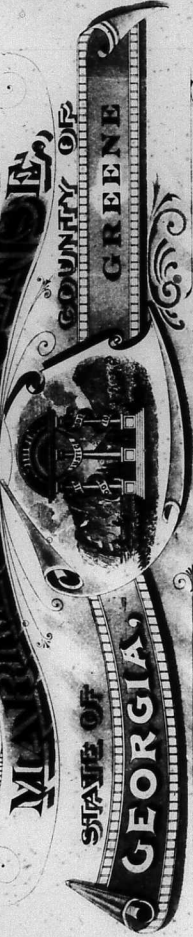
Mrs. Maymie G. Mitchell

Sworn to and subscribed to

before me this 21 day of Sept 1911.

James R. George
Ordinary of
Dickens County, Ga

No.



TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL.

E. B. Fuggles and *M. E. Bledsoe*
You are hereby authorized to join
in the Holy State of Matrimony, according to the Constitution and
Laws of this State, and for so doing this shall be your license.
And you are hereby required to return this license to me, with your
Certificate thereon of the fact and date of the Marriage.

Given under my hand and seal this *29th* day of
November 1869. *R. A. Newson* (L.S.)
Ordinary.

STATE OF GEORGIA, **CERTIFICATE**, GREENE COUNTY.
I Certify that *E. B. Fuggles* and *M. E. Bledsoe*
were joined in Matrimony by me this *29th* day of November *1869*
and Sixty Nine (1869) *Eugene*
Recorded here. 1869 *M. A. Overton M. Sec.*
R. A. Newson • Ordinary.

Widow Mary E. Duggle
De Kalb County
Oct 7, 1918

No. _____

per 101286

Widow's Pension

UNDER ACT 1910

De Kalb

County

Mary E. Duggle

Name

John D. Duggle

Widow of

101286

ENTER - COMMISSIONER'S OFFICE

J. W. LINDSEY,
Commissioner of Pension.

Index Printing Co., State Printers, Atlanta, Ga.

Exp. 10/4/18, 1568.
10/15/18, 1568.
10/15/18, 1568.

STATE OF GEORGIA, *Nickalls* County

County

Personally before me comes May 3 Suggs of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of _____, 1910, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? *Supple Dekan*
2. How long and since when have you been a continuing resident of the State of Georgia? *05 - you all stay here*
3. When were you and to whom were you married? *June 29th 1869 Macom & John D. Supple*
- a. Have you married since the death of first and soldier husband? *have not*
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army of Georgia Militia? *(State the name and class of Service)* *March 1863 Augusta Ga 2 Company 17 Georgia State*
5. When and where did the Command of your husband surrender or discharge from the arms? *1865 - I understand Greenville N.C*
6. Was your husband personally present at the time of the surrender or discharge of this Command? *I understand he was not*
7. If he was not present state clearly where he was? *Rich in hospital*
8. Where was his command when he left? *I understand did not leave Georgia*
- a. For what cause did he leave his Command? *Hospital*
- b. By whose authority did he leave his Command?
- c. For how long was he granted leave of absence? *in hospital*
- d. What was his physical condition when he left his Command? *Sick & indolent*
- e. What effort did he make to return to his Command?

g. In what way was he prevented from going back to Communist?
h. Was he captured by the enemy at any time? *I understand he was in*
i. If so, when and where captured and where held as a prisoner, and when and for what cause released? *was not captured*

- j. When and where did your first husband die? *Stone Mountain*
- k. Were you residing together when he died? *we were*
- l. If not, how long had you resided apart? *I am*
- m. Are you now a widow?
9. What property of any description did you own, hold or control for your use and its cash value Nov. 4, 1908? (State name by items and where situated) *8 Acres of land in Rock county Val \$25000.00 Brother in law of deceased of Stone Mountain Ga val \$7000*
10. What property of any kind have you sold or given away since Nov. 4, 1908? What has received for it and what did you do with the proceeds thereof? (Give items and cash value.)

University

11. What property of any description of any value have you now? *\$20 Charles can give list and cash value*
12. What are your annual earnings *\$1000* from any source and *what value?*
13. Have you or your husband heretofore been paid a pension by the State? *have not*
If so, when and for what cause we you or your husband placed on the Roll? _____

① ② ③ ④

Sworn to and subscribed before me this the 26 day of Oct 1917 }
James P. George, Clerk
of
Mary's Church
County.

2

Widow's Pension

UNDER ACT 1910

County

Name _____

Widow o

ENTERED POST OFFICE

J. W. LINDSEY

Commissioner of Pension

Index Printing Co., State Printers, Atlanta, Ga.

Personally before me comes W A Rungeford who after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? W A Rungeford
2. How long and since when have you known Mrs Rungeford applicant?
3. How long and since when has she continuously resided in this State? (Give date.)
All her life
4. When and to whom was she married? John P. Rungeford How do you know? I know
5. How long and since when have you known John P. Rungeford her husband?
All his life
6. When and where did John P. Rungeford die?
at his home
7. Where, applicant and her husband living together as husband and wife at the date of his death?
they were
8. If not how long did they live apart before his death?
they were
9. When, where and in what Company and Regiment did John P. Rungeford enlist?
1869 March Augusta Company - 1st Regt. 1st Cavalry
10. Were you a member of the same Company? I was not first
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? until summer
12. When and where did his Command surrender, and was discharged?
Greensboro N.C.
13. Were you personally present when it was surrendered? I was present If not where were you present and how came you there?
14. Was the husband of applicant personally present at surrender? even not If not where was he? in Augusta When, where and for what cause did he leave Command? (Give date.) was sick and was discharged And how authority did he leave his Command? by my own knowledge How do you know all this? By my own knowledge
15. For what cause, if you know, was he prevented from returning to his Command? in Augusta
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? was sick in Augusta by my knowledge

Sworn to and subscribed before me this the 25 day of Oct 1917
W A Rungeford
Ordinary.

STATE OF GEORGIA, DeKalb COUNTY

Personally before me comes James P. Rungeford who on oath says that they are freeholders of said County and that they know Mrs W A Rungeford of said County and know what property she owned on Nov. 4, 1908, and its cash value to be set out by Schedule (A) as follows:

Personal property	Notes and accounts due	Total
<u>Nothing</u>	<u>Nothing</u>	<u>Nothing</u>

Schedule (B).

We know the property sold or given away since Nov. 4, 1908, its cash value to be as follows:

Personal property	Money, Notes and Accounts	Schedule (C).
<u>Nothing</u>	<u>Nothing</u>	<u>Nothing</u>

We also know what property she has now in her possession, use and control, to-wit:

Acres of land	Horses and Mules	Cows and Hogs	Other Property	Income and earnings	Total value of all property and effects
<u>8</u>	<u>0</u>	<u>0</u>	<u>One acre of land in Stone Mountain</u>	<u>700.00</u>	<u>1000.00</u>

Sporn and subscribed before me this the 26 day of Oct 1917 James P. Rungeford Ordinary, DeKalb County.

Ordinary's Certificate
STATE OF GEORGIA, DeKalb COUNTY

I, James P. Rungeford Ordinary of said County do certify that I know Mrs W A Rungeford is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th Nov., 1908.

That I also know W A Rungeford the witness who swears to the service of husband, and James P. Rungeford who are freeholders. That all of them are now residents of said County and were duly sworn by me before signing the foregoing affidavits and that they all are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Return W A Rungeford Returned for Tax is for 1908 1700.00 for 1910 800.00 for 1911 1000.00 for 1912 1000.00 for 1913 1000.00 for 1914 1000.00 for 1915 1000.00 for 1916 1000.00 for 1917 1000.00 for 1918 1000.00 for 1919 1000.00 for 1920 1000.00 for 1921 1000.00 for 1922 1000.00 for 1923 1000.00 for 1924 1000.00 for 1925 1000.00 for 1926 1000.00 for 1927 1000.00 for 1928 1000.00 for 1929 1000.00 for 1930 1000.00 for 1931 1000.00 for 1932 1000.00 for 1933 1000.00 for 1934 1000.00 for 1935 1000.00 for 1936 1000.00 for 1937 1000.00 for 1938 1000.00 for 1939 1000.00 for 1940 1000.00 for 1941 1000.00 for 1942 1000.00 for 1943 1000.00 for 1944 1000.00 for 1945 1000.00 for 1946 1000.00 for 1947 1000.00 for 1948 1000.00 for 1949 1000.00 for 1950 1000.00 for 1951 1000.00 for 1952 1000.00 for 1953 1000.00 for 1954 1000.00 for 1955 1000.00 for 1956 1000.00 for 1957 1000.00 for 1958 1000.00 for 1959 1000.00 for 1960 1000.00 for 1961 1000.00 for 1962 1000.00 for 1963 1000.00 for 1964 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for 2258 1000.00 for 2259 1000.00 for 2260 1000.00 for 2261 1000.00 for 2262 1000.00 for 2263 1000.00 for 2264 1000.00 for 2265 1000.00 for 2266 1000.00 for 2267 1000.00 for 2268 1000.00 for 2269 1000.00 for 2270 1000.00 for 2271 1000.00 for 2272 1000.00 for 2273 1000.00 for 2274 1000.00 for 2275 1000.00 for 2276 1000.00 for 2277 1000.00 for 2278 1000.00 for 2279 1000.00 for 2280 1000.00 for 2281 1000.00 for 2282 1000.00 for 2283 1000.00 for 2284 1000.00 for 2285 1000.00 for 2286 1000.00 for 2287 1000.00 for 2288 1000.00 for 2289 1000.00 for 2290 1000.00 for 2291 1000.00 for 2292 1000.00 for 2293 1000.00 for 2294 1000.00 for 2295 1000.00 for 2296 1000.00 for 2297 1000.00 for 2298 1000.00 for 2299 1000.00 for 2300 1000.00 for 2301 1000.00 for 2302 1000.00 for 2303 1000.00 for 2304 1000.00 for 2305 1000.00 for 2306 1000.00 for 2307 1000.00 for 2308 1000.00 for 2309 1000.00 for 2310 1000.00 for 2311 1000.00 for 2312 1000.00 for 2313 1000.00 for 2314 1000.00 for 2315 1000.00 for 2316 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for 2434 1000.00 for 2435 1000.00 for 2436 1000.00 for 2437 1000.00 for 2438 1000.00 for 2439 1000.00 for 2440 1000.00 for 2441 1000.00 for 2442 1000.00 for 2443 1000.00 for 2444 1000.00 for 2445 1000.00 for 2446 1000.00 for 2447 1000.00 for 2448 1000.00 for 2449 1000.00 for 2450 1000.00 for 2451 1000.00 for 2452 1000.00 for 2453 1000.00 for 2454 1000.00 for 2455 1000.00 for 2456 1000.00 for 2457 1000.00 for 2458 1000.00 for 2459 1000.00 for 2460 1000.00 for 2461 1000.00 for 2462 1000.00 for 2463 1000.00 for 2464 1000.00 for 2465 1000.00 for 2466 1000.00 for 2467 1000.00 for 2468 1000.00 for 2469 1000.00 for 2470 1000.00 for 2471 1000.00 for 2472 1000.00 for 2473 1000.00 for 2474 1000.00 for 2475 1000.00 for 2476 1000.00 for 2477 1000.00 for 2478 1000.00 for 247

of Greene County

3. Only widows who married prior to first January, 1970, are entitled.
4. All affidavits must be made before the Ordinance is passed.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

State of Georgia

Bliss County.

Hereby appeared before me the undersigned,

Mr. W. A. Goodenow, of Macon Ga. who after being duly sworn, deposed and says, that he knew well Jenn. P. Thigale, and his wife

Harry. B. Thigale. Residents of Macon Ga, several years before their marriage. I was present at their marriage and witnessed the same.

Some time, they were married on the 29th of June 1889 in Macon Ga, at the home of the mother of said William Thigale.

He is now living at Stone Mountain, Ga, the said Jenn. P. Thigale has departed this life, and was in at the time of his last illness.

It is my belief that the said Jenn. P. Thigale, and it is not necessary in the opinion of the undersigned at Bliss County Ga. They were

sworn to and subscribed before me, this the

29th day of April 1917

W. A. Goodenow
Ministry
Ordinary

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

Form No. 2.

STATE OF GEORGIA, County of *De Kalb*

I, *Wm. M. Rogers*, 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 wit-

nesses), that she resides in this County, and that she resided in the State of Georgia on

December 23, 1850, and has not lived out of the State since that date. That she is the

widow of *Wm. M. Rogers* deceased, and as such has heretofore

been allowed a pension for the year ending February 15th, 1893.

In Witness Whereof, I have heretofore set my hand and affixed the seal of my office,

this, the *27th* day of *Jan* 1894.

Ordinary.

POWER OF ATTORNEY.

Form No. 2.

KNOW ALL MEN BY THESE PRESENTS, That I, *Wm. M. Rogers*, County

of *De Kalb*, do hereby appoint

of *De Kalb*

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

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 heretofore set my hand and seal, this *27th*

day of *January* 1894.

Executed in the presence of us:

Wm. M. Rogers

Ordinary

Send amount by

to me at

Geo. W. Harrison, State Printer, Atlanta.

AND HANDED TO

1894,

WARRANT ISSUED

County.

De Kalb

—OF—

—PAID TO—

Mrs. S. J. Tuggle

for year ending February 15th, 1894.

WIDOWS' PENSION,

No. *1082*

1894.

FOR THOSE HERETOFORE PAID.

De Kalb County

Tuggle, S. J. (Mrs.)

STATE OF GEORGIA, County of De Kalb
I, M. M. Roper, Ordinary in and for said County of
De Kalb, State of Georgia, hereby certify that I am acquainted with Mrs.
L. J. Tuggle 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, 1860, and has not lived out of the State since that date. That she is the
widow of L. J. Tuggle 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 27th day of Jan, 1894.
M. M. Roper Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.
KNOW ALL MEN BY THESE PRESENTS, That I, Mrs. L. J. Tuggle,
of De Kalb County in said State, do hereby appoint
L. J. Tuggle my true and lawful attorney in fact, for
me, and in my name, to receive and receipt for whatever amount of money I may be en-
titled to from the State of Georgia, as a widow of a Confederate Soldier, as stated in the
foregoing affidavit; hereby authorizing my said Attorney to receipt in my name for any
Warrant that may be issued by the Governor, or for any sum of money which may be
coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 27th
day of January, 1894.

Executed in the presence of us:

L. J. Tuggle
M. M. Roper

DIRECTIONS.

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

Tuggle, L. J. (Mrs.)
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1084

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. S. J. Tuggle

—OF—

De Kalb COUNTY.

WARRANT ISSUED

1894,

AND HANDED TO

L. J. Tuggle

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

County of De Kalb

Personally comes Mrs.

S. J. Tuggle

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

De Kalb

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

continuously ever since all her life 18 That she is the Widow of

B. H. Tuggle

who was a Soldier in Company

E of the 66th Regiment of Ga

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

1863 and served in the Army up to July 1864 That he lost his

life on the 20th day of July 1864. (State here

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

Was killed in the battle of Peachtree
near Atlanta on date above

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 1857; 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 1894.

Sarah J. Tuggle

Notary Public Ordinary.

Post-office

Tuggle, Sarah J.
De Kalb County
Subscribed

Subscribed
11 E
2 registration
11, 11, 13

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

STATE OF GEORGIA, County of De Kalb
Ordinary in and for said County of De Kalb
State of Georgia, hereby certify that I am acquainted with Mrs. Sarah J. Tuggle 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 B. H. Tuggle 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 Jan. 1895.
{Seal} M. M. Rogers, Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of De Kalb
KNOW ALL MEN BY THESE PRESENTS, That I, M. M. Rogers, County of De Kalb, 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 Jan. 1895. [L. s.]

Executed in the presence of:

DIRECTIONS.

Send amount by me at , and oblige

Tuggle, Sarah J.
De Kalb, County
FOR THOSE HERETOFORE PAID.
1895.
No. 995.
WIDOW'S PENSION,
for year ending February 15th, 1895.
PAID TO Mrs. Sarah J. Tuggle
OF De Kalb County.
widow of B. H. Tuggle.
WARRANT ISSUED 28th Jan 1895.
AND HANDED TO Applicant
Geo. W. Harrison, State Printer.

STATE OF GEORGIA, County of De Kalb
Ordinary in and for said County of De Kalb
State of Georgia, hereby certify that I am acquainted with Mrs. S. J. Tuggle 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 B. H. Tuggle, 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 30th day of Jan. 1896.
{Seal} M. M. Rogers, Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of De Kalb
I, M. M. Rogers, hereby authorize Mrs. S. J. Tuggle of De Kalb Co. 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 Jan. 1896.
Executed in the presence of:
William B. Chandler, M. M. Rogers, Ordinary.

Tuggle, Sarah J.
De Kalb, County
FOR THOSE HERETOFORE PAID.
1896.
No. 2609
WIDOW'S PENSION,
for year ending February 15th, 1896.
PAID TO Mrs. S. J. Tuggle
OF De Kalb County.
widow of B. H. Tuggle.
WARRANT ISSUED 27
AND HANDED TO aty
Geo. W. Harrison, State Printer.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs.
Sarah J. Tuggle

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has resided in said State continuously ever since all her life 18 That she is the Widow of B. H. Tuggle who was a Soldier in Company F of the 66th Regiment of Ga

Volunteers, that he enlisted in said Regiment on or about the month of July 1864 That he lost his life on the 24th day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.) ()
She killed in the battle of Atlanta near Atlanta Ga. on date above

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 1857, 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.
M. M. Tuggle, Ordinary. Post-office Sarah J. Tuggle

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs.
Sarah J. Tuggle

who being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has resided in said State continuously ever since all her life 18 That she is the Widow of B. H. Tuggle who was a Soldier in Company F of the 66th Regiment of Ga

Volunteers, that he enlisted in said regiment on or about the month of July 1864 That he lost his life on the 24th day of July 1864 (State here full particulars of the husband's death, when, where and from what cause.) ()
She killed in the battle of Atlanta near Atlanta

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 1857, 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 De Kalb 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 27th day of Jan 1896.
M. M. Tuggle, Ordinary. Post-office Sarah J. Tuggle

STATE OF GEORGIA, County of De Kalb

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, 1896.

In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this

the day of 1897.

Ordinary.

Ordinary.

Ordinary.

Form No. 3.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

I, Sarah J. Suggs, hereby authorize

to receive and receipt for the pension paid heron and request

that he remit same to

In Witness Whereof, I have hereunto set my hand and seal, this

day of 1897.

Executed in the presence of

[L. S.]

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

State of Georgia, De Kalb County.

I, Sarah J. Suggs, hereby authorize

to receive and receipt for the pension paid heron and request

that he remit same to

In Witness Whereof, I have hereunto set my hand and seal, this

day of 1898.

Executed in the presence of

[L. S.]

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

Ordinary.

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Ordinary.

Ordinary.

Ordinary.

Ordinary.

For Those Heretofore Paid,
De Kalb County, Georgia, Sarah J. Suggs.

1898.
NO. 2625

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

OF
De Kalb County, Georgia, Sarah J. Suggs.

Widow of B. H. Suggs.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO

1898.

FOR THOSE HERETOFORE PAID.

1897.

No. 2963

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO

OF
De Kalb County, Georgia, Sarah J. Suggs.

widow of B. H. Suggs.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED

2/6

1897.

AND HANDED TO

Atty

Form No. 1.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, **Personally Comes Mrs.**
County of *De Kalb* *Martha J. Tuggle*

who being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb State of Georgia, and that she has resided in said State
continuously ever since *May 18th* 18*31*. That she is the Widow of
Wm. Tuggle who was a Soldier in Company
of the *66th* Regiment of *La.*

Volunteers, that he enlisted in said regiment on or about the month of *Aug*
186*3* and served in the Army up to *Aug* 186*4*. That he lost his
life on the *20th* day of *July* 186*4* (State here
full particulars of the husband's death, when, where and from what cause.)
He died in the battle of Peachtree
river in Georgia.

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*37*.
that Georgia is her home and she resided in this State 25*1* 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
De Kalb 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
5th day of *March* 1897.
Wm. C. Cagwell Ordinary.
Post-office *Martha J. Tuggle*

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, **Personally Comes Mrs.**
County of *De Kalb* *Martha J. Tuggle*

who, being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb State of Georgia, and that she has resided in said State
continuously ever since *May 18th* 18*31*. That she is the Widow of
Wm. Tuggle who was a Soldier in Company
of the *66th* Regiment of *La.*

Volunteers, that he enlisted in said regiment on or about the month of *Aug*
186*3* and served in the Army up to *Aug* 186*4*. That he lost his
life on the *20th* day of *July* 186*4* (State here
full particulars of the husband's death, when, where and from what cause.)
He died in the battle of Peachtree
river in Georgia.

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*37*.
I have been allowed a pension as a resident of *De Kalb* 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
19th day of *March* 1898.
Wm. C. Cagwell Ordinary.
Post-Office *Martha J. Tuggle*

State of Georgia, **County.** }
De Kalb Ordinary of said County, certify that I am well acquainted
with Mrs. *Martha J. Tuggle* 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 *May* 18*31*.

Given under my official signature and seal this the *19th* day of *March* 1898.
Wm. C. Cagwell
Official Seal. Ordinary of *De Kalb* 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 _____ at _____ IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1899.

[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 _____ at _____ IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____ day of _____ 1900.

[L. S.]

Executed in presence of _____

For Those Herebefore Paid.

1899.

NO. 2568

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. J. H. Huggins

Be Hall

County

Widow of *A. H. Huggins*

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

1899.

AND HAND TO

2/1

GEO. W. HARRISON, STATE PRINTER, ATLANTA

To Those Herebefore Paid.

1900.

NO. 746

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

Mrs. J. H. Huggins

Be Hall

County

Widow of *A. H. Huggins*

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1900.

AND HAND TO

2/13

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb } Personally Comes Mrs.

who, being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb State of Georgia, and that she has resided in said State
continuously ever since May 31 1831 That she is the Widow of
B. H. Tuggle who was a soldier in Company
E of the 66th Regiment of Inf
Volunteers, that he enlisted in said regiment on or about the month of Aug
1863 and served in the Army up to July 1864 That he lost his
life on the 21 day of July 1864 (State here
particulars of the husband's death, when, where and from what cause)
was killed in the battle of Peachtree
near Atlanta Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1837.
I have been allowed a pension as a resident of De Kalb 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
10 day of Jan 1899.
M. M. Regalade Ordinary.

State of Georgia,
De Kalb County. }
Ordinary of said County, certify that I am well acquainted
with Mrs. B. H. Tuggle 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 11 day of May 1831

Given under my official signature and seal this the 10 day of Jan 1899.
M. M. Regalade
Ordinary of De Kalb County.



For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb } Personally Comes Mrs.

who, being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb State of Georgia, and that she has resided in said State
continuously ever since Mar 11 1831 That she is the Widow of
E. H. Tuggle who was a soldier in Company
F of the 66th Regiment of Inf
Volunteers, that he enlisted in said regiment on or about the month of Aug
1863 and served in the Army up to July 1864 That he lost his
life on the 21st day of July 1864 (State here
particulars of the husband's death, when, where and from what cause)
was killed in the battle of Peachtree
near Atlanta Ga

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier, and that
she has never married since his death aforesaid, and that she became his wife in the year 1837.
I have been allowed a pension as a resident of De Kalb County for the year ending
February 15th, 1898, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this
10 day of Jan 1900.
M. M. Regalade Ordinary.

State of Georgia,
De Kalb County. }
Ordinary of said County, certify that I am well acquainted
with Mrs. B. H. Tuggle 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 11 day of May 1831

Given under my official signature and seal, this the 10 day of Jan 1900.
M. M. Regalade
Ordinary of De Kalb County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

hereby authorize

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 12th day of

1901.

Sarah J. Tuggle. [L. S.]

Executed in presence of

M. Tuggle
Ordinary

To Those Heretofore Paid

1901.

No. 360

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

County. De Kalb

Widow of B. H. Tuggle

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1901.

AND HANDED TO

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

hereby authorize

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

1902.

[L. S.]

Executed in presence of

To Those Heretofore Paid

1902.

No. 359

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

County. De Kalb

Widow of B. H. Tuggle

Co. E Regiment 64

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDED TO

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, Personally Comes Mrs.
County of De Kalb } J. J. Tuggle

De Kalb 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 May 11th 1831. That she is the Widow of
B. H. Tuggle who was a soldier in Company
of the 66th Regiment of Ga.

Volunteers, that he enlisted in said regiment on or about the month of Aug 1863 and served in the Army up to July 1864 That he lost his
life on the 21 day of July 1864 (State here
particulars of the husband's death, when, where and from what cause)
Killed in battle of Peachtree Creek

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 1851

I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1902, and now apply for the pension provided by law for the year ending February 15th, 1901.

Sworn to and subscribed before me, this 11th day of Jan 1901.
J. J. Tuggle Ordinary, Post Office

State of Georgia, De Kalb County, I, W. M. Ragsdale, Ordinary of said County, certify that I am well acquainted with Mrs. J. J. Tuggle, 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 11th day of May 1831.

Given under my official signature and seal, this the 11th day of Jan 1901.
Official Seal. W. M. Ragsdale Ordinary of De Kalb County.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, Personally Comes Mrs.
County of De Kalb } J. J. Tuggle

Georgia 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 Mar 11th 1831. That she is the Widow of
B. H. Tuggle who was a soldier in Company
of the 66th Regiment of Ga.

Volunteers, that he enlisted in said regiment on or about the month of Aug 1863 and served in the Army up to July 1864 That he lost his
life on the 21 day of July 1864 (State here
particulars of the husband's death, when, where and from what cause)
Killed in battle of Peachtree Creek

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 1858

I have been paid a pension as a resident of De Kalb 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 15th day of Jan 1902.
J. J. Tuggle Ordinary, Post Office

State of Georgia, De Kalb County, I, W. M. Ragsdale, Ordinary of said County, certify that I am well acquainted with Mrs. J. J. Tuggle, 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 11th day of Mar 1831.

Given under my official signature and seal, this the 15th day of Jan 1902.
Official Seal. W. M. Ragsdale Ordinary of De Kalb County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.

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

at

In Witness Whereof, I have hereunto set my hand and seal, this

day of

1903.

[L. S.]

Executed in presence of

Jugge, David J.
DeKalb County

1903.

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. J. J. Jugge
of
DeKalb County

County,

Widow of
F. Jugge
Co. F. Regiment

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT ISSUED

1903

AND HANDED TO

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

TO THOSE HERETOFORE PAID.

1904.

No. 805

WIDOW'S PENSION

FOR

YEAR ENDING DECEMBER 31, 1904.

PAID TO

Mrs. J. J. Jugge
of
DeKalb County

County,

Widow of
B. H. Jugge
Co. F. Regiment

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT ISSUED

1904

AND HANDED TO

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

DeKalb County

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County, }

I,

hereby authorize

J. J. Jugge

of DeKalb County

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

January

1904.

J. J. Jugge

[L. S.]

Executed in presence of

James R. George
Ordinary

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA } PERSONALLY COMES MRS.
County of Dekalb } S. J. Tuggle
Dekalb 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 May 11, 1831. That she is the Widow of
Ben Tuggle who was a soldier in Company
E of the 66 Regiment of Inf
Volunteers, that he enlisted in said regiment on or about the month of Mar
1862, and served in the Army up to July 1864. That he lost his
life on the 21 day of July 1864. (State here
particulars of the husband's death, when, where and from what cause.)
Killed in
battle of Peachtree

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 1857.

I have been paid a pension as a resident of Dekalb 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 23 day of Jan 1903.
Wm. Ragsdale Ordinary. Post-Office Dekalb

State of Georgia, Dekalb County. I, Wm. Ragsdale
Ordinary of said County, certify that I am well
acquainted with Mrs. S. J. Tuggle 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 May 1831.

Given under my official signature and seal, this the 23 day of Jan 1903.
Wm. Ragsdale
Ordinary of Dekalb 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 } PERSONALLY COMES MRS.
County of Dekalb } S. J. Tuggle
Dekalb 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 May 11, 1831. That she is the Widow of
B. H. Tuggle who was a soldier in Company
C of the 66 Regiment of Inf
Volunteers, that he enlisted in said regiment on or about the month of Aug
1863, and served in the Army up to July 1864. That he lost his
life on the 21 day of July 1864. (State here
particulars of the husband's death, when, where and from what cause.)
Killed in battle of Peachtree

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 1857.

I have been paid a pension as a resident of Dekalb 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 21 day of Jan 1904.
James R. George Ordinary. Post-Office Dekalb

State of Georgia, Dekalb County. I, James R. George
Ordinary of said County, certify that I am well
acquainted with Mrs. S. J. Tuggle 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 May 1831.

Given under my official signature and seal, this the 21 day of Jan 1904.
James R. George
Ordinary of Dekalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County, } hereby authorize
I, Sarah J. Fuggles of Atlanta, Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Sarah J. Fuggles at
In Witness Whereof, I have hereunto set my hand and seal, this
day of January 1906. Sarah J. Fuggles [L. s.]

Executed in presence of

James R. George
Ordinary

STATE OF GEORGIA,

DeKalb County, } hereby authorize
I, Sarah J. Fuggles of Atlanta, Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs. Sarah J. Fuggles at
In Witness Whereof, I have hereunto set my hand and seal, this
day of January 1905. Sarah J. Fuggles [L. s.]

Executed in presence of

James R. George
Ordinary

To Those Herebefore Paid.

1905.

No. 196.

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Sarah J. Fuggles

OR

DeKalb County

Widow of Samuel Fuggles

Co. E Regiment 56th

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1905.

AND HAND TO

Sarah Fuggles

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.

To Those Herebefore Paid.

1906.

No. 346.

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. Sarah Fuggles

OR

DeKalb County

Widow of Samuel Fuggles

Co. E Regiment 56th

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1906.

AND HAND TO

Sarah Fuggles

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of Douglas } Sarah J. Tuggle
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 August 1862. That she is the Widow of
Benjamin Tuggle who was a soldier in Company
of the 5th Regiment of Aug
Volunteers, that he enlisted in said regiment on or about the month of Aug
1862, 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.)
Prison Atlanta Ga. July 20. 1866

Dependent 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 Douglas 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 18 day of July 1905.
James R. George Ordinary.
Post-Office Douglas Ga

State of Georgia, }
Douglas County, }
I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Sarah J. Tuggle, 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 day of July 1905.
Given under my official signature and seal, this 18 day of July 1905.
James R. George Ordinary of Douglas County.
Official Seal

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, } PERSONALLY COMES MRS.
County of Douglas } Sarah J. Tuggle
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 March 1863. That she is the Widow of
Benjamin Tuggle who was a soldier in Company
of the 5th Georgia Regiment of
Volunteers, that he enlisted in said regiment on or about the month of August
1862, and served in the Army up to July 20 1866. That he lost his
life on the 20th day of July 1866 (State here particulars of the husband's death, when, where and from what cause.)
Killed in Atlanta Ga

Dependent 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 Douglas 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 18 day of July 1906.
James R. George Ordinary.
Post-Office Douglas

State of Georgia, }
Douglas County, }
I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Sarah J. Tuggle, 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 day of July 1906.
Given under my official signature and seal, this 18 day of July 1906.
James R. George Ordinary of Douglas County.
Official Seal

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

Fuggle, Sarah. S.
(Mrs. Wilson)

De Kalb County

See 66th Regt La Inf-

Co. E

2 applications

1891, 1893.

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

_____ at _____

by _____

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

[L. S.]

Executed in the presence of _____

Twiley Nathan
Dekalb County

CODE SECTION 1254.

(FOR THOSE ALREADY ENROLLED.)

No. _____

INDIGENT

**SOLDIER'S PENSION
1905.**

Name _____

County _____

Co. _____

Regiment _____

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

NO DATA

Jan 23 Monday

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

_____ at _____

by _____

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

[L. s.]

Executed in the presence of _____

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1234

No. _____

INDIGENT

SOLDIER'S PENSION

1905.

Name _____

County _____

Regiment _____ Co. _____

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

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

NO DATA

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1234

No. _____

INDIGENT

SOLDIER'S PENSION

1906.

Name _____

County _____

Regiment _____ Co. _____

WARRANT ISSUED

1/22 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

THE PRINCIPAL PRINTER AND PUBLISHER, CO., GEO. W. HARRISON, MAN.

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

_____ at _____

by _____

Witness my hand and seal, this _____ day of _____ 1906.

[L. s.]

Executed in the presence of _____

STATE OF GEORGIA,
De Kalb County.

Personally appears Walter of De Kalb 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 1st day of January 1895; 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 Georgia) during the war between the States, and served for the term of 3 years, in Company K, of 7th Regiment of Georgia; that his physical condition is as follows: Normal.

that his property consists of the following items: nothing

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 De Kalb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 15 day of January 1905, James R. George Ordinary.

STATE OF GEORGIA,
De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with Walter 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 15 day of January 1905.



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

State of Georgia,
De Kalb County.

Personally appears Walter of De Kalb 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 1st day of January 1895; 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 Georgia) during the war between the States, and served for the term of 3 years, in Company K, of 7th Regiment of Georgia; that his physical condition is as follows: Age Infirmary.

that his property consists of the following items: nothing

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 1906. I have heretofore, as a resident of De Kalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 15 day of January 1906, James R. George Ordinary.

State of Georgia,
De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with Walter 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 15 day of January 1906.



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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DEKALB COUNTY.

I, _____, 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 _____

day of _____

1907.

[L. S.]

Executed in presence of _____

INDIGENT
SOLDIER'S PENSION
1907.

(FOR THOSE ALREADY ENROLLED)
CODE SECTION 1254.

No. 771

Name _____

County _____

Co. _____ Regiment _____

WARRANT ISSUED

1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

not done

Staley, Nathan
DeKalb Co.

FOR AFFLUENT HERETOFORE ALLOWED PENSIONS

State of Georgia,

DeKALB County.

Personally appears W. S. Surley of DeKALB 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 22 day of August 1838, 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 GA) during the war between the States, and served for the term of 7 in Company of 7 th Regiment GA of ; that his physical condition is as follows: Age & Infirmitiy

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 15 day of May 1907.

James R. George } Nathan Surley
Ordinary.

State of Georgia,

County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with W. S. Surley 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 16 day of May 1907.

James R. George
Ordinary DeKALB County.

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

Turner, Dora A.
De Kalb Co

B.H. Jan 1911

Widow's Pension

UNDER ACT 1910.

County *De Kalb*

Name *Mrs. Dora A. Turner*

Widow of *Chas J. Turner*

B 29 2 C

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

11/20

STATE OF GEORGIA,

County, DeKalb

Personally before me comes Mrs. Dora A. Turner of said State and County, and after being duly sworn, on oath says that she desires to apply for a pension allowed under the Act of 1910, and submit testimony to make out the same, true answers makes to the following questions to wit:

1. What is your name, and where do you reside? Mrs. Dora A. Turner, 1854 Mountain St. Atlanta, Ga.

2. How long and since when have you been a continuing resident in the State of Georgia? 1865. The day of the war.

3. When, where and to whom were you married? Feb. 4 - 1854 Atlanta, Ga. Thomas J. Turner, Confederate Army or Georgia Militia?

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia?

5. When and where did the latter part of the year 1861, Co. B 2nd - 2nd South Carolina Artillery, in the latter part of the year 1861, Fort Johnston.

6. Was your husband personally present at the time of the surrender or discharge from the army? Yes.

7. If he was not present state clearly where he was? Yes.

8. Where was his Command when he left? Sumner's

a. For what cause did he leave his command? Sumner's

b. By whose authority did he leave his Command? Sumner's

c. For how long was he granted leave of absence? Sumner's

e. What was his physical condition when he left his Command? Sumner's

f. What effort did he make to return to his command? Sumner's

g. In what way was he prevented from going back to Command? Sumner's

h. Was he captured by the enemy at any time? No.

i. If so, when and where captured and where held as a prisoner, and when and for what cause released? No.

j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? Res. in Atlanta, Ga. 1873. Yes.

9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items). One house and lot on the corner of Peachtree Mountain Road at \$300.00. Furniture and other household goods about \$100.00.

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value). None.

11. What property of any description of any value have you now? One house and Give list and cash value? Lot worth about \$100.00.

12. What are your annual earnings or income and their value? about \$100.00 per year.

13. Have you heretofore been paid a pension by the State? No.

If so, when and for what cause were you struck from the Roll? No.

Sworn to and subscribed before me this 19th day of Nov. 1911

James R. George Ordinary

County, DeKalb

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

County, DeKalb

Personally before me comes R. J. Cox who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name, and where do you reside? R. J. Cox, 1854 Mountain St. Atlanta, Ga.

2. How long and since when have you been a continuing resident in the State of Georgia? 1865. The day of the war.

3. When, where and to whom were you married? Feb. 4 - 1854 Atlanta, Ga. Thomas J. Turner, Confederate Army or Georgia Militia?

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia?

5. When and where did the latter part of the year 1861, Co. B 2nd - 2nd South Carolina Artillery, in the latter part of the year 1861, Fort Johnston.

6. Was your husband personally present at the time of the surrender or discharge from the army? Yes.

7. If he was not present state clearly where he was? Yes.

8. Where was his Command when he left? Sumner's

a. For what cause did he leave his command? Sumner's

b. By whose authority did he leave his Command? Sumner's

c. For how long was he granted leave of absence? Sumner's

e. What was his physical condition when he left his Command? Sumner's

f. What effort did he make to return to his command? Sumner's

g. In what way was he prevented from going back to Command? Sumner's

h. Was he captured by the enemy at any time? No.

i. If so, when and where captured and where held as a prisoner, and when and for what cause released? No.

j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? Res. in Atlanta, Ga. 1873. Yes.

9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items). One house and lot on the corner of Peachtree Mountain Road at \$300.00. Furniture and other household goods about \$100.00.

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value). None.

11. What property of any description of any value have you now? One house and Give list and cash value? Lot worth about \$100.00.

12. What are your annual earnings or income and their value? about \$100.00 per year.

13. Have you heretofore been paid a pension by the State? No.

If so, when and for what cause were you struck from the Roll? No.

Sworn to and subscribed before me this 19th day of Nov. 1911

James R. George Ordinary

County, DeKalb

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

County, DeKalb

Personally before me comes R. J. Cox who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name, and where do you reside? R. J. Cox, 1854 Mountain St. Atlanta, Ga.

2. How long and since when have you been a continuing resident in the State of Georgia? 1865. The day of the war.

3. When, where and to whom were you married? Feb. 4 - 1854 Atlanta, Ga. Thomas J. Turner, Confederate Army or Georgia Militia?

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia?

5. When and where did the latter part of the year 1861, Co. B 2nd - 2nd South Carolina Artillery, in the latter part of the year 1861, Fort Johnston.

6. Was your husband personally present at the time of the surrender or discharge from the army? Yes.

7. If he was not present state clearly where he was? Yes.

8. Where was his Command when he left? Sumner's

a. For what cause did he leave his command? Sumner's

b. By whose authority did he leave his Command? Sumner's

c. For how long was he granted leave of absence? Sumner's

e. What was his physical condition when he left his Command? Sumner's

f. What effort did he make to return to his command? Sumner's

g. In what way was he prevented from going back to Command? Sumner's

h. Was he captured by the enemy at any time? No.

i. If so, when and where captured and where held as a prisoner, and when and for what cause released? No.

j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? Res. in Atlanta, Ga. 1873. Yes.

9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items). One house and lot on the corner of Peachtree Mountain Road at \$300.00. Furniture and other household goods about \$100.00.

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value). None.

11. What property of any description of any value have you now? One house and Give list and cash value? Lot worth about \$100.00.

12. What are your annual earnings or income and their value? about \$100.00 per year.

13. Have you heretofore been paid a pension by the State? No.

If so, when and for what cause were you struck from the Roll? No.

Sworn to and subscribed before me this 19th day of Nov. 1911

James R. George Ordinary

County, DeKalb

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

County, DeKalb

Personally before me comes R. J. Cox who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name, and where do you reside? R. J. Cox, 1854 Mountain St. Atlanta, Ga.

2. How long and since when have you been a continuing resident in the State of Georgia? 1865. The day of the war.

3. When, where and to whom were you married? Feb. 4 - 1854 Atlanta, Ga. Thomas J. Turner, Confederate Army or Georgia Militia?

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia?

5. When and where did the latter part of the year 1861, Co. B 2nd - 2nd South Carolina Artillery, in the latter part of the year 1861, Fort Johnston.

6. Was your husband personally present at the time of the surrender or discharge from the army? Yes.

7. If he was not present state clearly where he was? Yes.

8. Where was his Command when he left? Sumner's

a. For what cause did he leave his command? Sumner's

b. By whose authority did he leave his Command? Sumner's

c. For how long was he granted leave of absence? Sumner's

e. What was his physical condition when he left his Command? Sumner's

f. What effort did he make to return to his command? Sumner's

g. In what way was he prevented from going back to Command? Sumner's

h. Was he captured by the enemy at any time? No.

i. If so, when and where captured and where held as a prisoner, and when and for what cause released? No.

j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? Res. in Atlanta, Ga. 1873. Yes.

9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items). One house and lot on the corner of Peachtree Mountain Road at \$300.00. Furniture and other household goods about \$100.00.

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value). None.

11. What property of any description of any value have you now? One house and Give list and cash value? Lot worth about \$100.00.

12. What are your annual earnings or income and their value? about \$100.00 per year.

13. Have you heretofore been paid a pension by the State? No.

If so, when and for what cause were you struck from the Roll? No.

Sworn to and subscribed before me this 19th day of Nov. 1911

James R. George Ordinary

County, DeKalb

Questions for the Witnesses as to Service of Husband and Marriage.

STATE OF GEORGIA,

County, DeKalb

Personally before me comes R. J. Cox who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name, and where do you reside? R. J. Cox, 1854 Mountain St. Atlanta, Ga.

2. How long and since when have you been a continuing resident in the State of Georgia? 1865. The day of the war.

3. When, where and to whom were you married? Feb. 4 - 1854 Atlanta, Ga. Thomas J. Turner, Confederate Army or Georgia Militia?

4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia?

5. When and where did the latter part of the year 1861, Co. B 2nd - 2nd South Carolina Artillery, in the latter part of the year 1861, Fort Johnston.

6. Was your husband personally present at the time of the surrender or discharge from the army? Yes.

7. If he was not present state clearly where he was? Yes.

8. Where was his Command when he left? Sumner's

a. For what cause did he leave his command? Sumner's

b. By whose authority did he leave his Command? Sumner's

c. For how long was he granted leave of absence? Sumner's

e. What was his physical condition when he left his Command? Sumner's

f. What effort did he make to return to his command? Sumner's

g. In what way was he prevented from going back to Command? Sumner's

h. Was he captured by the enemy at any time? No.

i. If so, when and where captured and where held as a prisoner, and when and for what cause released? No.

j. When and where did your husband die? Were you residing together when he died? If not, how long had you resided apart? Res. in Atlanta, Ga. 1873. Yes.

9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1908. (State same by items). One house and lot on the corner of Peachtree Mountain Road at \$300.00. Furniture and other household goods about \$100.00.

10. What property of any kind have you sold or given away since Nov. 4, 1908? What was received for it and what did you do with the proceeds thereof? (Give items and cash value). None.

11. What property of any description of any value have you now? One house and Give list and cash value? Lot worth about \$100.00.

12. What are your annual earnings or income and their value? about \$100.00 per year.

13. Have you heretofore been paid a pension by the State? No.

If so, when and for what cause were you struck from the Roll? No.

Widow's Pension

UNDER ACT 1910.

County DeKalb

Name Mrs. Dora A. Turner

Widow of Thomas J. Turner

J. W. LINDSEY,

Commissioner of Pensions.

Chas. F. Byrd, State Printer.

County, }

I, that, I know Ordinary of said County do certify
is the person she represents herself to be and she is a bonafide continuing resident citizen of said
County and was in the 4th Nov, 1908
That I also know the witness who swears
to the service of husband, and who are
freeholders. That all of them are now residents of said County and were duly sworn by me before signing
the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to
full faith and credit.
That the Tax Returns Returned for Tax is for
1908 \$ for 1910 \$
Sworn under my hand and official seal of office this day of
191 SEAL.
SEAL. Ordinary. County

(SEAL)
NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witnesses in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
that you give shall be the truth, so help you God." If the answers are insufficient.
2 Additional affidavits may be attached if blank spaces are insufficient.
3 Only widows who married prior to first January 1870, are entitled.
4 Attach certain copies of marriage license if obtainable. If not, prove marriage, by some person, or by gen-
eral reputation.

until the close of the war 1865-
4. When and to whom was she married? How do you know? July 4, 1858. That I know
5. How long and since when did you know Thomas J. Turner her
husband? from boyhood until his death
6. When, where and in what Company and Regiment did Thomas J. Turner enlist?
C. B. 2nd South Carolina Cavalry in the 11th
of the year 1861. Front Jefferson
7. Were you a member of the same Company?
8. How long within your personal knowledge did he perform actual military service with his Com-
pany and Regiment? About 3 years
9. When, and where did his Command surrender, and was discharged? 1865
Smithfield, N.C.
10. Were you personally present when it was surrendered? No If not where
were you in hospital and how came you there? from
11. Was the husband of applicant personally present at surrender? Yes
where was he? After 3 years he was promoted to Major General of the
1st South Carolina Cavalry and was killed at the battle of Gettysburg
where he was shot in the back and died
authority did he leave his Command?
long was he granted leave?
12. For what cause, if you know of your own knowledge was he prevented from returning to his
Command?
13. What effort did he make to return to his Command and how do you know this? Of you
own knowledge or how?
Sworn to and subscribed before me this the day of Nov 1910
7 Edw. L. Turner James J. Turner
of Barnesburg County. S.C.

AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA,
DeKalb County.
Personally before me comes W.C. Buss who on oath says that they
are freeholders of said County and that they know
of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by
Schedule (A) as follows.
Personal property None sold goods \$ 57.00
Notes and accounts due \$ 5.00
Total \$ 62.00
Schedule (B).
We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:
Personal property \$ None
Money, Notes and accounts \$ None
Schedule (C).

We also know what property she has now in her possession, and control to wit:
me Anne and her son Stamman thel \$ 300.00
Horses and Mules \$ —
Cows and Hogs \$ —
Other property \$ —
Income and earnings then year \$ 60.00
Total Value of all property and effects \$ 360.00
Sworn and subscribed before me this the day of Nov 1910
James J. Turner W.C. Buss
Ordinary of DeKalb County.

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 _____

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

Executed in presence of _____

[L. S.]

*DeKalb Co.
Turner, J. C.*

No. _____

INDIGENT PENSION,

1900.

1901

Name J. C. Turner

County DeKalb
OK 7/22

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

JOHN W. LINDSEY, State Printer, Atlanta.

9/10-1901

County.

hereby authorize

of

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

by

Witness my hand and seal, this

day of

1900.

[L. S.]

Executed in presence of

INDIGENT PENSION,

1900.

Name J. C. Turner

Approved _____ 1900.

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDLED TO

Geo. W. HARRISON, State Printer, ATLANTA.

9/10-1901

J. C. Turner & Co.

No.

County.

to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, and after being fully sworn true answers to make to the following questions, deposes and swears as follows:

What is your name and where do you reside? *John C. Turner, De Kalb County, Ga.*2. How long and since when have you been a resident of this State? *Since May 1836.*3. When and where were you born? *De Kalb Co., Ga., May 1836.*4. When and where and in what company and regiment did you enlist or serve? *Enlisted in 1861 in the 7th Ga. Reg.*6. How long did you remain in such company and regiment? *About two years and three months. At high price in Co. E.*6. When and where was your company and regiment surrendered and discharged? *In April 1865 at Appomattox, Va.*7. Were you present with your company and regiment when it was surrendered? *No.*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 in the 7th Ga. Reg. in detail to the 1st Ga. Reg. at the time of the surrender.*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 and poverty.*12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? *I have been blind for three years, been unable to earn a support.*13. What property, real or personal, or income, do you possess, and its gross value? *None.*14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, and what disposition, if any, by sale or gift, have you made of same? *I have no property.*15. In what County did you reside during those years, and what property did you then retain for taxation? *In De Kalb County, Ga.*16. How were you supported during the years 1898 and 1899? *By my son.*17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? *Approx. \$100.00.*18. What was your employment during 1898 and 1899? What day did you receive in each year? *Helped my son, my brother.*19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? *No.*20. Are you receiving any pension? If so, what amount and for what disability? *No.*21. Have you ever made an application for pension before? *Yes.*22. How many applications have you ever made and under what class? *See 2 in Indigent.*

Sworn to and subscribed before me this the _____ day of May, 1901.

J. C. Turner, Applicant.

Ordinary.

De Kalb County.

STATE OF GEORGIA,
De Kalb COUNTY.
Personally appeared before me,
J. J. Rutledge, J. W. Turner
and
J. W. Turner, both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully
J. W. Turner, applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows:

Old age, general
debility & chronic rheumatism

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
30 day of May 1904.
J. W. Turner, Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
De Kalb COUNTY.
I, J. W. Turner, Ordinary in and for said County, hereby certify
that the applicant J. W. Turner
has been a bona fide resident of this State since the
day of May 1836
and that the witnesses, viz: J. C. Robinson

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 De Kalb
returned for taxation in his name in 1898 None
of property, and in 1899 None
County show that applicant
Dollars
of property.
In my opinion the foregoing claim is
made in good faith.
Witness my hand and seal of office, this
day of Sept 1904
J. W. Turner, Ordinary,
De Kalb County.

NOTE.
1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You
shall truly answer make to each of the questions asked of you, and the evidence you shall give will 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 witnesses, and as to the execution of the proof as above
set out.

STATE OF GEORGIA,
De Kalb COUNTY.
J. J. Rutledge, J. W. Turner
as a witness in support of the application of J. W. Turner 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. J. Rutledge
in De Kalb County, Ga.
2. Are you acquainted with J. W. Turner, the applicant; if so,
how long have you known him? I am since 1861.
3. Where does he reside, and how long and since when has he been a resident of this State?
in De Kalb County, Ga. all his life.
4. When, where and in what company and regiment did he enlist, and how do you know?
in Aug 1861. Co. K 7th Ga. Reg. I was there
5. Were you a member of the same company and regiment?
How long did he perform regular military duty? Up to fight at Knoxville
Nov 1863. After 1863 approximately 1864.
6. How long and where was his command surrendered?
7. Were you present when it surrendered? I was not I was prisoner
8. Was applicant present? He was not, was on detail
9. If he was not present, where was he? He was on detail
When did he leave his command? Nov 1863. For what cause?
By what authority he left?

11. What property, effects or income has the applicant? (Give your means of knowledge.)
J. C. Robinson sworn says, applicant has no property
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?
Disposition of none, made no
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
He has not
14. What is the applicant's occupation and physical condition? He has been
unable to work
15. Is the applicant unable to support himself by labor of any sort, if so, why? He is not
able to make a support on account
of old age
16. How was he supported during the years 1898 and 1899? By his own
17. What portion of his support for these two years was derived from his own labor or income?
Very little if any
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under Section 1254, Code? He is aged and infirm

19. What interest have you in the recovery of a pension by this applicant? None
Sworn to and subscribed before me, this
the 30 day of May 1904
J. W. Turner, Ordinary,
De Kalb County.
Witness,
J. C. Robinson

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 _____

at _____

by _____

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

[L. S.] _____

Executed in presence of _____

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 154.

No. 578

INDIGENT

SOLDIER'S PENSION

1902.

Name Turner J.C.

County DeKalb

Co. K Regiment 1

WARRANT ISSUED

1902

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

(Geo. W. Harrison, State Printer, Atlanta.)

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 154.

No. 368

INDIGENT

SOLDIER'S PENSION

1903.

Name Turner J.C.

County DeKalb

Co. K Regiment 7

WARRANT ISSUED

1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

(Geo. W. Harrison, State Printer, Atlanta.)

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 _____

at _____

by _____

Witness my hand and seal, this _____ day of _____ 1903.

[L. S.] _____

Executed in presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.
Personally appears J. C. Turner of De Kalb 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 May 1836; 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 Georgia) during the war between the States, and served for the term of 26 months in Company A, of 7th Regiment of 64th Infantry; that his physical condition is as follows: Age and Infirmary

that his property consists of the following items: None

of the value of \$0 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 De Kalb county been allowed a pension for the year 1901 for

Sworn to and subscribed before me, this the 10 day of Jan 1902. J. C. Turner, Ordinary.

STATE OF GEORGIA,
De Kalb County.
I, M. M. Repodace, Ordinary of said County, do certify that I am well acquainted with J. C. Turner, 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 10 day of Jan 1902.

Ordinary M. M. Repodace De Kalb 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,
De Kalb County.
Personally appears J. C. Turner of De Kalb 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 May 1836; 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 Georgia) during the war between the States, and served for the term of 2 years in Company H, of 7th Regiment of 64th Infantry; that his physical condition is as follows: Age and Infirmary

that his property consists of the following items: None

of the value of \$0 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 De Kalb county been allowed a pension for the year 1902,

Sworn to and subscribed before me, this the 10 day of Jan 1903. J. C. Turner, Ordinary.

STATE OF GEORGIA,
De Kalb County.
I, M. M. Repodace, Ordinary of said County, do certify that I am well acquainted with J. C. Turner, 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 10 day of Jan 1903.

Ordinary M. M. Repodace De Kalb County.
NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1903.

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 _____ at _____ by _____

WITNESS my hand and seal, this day of 1905.

Executed in the presence of

INDIGENT

4651 N 120th 3000

Sturmer, J. C.
Berkel County
CODE SECTION 1564

Name *J. F. Turner* County *DeKalb* Co. *11*
Regiment *11th*

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

Sumner, J. C.
Beckall County

CODE SECTION 1234.

113^{ON}

INDIGENT
SOLDIER'S PENSION
1905.

Name *J. E. Lusk*
County *Butte*
Co. *Regiment 7 Co*

1905. 1/23
WARRANT ISSUED

JOHN W. LINDSEY,

Commissioner of Pensions.

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

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

DeKalb County.

Personally appears,

J. C. Turner of *DeKalb* 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 *May* 18*36*; that he is *68* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served for the term of *26 mo* in Company *H*, of *7* th Regiment of *GA Vol*; that his physical condition is as follows: *age and infirmity*

that his property consists of the following items:

None

of the value of *None* 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 *DeKalb* County been allowed a pension for the year 1903.

Sworn to and subscribed before me, this the

10 day of *January* 1904.

James R. George Ordinary.

STATE OF GEORGIA,

DeKalb County.

I, *James R. George* 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* 1904.

James R. George Ordinary.

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

STATE OF GEORGIA,

DeKalb County.

Personally appears,

J. C. Turner of *DeKalb* 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 *May* 18*36*; that he is *68* years old and by occupation a *Farmer*, that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served for the term of *26 mo* in Company *H*, of *7* th Regiment of *GA Vol*; that his physical condition is as follows: *age and infirmity*

that his property consists of the following items:

None

of the value of *None* 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 1905. I have heretofore as a resident of *DeKalb* County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the

14 day of *January* 1905.

James R. George Ordinary.

STATE OF GEORGIA,

DeKalb County.

I, *James R. George* 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* 1905.

James R. George Ordinary.

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

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

_____ at _____
by _____

Witness my hand and seal, this _____ day of _____ 1906.

[L. S.]

Executed in the presence of

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

_____ at _____
by _____

Witness my hand and seal, this _____ day of _____ 1907.

[L. S.]

Executed in presence of

Code Section 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 606
INDIGENT
SOLDIER'S PENSION
1906.

Name *J. G. Thomas*
County *De Kalb*
Co. *A* Regiment *1st*

WARRANT ISSUED
1/22 1906

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
J. G. Thomas

THE PRINCIPAL PRINTING AND PUBLISHING CO., GEO. W. HARRISON, MGR.

Code Section 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 739
INDIGENT
SOLDIER'S PENSION
1907.

Name *J. G. Thomas*
County *De Kalb*
Co. *A* Regiment *1st*

WARRANT ISSUED
1/21 1907

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
J. G. Thomas

GEO. W. HARRISON, MGR. PRINTER, ATLANTA.

State of Georgia,

Dekalb County.

Personally appears J. C. Turner of De Kalb 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 15 day of May 1886; that he is 70 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 7 years, of 7 th Regiment of Georgia; 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, 1904, 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 Dekalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this 13 day of January 1906, J. C. Turner Ordinary.

State of Georgia,

Dekalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with J. C. Turner 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 13 day of January 1906.

James R. George Ordinary De Kalb County.

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



State of Georgia,

Dekalb County.

Personally appears J. C. Turner of Dekalb 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 15 day of May 1886; that he is 71 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 7 years, of 7 th Regiment of Georgia; that his physical condition is as follows: Age and 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 Dekalb County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this 13 day of January 1907, J. C. Turner Ordinary.

State of Georgia,

Dekalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with J. C. Turner 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 13 day of January 1907.

James R. George Ordinary Dekalb County.

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



Georgia
 DeKalb County } Now Comes J. C. Turner, Appl-
 cant for Pension and Supplement
 his original paper, to which this is attached, as
 follows: Applicant was severely wounded in
 his left thigh in the charge of Confederate troops
 to which he belonged on the Federal fork at
 Knoxville, Tenn. in 1863, and was sent with other
 wounded Confederates to Atlanta, Ga. where he
 remained until he was sent to a Convalescent
 Camp on Marietta Street by Dr. Logan, then
 Surgeon in Charge. After which he was re-
 manded to the City Guard Camp and was
 in service there until he was detailed
 and ordered by the Commanding Officer
 whose names are now unknown to him,
 to report to Smith & Hartley for work
 in the Confederate shops employed in
 making shot and shells for the Army.
 This was in the month of January 1864 and
 Applicant worked regularly in this
 capacity until the close of the war under
 the said regular detail and under the
 Control of said Confederate Authorities
 Smith & Hartley.
 Deponent further says that just before
 the evacuation and surrender of Atlanta
 and its occupancy by Sherman's Army
 the Government shops in which he was
 detailed and employed were removed
 to Montgomery, Ala. and the way carried
 with them to that place where he worked

Ensign. Further } the person comes Charles K. Madsen of
 County } said county who on oath says he has
 known John C. Turner the applicant for pension, since 1860,
 or 1861, when applicant enlisted in Company K, 7th Regiment
 La. Infantry; was known into the Confederate service under
 Capt. Richard of said Company, after the first battle of
 Mansfield; about the month of September 1861, he probably
 enlisted in Atlanta, Ga. and was known in in Virginia at Camp
 Barton; - deponent was afterwards Captain of said Company
 & knew J. C. Turner as a member of said Company, as a
 good & faithful soldier, till he went off on a detail; he
 was with the company as well as deponent can recollect
 about the year, during the first part of the war; he was
 never discharged from the service, though deponent im-
 distinctly that he was forwarded by the Yankees as was de-
 ported; since the war deponent has not applicant at all
 times, but is not acquainted with his financial condition
 except by rumor. Applicant was always respected by his
 comrades as a brave & faithful soldier.
 Deponent further says that Charles K. Madsen
 was in the service of Capt. Geo. K. 7th Regt La. Inf 5
 77th Cavalry a Lieut. to S. A.

NAME Turner, J. C. (John C.) YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? DeKalb Co. May 1836
Resident of Ga. since birth.

ENLISTED WHEN AND WHERE? August 1861 Fulton Co., Ga.

RANK. Captain

COMPANY AND REGIMENT? Co. K., 7th Ga. Regiment
January 1864 was detailed to make shot
and shells.

NAME OF CAPTAIN AND COLONEL? Captain Charles K. Maddox

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURROUNDING?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? In Atlanta, Ga.
on detail as stated
above.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. J. I. Rutledge, same command

ts

the surrender of the Confederate Army
when he received a regular parole which
has been lost.

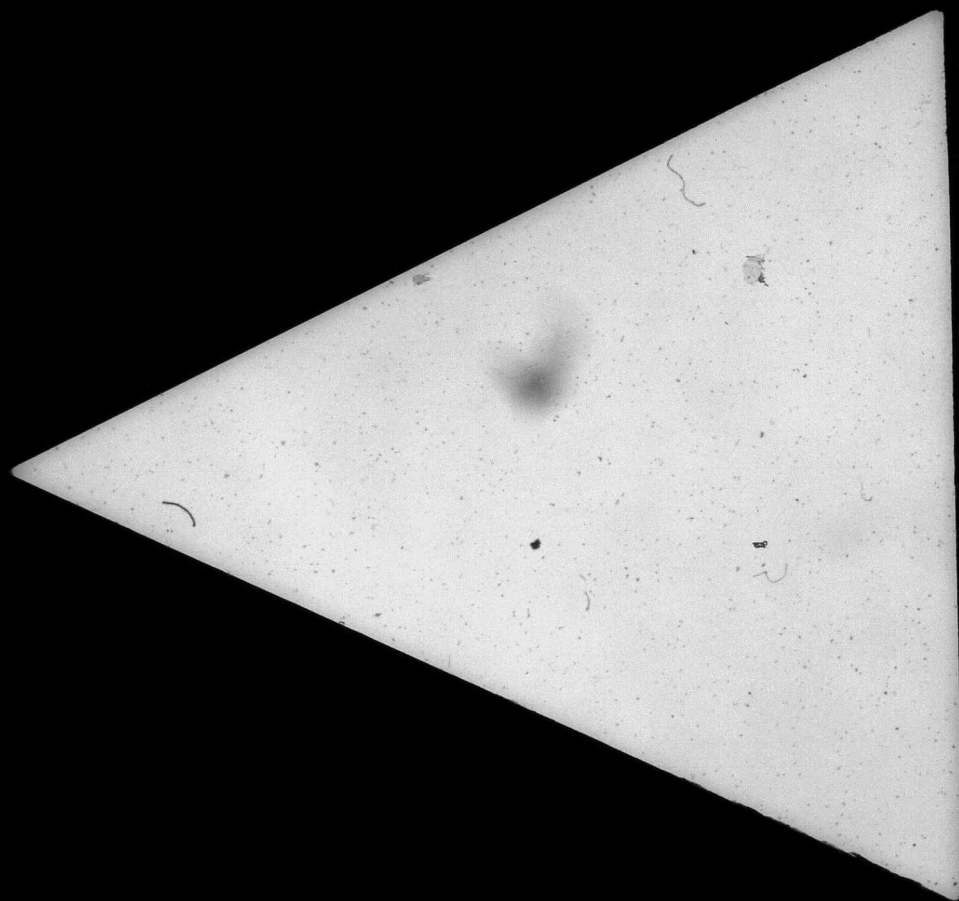
Sworn to & subscribed before me June 4, 1901.

J. M. Magdalen
Ordinary.

George
Fulton County } A person before the undersigned
Ordinary of said County, primarily

One John W. Stockton who on oath says that he
is well acquainted with J. C. Turner, Applicant
for pension, and knows that he was detailed
from his command as a Confederate soldier
to work in the Confederate shops under control
of Smith and Hartley in January 1864 in
Atlanta, Ga. and was engaged in working
shot and shell for the C. S. Army with this
deponent and others in said work until
July 1864 until we were all removed
with machinery to Montgomery, Ala. and
continued in said work and Confederate
service until March 1865 when said
J. C. Turner and the other men with this
deponent were sent back to Atlanta with
the Confederate State machinery and remained
there until the surrender of the Confederate Army.
Deponent has no interest whatever in the Applicant
nor in this pension matter. J. M. Stockton
Sworn to and subscribed before me June 4th 1901.

J. M. Stockton
Ordinary



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

Form No. 2.

STATE OF GEORGIA, County of De Kalb

I, John B. Leonard

Ordinary in and for said County of

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

Margie O. Turner

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,

1892, and has not lived out of the State since that date. That she is the widow of

Boyd O. Turner 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

29th day of Jan 1893.

Ordinary.

POWER OF ATTORNEY.

Form No. 3.

STATE OF GEORGIA,

Know ALL Men by THESE PRESENTS, That I, Margie O. Turner

County,

of De Kalb

County, in said State, do hereby appoint

John B. Leonard

of De Kalb

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 af-

idavit; 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

alorsaid.

In Witness Whereof, I have hereunto set my hand and seal, this

29th day of Jan 1893.

Executed in the presence of us:

John B. Leonard

to

Send amount by

me at

AND HANDED TO

1893

Warrant Issued

COUNTY.

—OF—

—PAID TO—

for year ending February 15th, 1893.

Widows' Pension,

No. 1578

Feb 7 1893.

FOR THOSE HERETOFORE PAID.

De Kalb County

Margie O. Turner

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA, County of De Kalb

I, Margie P. Turner Ordinary in and for said County of De Kalb State of Georgia, hereby certify that I am acquainted with Mrs. Margie P. Turner 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 Reuben S. Turner 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 29th day of March, 1893.

Margie P. Turner Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.

Know ALL MEN BY THESE PRESENTS, That I, Margie P. Turner

County, in said State, do hereby appoint Reuben S. Turner of De Kalb 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 29th day of March, 1893.

Executed in the presence of us:

John R. Turner Margie P. Turner

DIRECTIONS.

Send amount by _____ to _____ and oblige me at _____

Turner, Margie P.
De Kalb County
FOR THOSE HERETOFORE PAID.

1893.
Feb 15th to Feb 15th 1891
No. 1518

Widows' Pension,

for year ending February 15th, 1893.

— PAID TO —

Mrs Margie P. Turner

— OF —

De Kalb COUNTY.
(from Feb 15th to Feb 15th)

Warrant Issued

1893

AND HANDED TO

M. P. Turner

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

Personally comes Mrs.

County of De Kalb

Margie P. Turner,

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

De Kalb

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

continuously ever since

April

1838

That she is the Widow of

Payton S. Turner

who was a Soldier in Company

A

of the 44th

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

March

1865

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) (

was wounded near Petersburg Va
on the 20th of March 1865 and
died about the 19th of April 1865
from the wound.

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 33d 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

June

1893.

Margie P. Turner,

Post-office Pickens La

Ordinary.

STATE OF GEORGIA, County of De Kalb
I, M. P. Turner Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
M. P. Turner 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 Payton Turner 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 24th day of June, 1894.
M. P. Turner Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.
KNOW ALL MEN BY THESE PRESENTS, That I, M. P. Turner
County in said State, do hereby appoint
of De Kalb 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 June, 1894.

[L. S.]

Executed in the presence of us:
M. P. Turner
M. P. Turner DIRECTIONS.

Send amount by _____, and oblige
me at _____ to

STATE OF GEORGIA, County of De Kalb
I, M. P. Turner Ordinary in and for said County of
De Kalb State of Georgia, hereby certify that I am acquainted with Mrs.
M. P. Turner 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 Payton Turner 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 24th day of June, 1895.
M. P. Turner Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.
KNOW ALL MEN BY THESE PRESENTS, That I, M. P. Turner
County in said State, do hereby appoint
of De Kalb 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 June, 1895.

[L. S.]

Executed in the presence of us:
M. P. Turner
M. P. Turner DIRECTIONS.

Send amount by _____, and oblige
me at _____ to

De Kalb De Kalb
FOR THOSE HERETOFORE PAID.

1895.

No. 996

WIDOW'S PENSION,

for year ending February 15th, 1895.

—PAID TO—
M. P. Turner

—OF—
De Kalb County.
widow of M. P. Turner

WARRANT ISSUED
June 28 1895.

AND HANDED TO
M. P. Turner

Geo. W. Harrison, State Printer,

Turner, M. P. Turner
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. 1083

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—
M. P. Turner

—OF—
De Kalb COUNTY.

WARRANT ISSUED
M. P. Turner

AND HANDED TO
J. S. Turner

Geo. W. Harrison, State Printer, Atlanta.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally comes Mrs.

M. P. Turner

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

De Kalb

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

continuously ever since

18 38 That she is the Widow of

Payton S. Turner

who was a Soldier in Company

A of the 14th

Regiment of Ga

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

1862 and served in the Army up to

March 1865 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.)

Was wounded on the 25th of March 1865 in the battle of Retribution and died from the wound on the 19th day of April

Deponent swears that she was the wife of said deceased soldier during his service in the army as a soldier, and that she has never married since his death aforesaid, that she became his wife in the year 1862, that Georgia is her home and she resided in this State 23d day of December, 1890, and has not lived in any other State or locality since that date. I have been allowed a pension for the year ending February 15th, 1893, and now apply for the allowance provided by law for the year ending February 15th, 1894.

Sworn to and subscribed before me, this

29th day of Jan 1894.

M. P. Turner

Notary Public, Ordinary.

Post-office East and Ga

Ordinary.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,

County of De Kalb

Personally Comes Mrs.

M. P. Turner

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

De Kalb

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

continuously ever since

18

That she is the Widow of

M. P. Turner

who was a Soldier in Company

A of the 14th

Regiment of Ga

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

1862 and served in the Army up to

April 1865 That he lost his

life on the

19th day of

1865 (State here

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

Was wounded at the battle of Retribution and died from the wound on the 19th day of April 1865

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

Sworn to and subscribed before me, this

23d day of Jan 1895.

M. P. Turner

Notary Public, Ordinary.

Post-office East and Ga

STATE OF GEORGIA, County of De Kalb
 I, M. M. Rogers, Ordinary in and for said County of
De Kalb, State of Georgia, hereby certify that I am acquainted with Mrs.
M. P. Turner 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
 out of the State since that date. That she is the widow of P. S. Turner
 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 20th day of Jan, 1896.

{SEAL} M. M. Rogers Ordinary.

Form No. 1.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.
 I, M. P. Turner hereby authorize P. S. Turner
 of De Kalb County 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 23rd,
 day of Jan, 1896.

Executed in the presence of

M. P. Turner
M. M. Rogers (Ordinary)

[L.S.]

STATE OF GEORGIA, County of De Kalb
 I, M. M. Rogers, Ordinary in and for said County of
De Kalb, State of Georgia, hereby certify that I am acquainted with Mrs.
M. P. Turner 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. S. Turner
 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 21st day of Jan, 1897.

{SEAL} M. M. Rogers Ordinary.

Form No. 1.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County.
 I, M. P. Turner hereby authorize P. S. Turner
 of De Kalb 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 21st,
 day of Jan, 1897.

Executed in the presence of

M. P. Turner
M. M. Rogers (Ordinary)

[L.S.]

De Kalb County
 FOR THOSE HERETOFORE PAID.
1897.
 No. 1710
WIDOW'S PENSION,
 for year ending February 15th, 1897.
 PAID TO
M. P. Turner
 OF
De Kalb County.
 widow of P. S. Turner
 RICHARD JOHNSON,
 Commissioner of Pensions.
 WARRANT ISSUED
1/30 1897,
 AND HANDED TO
atg
 GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Turner, M. P.
De Kalb County
 FOR THOSE HERETOFORE PAID.
1896.
 No. 1751
WIDOW'S PENSION,
 for year ending February 15th, 1896.
 PAID TO
M. P. Turner
 OF
De Kalb County.
 widow of P. S. Turner
 WARRANT ISSUED
2/1 1896.
 AND HANDED TO
atg
 GEO. W. HARRISON, STATE PRINTER.

FOR WIDOWS DECEASED SOLDIER AND SAILORS.

STATE OF GEORGIA, } Personally Comes Mrs.
County of De Kalb } M. P. Turner

who being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb State of Georgia, and that she has resided in said State
continuously ever since 18 18 That she is the Widow of

P. S. Turner who was a Soldier in Company
A of the 44th Ga Regiment of Ga

Volunteers, that he enlisted in said regiment on or about the month of March
1862 and served in the Army up to March 1865. That he lost his
life on the 19th day of April 1865. (State here

full particulars of the husband's death, when, where and from what cause.)
He was wounded near Petersburg on
28th of March 1865 and died of the
wound in a hospital at Petersburg.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 1862,
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
De Kalb 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 Jan 1896.
M. P. Turner Post-office East End,
Ordinary.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } Personally Comes Mrs.
County of De Kalb } M. P. Turner

who being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb State of Georgia, and that she has resided in said State
continuously ever since April 1838 That she is the Widow of

P. S. Turner who was a Soldier in Company
A of the 44th Ga Regiment of Ga

Volunteers, that enlisted in said regiment on or about the month of March
1862 and served in the Army up to March 1865. That he lost his
life on the 19th day of April 1865. (State here

full particulars of the husband's death, when, where and from what cause.)
He was wounded at the battle around
Petersburg and died of the wound
some time in April 1865.

Deponent swears that she was the wife of said deceased soldier, during his service in the army as a soldier,
and that she has never married since his death aforesaid, that she became his wife in the year 1862,
that Georgia is her home and she resided in this State 23d day of December, 1890, and has not
lived in any other State or locality since that date. I have been allowed a pension as a resident of
De Kalb 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
23rd day of Jan 1897.
M. P. Turner Post-office East End,
Ordinary.

POWER OF ATTORNEY.

State of Georgia, De Kalb County.
I, Mrs. M. P. Turner hereby authorize P. S. Turner
of De Kalb 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 21st
day of Jan 1898.

[L. S.]

Executed in the presence of

Mrs. P. S. Turner
M. P. Turner
Ordinary

1898.
NO. 2667
For Those Heretofore Paid
Turner, M. P. Turner
De Kalb County

WIDOW'S PENSION,
PAID TO
Mrs. M. P. Turner
County, De Kalb
Widow of P. S. Turner

RICHARD JOHNSON,
Commissioner of Penitents.

WARRANT ISSUED

1898. 2/2
AND HANDED TO
P. S. Turner

GEO. W. HARRISON, STATE PRINTER, ATLANTA

POWER OF ATTORNEY.

State of Georgia, De Kalb County.
I, Mrs. M. P. Turner hereby authorize P. S. Turner
of De Kalb 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 1st
day of Jan 1898.

Executed in presence of

Mrs. P. S. Turner
M. P. Turner
Ordinary

1899.
NO. 2493
For Those Heretofore Paid
Turner, M. P. Turner
De Kalb County

WIDOW'S PENSION,
PAID TO
Mrs. M. P. Turner
County, De Kalb
Widow of P. S. Turner

RICHARD JOHNSON,
Commissioner of Penitents.

WARRANT ISSUED

1899. 2/1
AND HANDED TO
P. S. Turner

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of DeKalb } M. P. Turner

who, being sworn, says on oath, that she is a bona fide resident of said county of
DeKalb State of Georgia, and that she has resided in said State
continuously ever since April 22d 1838 That she is the Widow of
P. S. Turner

A of the 44th Regiment of Ga. who was a Soldier in Company
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 19th day of April 1865 (State here

full particulars of the husband's death, when, where and from what cause.)
He was wounded at Petersburg Va and
died of the wound on date above
given.

Deposent 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 1842.

I have been allowed a pension as a resident of DeKalb 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
21st day of Jan 1898.
M. M. Ragsdale, Ordinary.

State of Georgia, County of DeKalb }
I, M. M. Ragsdale,
Ordinary of said County, certify that I am well acquainted
with Mrs. M. P. Turner 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 22nd day of Jan 1838.

Given under my official signature and seal this the 21st day of Jan 1898.
Official Seal.
M. M. Ragsdale
Ordinary of DeKalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, Personally Comes Mrs.
County of DeKalb } M. P. Turner

who, being sworn, says on oath, that she is a bona fide resident of said county of
DeKalb State of Georgia, and that she has resided in said State
continuously ever since April 22d 1838 That she is the Widow of
P. S. Turner

A of the 44th Regiment of Ga. who was a soldier in Company
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 19th day of April 1865 (State here

full particulars of the husband's death, when, where and from what cause.)
He was wounded at battle of Petersburg
and died of wound

Deposent 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 1842.

I have been allowed a pension as a resident of DeKalb 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
21st day of Jan 1899.
M. M. Ragsdale, Ordinary.

State of Georgia, County of DeKalb }
I, M. M. Ragsdale,
Ordinary of said County, certify that I am well acquainted
with Mrs. M. P. Turner 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 22nd day of April 1838.

Given under my official signature and seal this the 21st day of Jan 1899.
Official Seal.
M. M. Ragsdale
Ordinary of DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Se Hall County, }
I, Mrs. M. P. Turner hereby authorize P. S. Turner
of Se Hall County
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 30
day of Jan 1900.
Mrs. M. P. Turner [L. S.]

Executed in presence of
Mrs. P. S. Turner
W. M. Rogers
Ordinary.

To Those Herebefore Paid.
Turner, M. P. Mrs.
Se Hall County
1900.
NO. 761
WIDOW'S PENSION,
For year ending February 15th, 1900.
PAID TO
Mrs. M. P. Turner
of
Se Hall
County,
Widow of P. S. Turner
JNO. W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
Feb 13
1900,
AND HANDED TO
Ordinary
Geo. W. Harrison, State Printer, Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
Se Hall County, }
I, Mrs. M. P. Turner hereby authorize
of Se Hall County
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 15
day of Jan 1901.
Mrs. M. P. Turner [L. S.]

Executed in presence of
Mrs. P. S. Turner
W. M. Rogers
Ordinary.

To Those Herebefore Paid.
Turner, M. P. Mrs.
Se Hall County
1901.
NO. 467
WIDOW'S PENSION,
For year ending February 15th, 1901.
PAID TO
Mrs. M. P. Turner
of
Se Hall
County,
Widow of P. S. Turner
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
Jan 21
1901,
AND HANDED TO
Ordinary
Geo. W. Harrison, State Printer, Atlanta, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of De Kalb } M. P. Turner

who, being sworn, says on oath, that she is a bona fide resident of said county of De Kalb State of Georgia, and that she has resided in said State continuously ever since April 22d 1838. That she is the Widow of A. Turner who was a soldier in Company A of the 44th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 1862 and served in the Army up to Mar 1865. That he lost his life on the 19th day of April 1865. (State here particulars of the husband's death, when, where and from what cause) Wounded at battle of Petersburg and died of the wound.

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 1862.

I have been allowed a pension as a resident of De Kalb County for the year ending February 15th, 1894, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this 16 day of Jun 1900.

M. P. Turner Post Office De Kalb Ordinary.

State of Georgia, }
De Kalb County. }
Ordinary of said County, certify that I am well acquainted with Mrs. M. P. Turner, 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 22 day of April 1838.

Given under my official signature and seal, this the 16th day of Jun 1900.

M. P. Turner
Ordinary of De Kalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of De Kalb } M. P. Turner

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has resided in said State continuously ever since April 22d 1828. That she is the Widow of A. Turner who was a soldier in Company A of the 44th Regiment of Ga Volunteers, that he enlisted in said regiment on or about the month of Mar 1862 and served in the Army up to Mar 1865. That he lost his life on the 19th day of April 1865. (State here particulars of the husband's death, when, where and from what cause) Wounded at battle of Petersburg and died of wound.

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 1862.

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

Sworn to and subscribed before me, this 12 day of Jan 1901.

M. P. Turner Post Office De Kalb Ordinary.

State of Georgia, }
De Kalb County. }
Ordinary of said County, certify that I am well acquainted with Mrs. M. P. Turner, 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 22 day of April 1828.

Given under my official signature and seal, this the 12 day of Jan 1901.

M. P. Turner
Ordinary of De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
 De Kalb County, }
 I, Mrs. M. P. Turner, hereby authorize
 P. S. Turner of De Kalb
 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 12th
 day of Jan 1903. Mrs. M. P. Turner, [L. S.]

Executed in presence of
 R. D. Bell
 Wm. Lagoda
 Ordinary,

TO THOSE HERETOFORE PAID.
 Turner, M. P. (Mrs.)
 De Kalb County

1903.
 No. 258

WIDOW'S PENSION,
 For year ending Dec. 31, 1903.
 PAID TO
 Mrs. M. P. Turner
 of
 De Kalb
 County,
 Widow of P. S. Turner
 Co. A Regiment #4th
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
 1/23 1903.
 AND HANDED TO
 P. S. Turner

STATE OF GEORGIA, }
 De Kalb County, }
 I, Mrs. M. P. Turner, hereby authorize
 P. S. Turner of De Kalb
 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 12th
 day of Jan 1902. Mrs. M. P. Turner, [L. S.]

Executed in presence of
 Mrs. C. W. Turner
 Wm. Lagoda
 Ordinary,

TO THOSE HERETOFORE PAID.
 Turner, M. P. (Mrs.)
 De Kalb County

1902.
 No. 363

WIDOW'S PENSION,
 For year ending Dec. 31, 1902.
 PAID TO
 Mrs. Turner, M. P.
 of
 De Kalb
 County,
 Widow of P. S. Turner
 Co. A Regiment #4th
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED
 1/27 1902.
 AND HANDED TO
 P. S. Turner

FOR WIDOWS Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of De Kalb } Mrs. M. P. Turner
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 April 22d 1838. That she is the Widow of
P. S. Turner
A of the 44th Regiment of Inf.
Volunteers, that he enlisted in said regiment on or about the month of Mar
1862, and served in the Army up to Mar 1865. That he lost his
life on the 14th day of April 1865. (State here
particulars of the husband's death, when, where and from what cause.)
Wounded in Battle of Petersburg and
 died of Wound.

Depoent 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 1863.
I have been paid a pension as a resident of De Kalb 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 15th day of Jan 1902. } Mrs. M. P. Turner
M. M. Ragadace, Ordinary. } Post Office

State of Georgia, }
De Kalb County. } I, M. M. Ragadace
Ordinary of said County, certify that I am well
acquainted with Mrs. M. P. Turner, 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 22
day of April 1838.

Given under my official signature and seal, this the 15th day of Jan 1902.
M. M. Ragadace
Ordinary of De Kalb County.

NOTE. All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.

FOR WIDOWS Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of De Kalb } Mrs. M. P. Turner
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 April 22d 1838. That she is the Widow of
P. S. Turner
A of the 44th Regiment of Inf.
Volunteers, that he enlisted in said regiment on or about the month of March
1862, and served in the Army up to March 1865. That he lost his
life on the 14th day of April 1865. (State here
particulars of the husband's death, when, where and from what cause.)
Wounded in Battle of Petersburg and died of
Wound.

Depoent 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 1863.
I have been paid a pension as a resident of De Kalb 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 10th day of Jan 1903. } Mrs. M. P. Turner
M. M. Ragadace, Ordinary. } Post Office East End

State of Georgia, }
De Kalb County. } I, M. M. Ragadace
Ordinary of said County, certify that I am well
acquainted with Mrs. M. P. Turner, 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 22
day of April 1838.

Given under my official signature and seal, this the 10th day of Jan 1903.
M. M. Ragadace
Ordinary of De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

Felkell County.

hereby authorize

I, W. P. Turner of East End Ga.

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

at East End.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 21

day of January 1904. W. P. Turner. [L. S.]

Executed in presence of

James R. George
Ordinary

TO THOSE HERETOFORE PAID.

1904. No. 282

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO Mrs. M. P. Turner

OF Felkell County,

Widow of P. S. Turner

Co. A Regiment 44th

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED 11 25

AND HAND TO P. S. Turner

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

Felkell County.

I, Mrs. M. P. Turner, hereby authorize

P. S. Turner of East End Ga.

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

at East End Ga.

In Witness Whereof, I have hereunto set my hand and seal, this 5th

day of January 1905. Mrs. M. P. Turner. [L. S.]

Executed in presence of

James R. George
Ordinary

TO THOSE HERETOFORE PAID.

1905. No. 281

WIDOW'S PENSION

For year ending Dec. 31, 1905.

PAID TO Mrs. M. P. Turner

OF Felkell County,

Widow of P. S. Turner

Co. A Regiment 44th

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT ISSUED 11 25

AND HAND TO P. S. Turner

Geo. W. Harrison, State Printer, Atlanta.

Geo. W. Harrison, State Printer, Atlanta.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of DeKalb } M. P. Turner
who, being sworn says on oath, that she is a bona fide resident of said County of
DeKalb State of Georgia, and that she has resided in said State
continuously ever since April 22, 1838. That she is the Widow of
P. S. Turner who was a soldier in Company
A of the 44 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 19 day of April 1865 (State here
particulars of the husband's death, when, where and upon what cause.)
Wounded at Battle of Atlanta & 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, and that she became his wife in
the year 1862

I have been paid a pension as a resident of DeKalb 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 21 day of January 1904. Mrs. M. P. Turner.
James P. Turner Ordinary.
Post Office East End Ga

State of Georgia, } I, James P. Turner
DeKalb County, } Ordinary of said County, certify that I am well
acquainted with Mrs. M. P. Turner 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 22
day of April 1838

Given under my official signature and seal, this the 21 day of January 1904.
James P. Turner
Official Seal. Ordinary of DeKalb County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of DeKalb } M. P. Turner
who, being sworn says on oath, that she is a bona fide resident of said County of
DeKalb State of Georgia, and that she has resided in said State
continuously ever since April 22, 1838. That she is the Widow of
P. S. Turner who was a soldier in Company
A of the 44 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 19 day of April 1865 (State here
particulars of the husband's death, when, where and upon what cause.)
Wounded at Battle of Atlanta & 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, and that she became his wife in
the year 1862

I have been paid a pension as a resident of DeKalb 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 21 day of January 1905. Mrs. M. P. Turner.
James P. Turner Ordinary.
Post Office East End Ga

State of Georgia, } I, James P. Turner
DeKalb County, } Ordinary of said County, certify that I am well
acquainted with Mrs. M. P. Turner 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 22
day of April 1838

Given under my official signature and seal, this the 21 day of January 1905.
James P. Turner
Official Seal. Ordinary of DeKalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }
I, M. P. Turner, hereby authorize
P. S. Turner of East End Ga
M. P. Turner at East End Ga
In Witness Whereof, I have hereunto set my hand and seal, this
17th
day of January 1906. Mrs. M. P. Turner [L. S.]

Executed in presence of
James R. Turner
Ordinary

To Those Herebefore Paid, Do. K. L. G.
Turner, M. P. (Mrs)
1906. No. 219
WIDOW'S PENSION
For year ending Dec. 31, 1906.
PAID TO Mrs. M. P. Turner
OF Do. K. L. G. County,
Widow of P. S. Turner
Co. A Regiment 44th
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
1/22 1906,
AND HANDED TO M. P. Turner
THE FRANKLIN PRINTING AND PUBLISHING CO., GEO. W. HARRISON, BKA.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }
I, M. P. Turner, hereby authorize
P. S. Turner
to receive and receipt for the pension paid hereon, and request that he remit same to
Mrs. M. P. Turner at East End Ga
In Witness Whereof, I have hereunto set my hand and seal, this
day of January 1907. Mrs. M. P. Turner [L. S.]

Executed in presence of
James R. Turner
Ordinary

To Those Herebefore Paid, Do. K. L. G.
Turner, M. P. (Mrs)
1907. No. 192
WIDOW'S PENSION
For Year ending Dec. 31, 1907.
PAID TO Mrs. M. P. Turner
OF Do. K. L. G. County,
Widow of P. S. Turner
Co. A Regiment 44th
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
1/23 1907,
AND HANDED TO M. P. Turner
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of De Kalb } PERSONALLY COMES MRS.
M. P. Turner

who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb, State of Georgia, and that she has resided in said State continuously ever since Apr 22/98. That she is the Widow of Rayton S. Turner, who was a soldier in Company A of the 44th Ga Regiment of Volunteers, that he enlisted in said regiment on or about the month of Apr 19 1865. That he lost his life on the Apr 19th day of 1865 (State here particulars of the husband's death, when, where and from what cause.)
Died from wounds.

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 1865.

I have been paid a pension as a resident of De Kalb 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 17th day of January 1906.
James R. George Ordinary.
Post Office East End Ga

State of Georgia,
De Kalb County. } I, James R. George
Ordinary of said County, certify that I am well acquainted with Mrs. M. P. Turner, 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 April 1865.

Given under my official signature and seal, this the 17 day of January 1906.

Official Seal
James R. George Ordinary of De Kalb County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
County of De Kalb } PERSONALLY COMES MRS.
M. P. Turner

who, being sworn, says on oath, that she is a bona fide resident of said County of De Kalb, State of Georgia, and that she has resided in said State continuously ever since 22 April 1865. That she is the Widow of Rayton S. Turner, who was a soldier in Company A of the 44th Ga Regiment of Volunteers, that he enlisted in said regiment on or about the month of Apr 1865. That he lost his life on the Apr day of 1865 (State here particulars of the husband's death, when, where and from what cause.)
Died from wounds, April, 1865

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 1865.

I have been paid a pension as a resident of De Kalb 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 8 day of Jan'y 1907.
James R. George Ordinary.
Post Office East End Ga

State of Georgia,
De Kalb County. } I, James R. George
Ordinary of said County, certify that I am well acquainted with Mrs. M. P. Turner, 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 Jan'y 1865.

Given under my official signature and seal, this the 8 day of Jan'y 1907.

Official Seal
James R. George Ordinary of De Kalb County.

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

145.00
 3/ Turner, M. P. (Mrs.) 145
 For Dekalb County

1933

**Application for Pension
 Due Deceased Pensioner
 (UNDER ACT 1904)**
 (To pay expenses of last illness and
 funeral)

V. S. Morgan, Ordinary
 For Mrs. Margaret P. Turner
 Date of Death February 14, 1933
 Amount \$ 100.00 + 60.00 + 85.00

Approved and ordered paid

R. deT. LAWRENCE
 Commissioner of Pensions

APPROVED FOR PAYMENT
 R. deT. Lawrence

PAID TO ORDINARY ON THIS CLAIM:

DATE	FUND FROM WHICH PAID	AMOUNT
11/19/33	PAID TO C	60.00
11/19/33	PAID TO C	85.00
11/19/33	PAID TO C	85.00
TOTAL		145.00

Received of U. S. Morgan, Ordinary
 check for \$145.00 for funeral
 expenses Mrs. Margaret P. Turner
 3/1/35
 U. S. Turner

TO PAY-
 1930, \$ 85.
 Cig. & C. Tax. \$
 TOTAL

Received of U. S. Morgan, Ordinary
 check for \$85.00 for funeral
 expenses Mrs. Margaret P. Turner
 3/1/35
 U. S. Turner

A Certificate

STATE OF GEORGIA, County of Dekalb
 IN RE: Expenses last illness and funeral Mrs. Margaret P. Turner

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

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

This the 7 day of August, 1933.

(SEAL) U. S. Morgan, Ordinary

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

GEORGIA, DeKalb County.
Personally before me, the Ordinary of said County, comes
A. S. Turner of said County, who, after being sworn, on oath
says that he knew Mrs. Maggie P. Turner of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in DeKalb
County, in this State, on the 14 day of February, 1933,
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of \$145.00, per sworn statements fully and completely
ITEMIZED hereto attached.

Sworn to and subscribed before me,
V. A. Morgan, Ordinary
DeKalb County
(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.
I, V. A. Morgan, Ordinary of said County, do certify
that I personally know A. S. Turner, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also knew Mrs. Maggie P. Turner while in life and that this was
the same person whose name appears on the Pension Roll of DeKalb County, and
was paid a Pension of Three Hundred Sixty (\$360.) Dollars
in said County for 1932, and I now believe said pensioner to be dead; and that the instructions
at the foot of this voucher have been carefully observed in making up this voucher and the bills
which are attached hereto.

Given under my hand and official seal, this 21 day of February, 1933
(Seal of Ordinary) V. A. Morgan, Ordinary
DeKalb County

INSTRUCTIONS

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

State of Georgia,)
County of DeKalb.)

In person appeared before me, the undersigned authority, Mrs. Margery P. Turner, who being duly sworn according to law, deposes and says, on oath, that she was on the pension roll of the State of Georgia, and drew a pension for the year 1920, of \$100.00. That on the 10th day of April, 1920, she left the State of Georgia and went to California, and returned to the State of Georgia on the 3rd day of January, 1923, and has remained in the State of Georgia since that date, and that she has not applied for or drawn a pension in any other State, the last pension she received being from the State of Georgia, in 1920.

Sworn to and subscribed before me,
this 16th day of February, 1924.

E. A. Mason
Clerk Court Ordinary, DeKalb Co., Ga.

Mrs. Margery P. Turner

A. S. Turner

Funeral Director and Embalmer

Prompt Ambulance Service

Dacula, Georgia

NIGHT AND SUNDAY SERVICE
1827 N. MCGOUGH ST.
PHONE DE 0088

February 21, 1933.

Funeral Expenses of Mrs. Maggie P. Turner,

R. F. D. #3, Decatur, Ga., Care Mr. C. O. Mitchell

February 14, 1933

To Casket and Burial Box

Embalming

Funeral Notices

Hearse Service and Service Rendered \$145.00

Georgia, DeKalb County,

I do hereby certify that the above account is rendered for the funeral expenses of Mrs. Maggie P. Turner, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,
This February 21, 1933.

Ray J. Hunter

A. S. Turner

Notary Public, State of Georgia, Decatur, Ga.
My Commission Expires Nov. 3, 1933.

who commanded your
husband & care some
these most galling & cruel
you - He did his duty
& fell at his post.

May God bless you
and keep you
A. J. Gordon

U. S.
Christian Commission

"This is a faithful saying, and worthy of all acceptance, that Christ Jesus came into the world to save sinners; of whom I am chief."

San Ground Hospital
Petersburg Va. April 19th
1865

Mrs M. P. Larnen
Bear Creek,
Henry Co. Ga.

Dear wife I was informed
the 25th of I received from my
right leg above the knee
here at above hospital
present. I am not prop-
erly very well. The gun
has set in. I send my love
to you do not grieve for me
I do not expect to see you again
on earth, but I hope to meet
you in heaven.
Your affectionate husband
A. J. Gordon

San Ground Hospital
Petersburg Va. April 19th
1865

Mrs M. P. Turner
Bear Creek,
Henry Co. Ga.

Dear wife I was born on
the 25th of March 1835 my
right leg above the knee
was all about hospital
soreness I am not
feeling very well. The
has set in. I send my love
to you do not grieve for me
I do not expect to see you again
on Earth, but I hope to meet
you in heaven.

Your Affectionate Son
John Turner

My mother having been
ill - He did his duty
& fell at his post.
May God bless you
and keep you
in His love.

Wish I could better - but must
 wait till I have when -
 this letter I can send you.
 I have been asked to get
 the letter for you in great
 haste -

Very truly
 Yours,
 J. J. Ford

Dear Madam

I have been hoping
 for an opportunity to send
 you this sad letter, but could
 find none - I now send
 it by mail trusting that
 it may reach you -
 I sincerely hope that you
 husband & I should be with
 you - If not I trust
 God will help you to
 bear your great loss -
 I was the General

ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

COUNTY.

I, James R. George Ordinary of said County; do certify that I know Mrs. Mary J. Turner 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 _____ day of _____ 19____

That I also know _____ witness as to marriage, and I also know _____; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 23 day of July 1923

(SEAL.)

Ordinary.

DeKalb County.

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

Mrs. Mary J. Turner
DeKalb County
F-556 No. 1924

Widow's Application

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

County

Name

Widow of

Company

Regiment

Approved

Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

1921/1923

STATE OF GEORGIA,

DeKalb COUNTY.

I, James R. Gagnier Ordinary of said County, do certify that I know Mary J. Turner the applicant for this pension, and that she is the person who represents herself to be, and that she is a bona fide continuing resident of said County and was on the _____ day of _____ 19____.

That I also know _____ witness as to marriage, and I also know _____; that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 23 day of July 1923
(SEAL.) James R. Gagnier 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 for such spaces are insufficient.
3. Affidavits must be sworn to before the Ordinary of the County of residence.
4. Only widows who married prior to first January, 1881, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

James R. Gagnier
Ordinary

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

Name Mrs. Mary J. Turner
County DeKalb
Widow of William J. Turner
Company 4
Regiment 56 En
Approved John W. Turner
8-14-23

Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

15/1/1923

Copy
MARRIAGE LICENSE

OF
William J. Turner
AND

Mary J. Nobb

Issued January 18th 1864
and recorded on page 69

Book 11 of Marriage Licenses.
R. E. Douglas
Ordinary.

Georgia. J. R. E. Douglas, Ordinary in and for
Milton County, hereby certify that the within
is a true copy of the marriage of William
J. Turner and Mary J. Nobb as same appears of
record in my office in Book 10 page 69 of
Marriage Record.
Witness my hand and seal this 23rd January 1923.

R. E. Douglas
Ordinary.

Tutt, J. B.

For De Kalb County

1930

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

V. S. Morgan Ordinary

For Benjamin Tutt

Date of Death Jan. 12 1930

Amount \$ 165.00

Approved and ordered paid

Jan. 18, 1930 R. deT. Lawrence.

Commissioner of Pensions

Received of V. S. Morgan and
Benjamin Tutt Deceased
Funeral expenses,
J. B. Tutt

Ordinary: Fill out above in full and send
this blank to Pension Department for ap-
proval. Do not pay out the money until the
approved blank is in your hands giving you
authority to do so. Send back to the Pension
Department with your receipted payroll to
be permanently filed with them. Do not keep
this application in your office.

TELEPHONE
WALNUT
7712
9715

T. C. BAZEMORE CO.

FUNERAL DIRECTORS
MODERN AUTO EQUIPMENT-CHAPEL-FLOWERS
UP-TO-THE-MINUTE AMBULANCE SERVICE

ATLANTA, GA.

Jan. 18th 1930

MRS. T. C. BAZEMORE
T. C. BAZEMORE

Miss Jennie Tutt

Wesley Memorial Church Bldg.

Atlanta, Ga.

To the funeral expense of Julian Benj. Tutt, Date of Death Jan. 12th 1930

Casket Selected \$125.00
Embalming, Shaving & Dressing 15.00
Transfer of Remains to Chapel & Dep. 12.50
Funeral Notices 12.00
Tie 1.50
Total \$165.00

State of Georgia
County of DeKalb

Personally appeared T. C. Bazemore, of the T. C. Bazemore Co., who, after being duly sworn, swears and affirms that the above is a just true and correct statement of the funeral expense of Julian Benja. in Tutt, Deceased pensioner, of DeKalb County Georgia, who died without owning sufficient property to pay this bill.

Before Me
This 18th day of January 1930

V. S. Morgan
Ordinary

1136 EUCLID AVE., N. E.
(NEAR LITTLE FIVE POINTS)

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes

T. C. Bazemore of said County, who, after being sworn, on oath says that he knew Julian Benjamin Tutt of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 12 day of January 1930 and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$165.00, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

V. S. Morgan Ordinary

DeKalb County

(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.

I, V. S. Morgan

Ordinary of said County, do certify that I personally know Julian Benjamin Tutt who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Julian Benjamin Tutt while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of Fifty third quarter (\$50.00 Dollars in said County for 1929, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

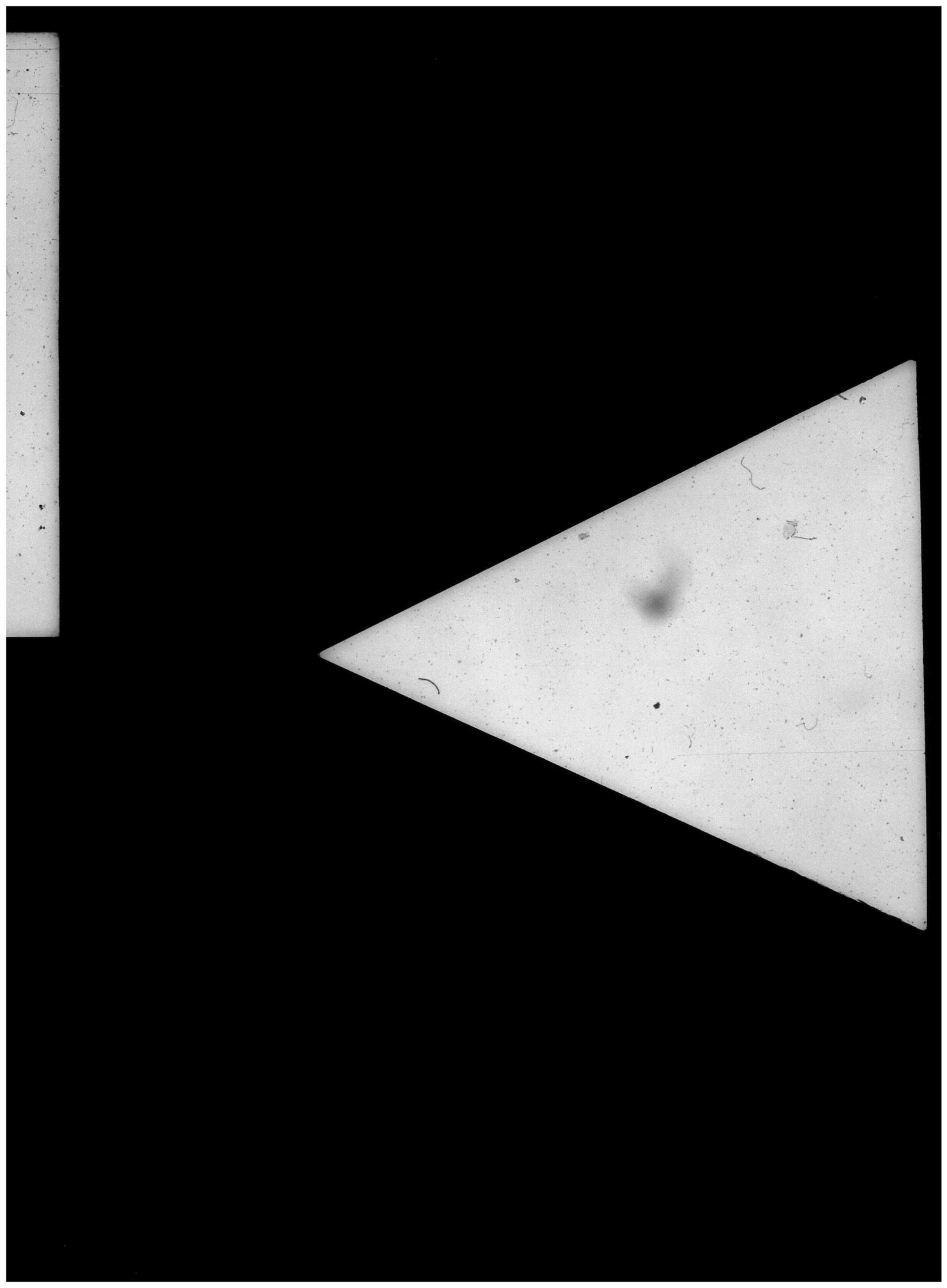
Given under my hand and official seal, this 17 day of January 1930

(Seal of Ordinary)

V. S. Morgan Ordinary
DeKalb County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)
- "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of who died without owning sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legible in every respect, and properly sworn to and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. This completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, with your final settlement to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.



POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I.

County, in said State, do hereby appoint
of De Kalb

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 23rd of March 1894.

Executed in the presence of us:

Irwin L. FeatJohn W. McCurdy

DIRECTION.

If allowed, send amount by

me at

, and oblige,

E. De Kalb Atlanta Ga
March 27. 1894
 There must be full
 proof in this case
 before application can
 be made and pursuing
 the same too late
 of bond. No sleep
 of bond. Should be on
 visit. No insurance
 there. No inflammation
 no swelling sore.
 no atrophy of the
 muscles.
 must some facts
 stated which show
 pressure how it can
 be decided.
W. M. Ragsdale

Tweedell, M. J.
De Kalb Co.

2453.
 No.

Soldier's Pension
 1894.

Tweedell M. J.
 Name

De Kalb
 County

De Kalb
 Disability

\$50
 Amount, \$

1894.

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

W. M. Ragsdale
 Geo. W. Harrison, State Printer, Atlanta

STATE OF GEORGIA,

The Kadk-

KNOW ALL MEN BY THESE PRESENTS, That I,

County, in said State, do hereby appoint

of *De la Motte* 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
March 23rd 1894.

Executed in the presence of us :

Greenle Feat

John W. McHardy

If allowed, send amount by

me at

, and oblige,

to

28th March 1870
 My dear Mr. [unclear]
 I have just received your letter of the 27th inst.
 and am glad to hear that you are well.
 I am writing you a few lines to let you know
 that I am still in the same old place.
 I am not at all well at present, but I hope
 to be so again soon.
 I am, dear Mr. [unclear], very truly,
 your obedient servant,
 [Signature]

Soldier's Pension
1894.

8453. ¹⁰N

Name Tweedel M. J.
 County De Kalb.
 Disability Dr. O'Arm

Amount, \$ 200
W. H. HARRISON,
Secretary Executive Department.
1894.

W. H. HARRISON,

1894

Geo. W. Harrison, State Printer, Atlanta

WARRANT HANDED TO

Wm. A. Rydbeck

For Use of Applicants Who Have Not Heretofore Drawn.

STATE OF GEORGIA,

STATE OF GEORGIA,
De Kalb County.

PERSONALLY appears

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 continuously since the 28th day of January 1872.

1841; 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
Volunteers
4th Regiment of Ia.
1863

Brigade; that whilst engaged in such military service, at the battle of

in the State of MA, on the

1864, he was disabled as follows: Shot with musketball,

in the right arm fracturing the bone weakening the arm and most of one hand and rendering the arm substantially and essentially useless.

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 hereunder ending October 26th, 1894.

Swore to and subscribed before me, this the

20th day of March 1894.

Mr. Rozsda

Ordinary.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give *full and connected history* of disease, tracing it directly to the service.

NOTE.—Do not trouble to mention wounds which do not disable.

AFFIDAVIT FOR WITNESSES.

STATE OF GEORGIA,
County of DeKalb

Personally appears before me, the undersigned, Ordinary in and for said County,
John W. McCurdy J. G. Rankin
and
Phil B. McCurdy
severally say, under oath, that they are personally well acquainted with M. F.
Swope

whose application is herewith presented for a pension,
and that they served with him in the army, and from our personal knowledge he was injured by the service
as follows: (* See Note) he was wounded by him shot
in the right arm, between the elbow and
shoulder, also being shot to work him on the
farm and at the stone business but for
the last twelve months has not been able to
do any work so we believe from what we have
seen and heard. The effects of his injury
is permanent, rendering said arm substantially
and essentially useless.

Personally appears the undersigned and
states under oath that there is inflammation
at the joint, there being two running sores
on the arm and a swelling around the
joint.

Sworn to and subscribed before me this 15th day of March 1894.
J. G. Rankin
Ordinary.

We personally know above stated facts. We were with him in the army and have known him
ever since. Applicant is permanently disabled as stated and has been so to our certain knowledge ever
since 1864. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this 15th day of March 1894.
John W. McCurdy
Ordinary.

Note.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to do so.
2. Witnesses are asked to make their statements full and explicit.
* Note.—Give full statement, and tell in your own language how badly applicant is disabled from work. If he does any labor, or can do any, state what.

Physician's Affidavit.

STATE OF GEORGIA,
County of DeKalb
Personally comes before me M. M. Ragsdale,
Ordinary of said County,
both known to
me as reputable physicians of said County, who being severally sworn, and on oath that they have carefully
examined M. F. Swope
and after such personal examination
say that the applicant has been injured as follows:

By a gun shot wound
of the right arm, substantially fracture
the humerus about the middle third of
said bone. The effect of this injury is
permanent rendering said arm substantially
and essentially useless, preventing of writing,
shaking, and elbow, preventing him from
his arm, together there on a line of the arm
extending of shoulder.

We have treated applicant professionally for 15 years.
Sworn to and subscribed before me this 15th day of March 1894.
M. M. Ragsdale,
Ordinary.

Note.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom, and state fully the extent of the disability.
Note 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. Also state how long physicians have known and treated applicant.

STATE OF GEORGIA,
County of DeKalb
I M. M. Ragsdale,
Ordinary of said County,
do certify that I am well acquainted with M. F. Swope
applicant in the foregoing affidavit, and am well satisfied that the statements made by him
in the foregoing affidavit are true, and he is disabled, as 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 are persons of respectability
and that their statements are worthy of full credit and belief.

Given under my official signature and seal this 15th day of March 1894.
M. M. Ragsdale,
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.

KNOW ALL MEN BY THESE PRESENTS, That I Wm. M. Cogswell
of De Kalb County.

County, State of Georgia, do hereby appoint Wm. M. Cogswell
of De Kalb County, my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
State of Georgia by reason of 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 11th
day of Sept 1895. W. M. Cogswell [L. S.]

Executed in presence of us

Justina E. E. E.
J. B. Roberts

DIRECTIONS.

Said money to me as follows, by _____ to _____ P. O.
County, Georgia.

(For Those Already Enrolled.)
No. 268
Wm. M. Cogswell
De Kalb Co.

SOLDIER'S PENSION.
1895.
Name Wm. M. Cogswell
County De Kalb
Disability None
Amount, \$ 52
3/4
1895.

Secretary Executive Department.

RICHARD JOHNSON,

WARANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

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

SOLDIER'S PENSION.
1896.
Name Wm. M. Cogswell
County De Kalb
Disability None
Amount, \$ 52
3/4
1896.

Secretary Executive Department.

RICHARD JOHNSON,

WARANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }
Personally appears *M. J. Woodward* of De Kalb

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 30th day of Jan 1840; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 38th Regiment of Vol. Volunteers, Gordon's Brigade; that whilst engaged in such military service at the battle of *Apalachicola* in the State of *Fla* on the 19th day of *Sept* 1864, he was wounded as follows: *Shot with minnie ball through the right arm fracturing the bone and rendering the arm entirely and permanently useless*

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 *Eight* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *16th* day of *Sept* 1895.

M. J. Woodward
Ordinary of said County.

STATE OF GEORGIA, }
De Kalb County. }

I, *M. J. Woodward* Ordinary of said County, do certify that I am well acquainted with *M. J. Woodward* 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 *18th* day of *Sept* 1895.

M. J. Woodward
Ordinary De Kalb County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County. }

Personally appears *M. J. Woodward* of De Kalb 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 30th day of Jan 1840; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company A, of 38th Regiment of Vol. Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of *Ga* on the 19th day of *Sept* 1864, he was wounded, injured or diseased as follows: *Has been wounded in the battle of Apalachicola by a minnie ball in the right arm which fractured the bone and caused pieces to slough out rendering said arm substantially useless*

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 De Kalb county been allowed a pension of *Eight* dollars, for the year 1895.

Sworn to and subscribed before me, this, the *25th* day of *Sept* 1896.

M. J. Woodward
Ordinary of said County.

STATE OF GEORGIA, }
De Kalb County. }

I, *M. J. Woodward* Ordinary of said County, do certify that I am well acquainted with *M. J. Woodward* 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 *Sept* 1896.

M. J. Woodward
Ordinary De Kalb 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

1897.

[L. S.]

Executed in presence of

No. 1846
(For Those Already Enrolled.)
ACT OF 21 OCT., 1887.

INVALID
SOLDIER'S PENSION.

1897.

Name M. J. Woodcock
County De Kalb
Disability Arm & Leg

Amount, \$ 25.00

1897

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
[Signature]
GEO. W. HARRISON, STATE PRINTER, ATANTA.

No date

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

No. 3006
(For Those Already Enrolled.)
ACT OF 21 OCT., 1887.

INVALID
SOLDIER'S PENSION.

1898.

Name M. J. Woodcock
County De Kalb
Disability Arm

Amount, \$ 50.00

1898

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO
[Signature]
GEO. W. HARRISON, STATE PRINTER, ATANTA.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears *Wm. J. Swadlow* of *De Kalb* 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 *30* day of *Jan* 18*40*; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *Private* in Company *A*, of *28*th Regiment of *GA* Volunteers, *Gordon*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *19* day of *Sept* 1864, he was wounded, injured or diseased as follows:

At the battle of Winchester VA was wounded with a minnie ball in the right arm, rendering the arm substantially useless and necessitating

Deponent desires to participate in the benefits of the Act, approved October 24th, 1897, 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 *De Kalb* county been allowed an invalid pension of *Eighty* Dollars, for the year 1896.

Sworn to and subscribed before me, this, the *17th* day of *Sept* 1897. *Wm. J. Swadlow* POST OFFICE *Stone Mt*

Wm. J. Swadlow, Ordinary.
Note—State fully the nature of 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,
De Kalb County.

I, *Wm. J. Swadlow*, Ordinary of said County, do certify that I am well acquainted with *Wm. J. Swadlow* 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 *17th* day of *Sept* 1897.

Wm. J. Swadlow
Ordinary *De Kalb* County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears *Wm. J. Swadlow* of *De Kalb* 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 *30* day of *Jan* 1841; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *Private* in Company *A*, of *28*th Regiment of *GA* Volunteers, *Gordon*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *19* day of *Sept* 1864, he was wounded, injured or diseased as follows:

Was wounded at battle of Winchester VA in the right arm, rendering the arm substantially useless and necessitating

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

Sworn to and subscribed before me, this, the *16th* day of *Sept* 1898. *Wm. J. Swadlow* POST OFFICE *Stone Mt*

Wm. J. Swadlow, Ordinary.
Note—State fully the nature of 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,
De Kalb County.

I, *Wm. J. Swadlow*, Ordinary of said County, do certify that I am well acquainted with *Wm. J. Swadlow* 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 *16th* day of *Sept* 1898.

Wm. J. Swadlow
Ordinary *De Kalb* County.



STATE OF GEORGIA,

DeKalb County.

I, M. J. Tweedell hereby authorize J. H. Hall

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 18th

day of Jan 1899.

[L. S.]

Executed in presence of

Jessie L. Hall

SOLDIER'S PENSION.

INVALID

1899.

(For Those Already Enrolled.)

CODE SECTION 12A.

No. 1946

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HAND TO

J. H. Hall

GEO. W. HARRISON, STATE PRINTER, ATLANTA

1899.

Amount, \$ 50.

Disability Arm

County DeKalb

Name M. J. Tweedell

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HAND TO

J. H. Hall

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Warrant issued July 7 1900.

Amount, \$ 50.

Disability Arm

County DeKalb

Name M. J. Tweedell

INVALID

SOLDIER'S PENSION.

1900.

(For Those Already Enrolled.)

CODE SECTION 12A.

No. 1374

Jessie L. Hall

Executed in presence of

Jessie L. Hall

day of January 1900.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 30th

at

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

I, M. J. Tweedell hereby authorize

of DeKalb County

STATE OF GEORGIA,

DeKalb County.

POWER OF ATTORNEY.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears M. J. Tweedell of De Kalb 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 30 day of Jan 1841; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States and served as a Private in Company K, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Ga, on the 17 day of Sept 1864, he was wounded, injured or diseased as follows:

Was wounded in right arm at the battle of Winchester in rendering arms substantially and essentially as well as

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1899. I have heretofore under said law as a resident of De Kalb County been allowed an invalid pension of Eighty Dollars, for the year 1898.

Sworn to and subscribed before me, this, the 31 day of Jan 1899, } POST OFFICE Stone Mountain
M. J. Tweedell Ordinary

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

STATE OF GEORGIA,
De Kalb County.

I, M. J. Tweedell Ordinary of said County, do certify that I am well acquainted with M. J. Tweedell 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 31 day of Jan 1899,
M. J. Tweedell Ordinary De Kalb County.

ATTEST
Notary Public
here

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears M. J. Tweedell of De Kalb 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 30 day of Jan 1841; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States and served as a Private in Company K, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Ga, on the 17 day of Sept 1864, he was wounded, injured or diseased as follows:

At the battle of Winchester was shot in the right arm, rendering arms substantially and essentially as well as

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1900. I have heretofore under said law as a resident of De Kalb County been allowed an invalid pension of Eighty Dollars, for the year 1899.

Sworn to and subscribed before me, this, the 10 day of Jan 1900, } POST OFFICE Stone Mountain
M. J. Tweedell Ordinary

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

STATE OF GEORGIA,
De Kalb County.

I, M. J. Tweedell Ordinary of said County, do certify that I am well acquainted with M. J. Tweedell 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 10 day of Jan 1900,
M. J. Tweedell Ordinary De Kalb County.

ATTEST
Notary Public
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 _____ 1901.

[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 _____ 1902.

[L. s.] _____

Executed in presence of _____

DISABLED
SOLDIER'S PENSION.

1901.

(For Those Already Enrolled.)

No. 366

Name M. J. Tweedell
County De Kalb
Disability Arm
Amount, \$ 50.

1901.

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

DISABLED
SOLDIER'S PENSION.

1902.

(FOR THOSE ALREADY ENROLLED.)

No. 494

Name Tweedell, M. J.
County De Kalb
Co. K
Regiment 38
Disability Arm
Amount, \$ 50.

1902.

JOHN W. LINDSEY

Commissioner of Pensions.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears M. J. Overdell of De Kalb 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 Jan 1841; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company K, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Ga, on the 19 day of Sept 1864, he was wounded, injured or diseased as follows:

He was wounded in the right arm
fracturing the bone causing severe
to be substantially and permanently
incapacitated.

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 De Kalb County, been allowed an invalid pension of Eight Dollars, for the year 1901.

Sworn to and subscribed before me, this 15 day of Jan 1902, Post-office McGehee, Ordway
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,
De Kalb County.

I, M. J. Overdell Ordinary of said County, do certify that I am well acquainted with M. J. Overdell 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 15 day of Jan 1902,
Ordinary M. J. Overdell County.

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

STATE OF GEORGIA,
De Kalb County.

Personally appears M. J. Overdell of De Kalb 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 Jan 1841; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company H, of 38th Regiment of Ga Volunteers, Gordon's Brigade; that whilst engaged in such military service in the State of Ga, on the 19 day of Sept 1864, he was wounded, injured or diseased as follows:

He was wounded in the right arm
fracturing the bone causing severe
to be substantially and permanently
incapacitated.

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 De Kalb County been allowed an invalid pension of Eight Dollars, for the year 1900.

Sworn to and subscribed before me, this 16 day of Jan 1901, Postoffice McGehee, Ordway
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,
De Kalb County.

I, M. J. Overdell Ordinary of said County, do certify that I am well acquainted with M. J. Overdell 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 16 day of Jan 1901,
Ordinary M. J. Overdell County.

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

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 _____ 1903. [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 _____ 1904. [L. S.]

Executed in presence of _____

THOMAS J. SWEEDLE
J. S. S. M. A.
No. 3279
DISABLED
SOLDIER'S PENSION
1903.
(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1250.

Name Tweedle M. J.
County Se Kalb
Co. K. Regiment 38"
Disability A. M.
Amount, \$ 32.
1/23 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HAND TO
Geo. W. Harrison, State Printer, Atlanta.

No. 34 386
DISABLED
SOLDIER'S PENSION
1904.
(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1250.

Name M. J. Sweedle
County Se Kalb
Co. 11 Regiment 38"
Disability Wounded in Arm
Amount, \$ 50.00
1/25 1904.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HAND TO
Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *M. J. Woodward* of *De Kalb* 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 *20* day of *Jan* 1841; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *A*, of *38* th Regiment of *Volunteers*, *Gordon's* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *14* day of *Sept* 1864, he was wounded, injured or diseased as follows:

at battle of Winchester was wounded in right arm rendering same substantially and permanently useless

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 *De Kalb* County, been allowed an invalid pension of *Fifty* Dollars, for the year 1902.

Sworn to and subscribed before me, this *12* day of *Jan* 1903. *M. J. Woodward* Post-office *Stone Mountain*

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, *De Kalb* County.

I, *M. M. Rogers* Ordinary of said County, do certify that I am well acquainted with *M. J. Woodward* 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 *9* day of *Jan* 1903.



Ordinary *M. M. Rogers* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, *De Kalb* County.

Personally appears *M. J. Woodward* of *De Kalb* 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 *30* day of *Jan* 1841; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *H*, of *38* th Regiment of *Volunteers*, *Gordon's* Brigade; that whilst engaged in such military service in the State of *Ga*, on the *19* day of *Sept* 1864, he was wounded, injured or diseased as follows:

wounded in right arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1904. I have heretofore, under said law, as a resident of *De Kalb* County, been allowed an invalid pension of *Fifty* Dollars, for the year 1903.

Sworn to and subscribed before me, this *12* day of *January* 1904. *M. J. Woodward* Post-office *Stone Mountain*

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, *De Kalb* County.

I, *James P. George* Ordinary of said County, do certify that I am well acquainted with *M. J. Woodward* 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.



Ordinary *James P. George* County.

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

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
at _____ by _____
In Witness WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1905. [L. s.]

Executed in the presence of _____

DISABLED
SOLDIER'S PENSION
1905.

(FOR THOSE ALREADY ENROLLED.)

Good Section 1250

Name Wm. J. Bruce
County Butts
Co. 11 Regiment 38th
Disability 50%
Amount, \$ 5.00
January 23 1905.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA
Geo. W. HARRISON, MANAGER, FOR STATE PRINTER

no date

DISABLED
SOLDIER'S PENSION
1906.

(FOR THOSE ALREADY ENROLLED.)

Good Section 1250

Name Wm. J. Bruce
County St. Paul
Co. 11 Regiment 38th
Disability 50%
Amount, \$ 5.00
January 23 1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA
Geo. W. HARRISON, MANAGER, FOR STATE PRINTER

no date

STATE OF GEORGIA, }
COUNTY.

I, _____ hereby authorize
_____ of _____
to receive and receipt for the pension paid hereon, and request that he remit same to
at _____ by _____
In Witness WHEREOF, I have hereunto set my hand and seal, this _____
day of _____ 1906. [L. s.]

Executed in the presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears McIntire of De Kalb 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 30 day of Jan 1844; 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 R, of 38th Regiment of Georgia Volunteers Boydon's Brigade; that whilst engaged in such military service in the State of South Carolina on the 15 day of March 1865, he was wounded, injured or diseased as follows: Wounded in right arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1905.

Sworn to and subscribed before me, this the 10 day of January 1906.

James R. George Ordinary

Post-Office St. Mountain

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,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with McIntire 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 10 day of January 1906.

James R. George Ordinary De Kalb County.

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

ADT
your
signature
here

STATE OF GEORGIA,

De Kalb County.

Personally appears McIntire of De Kalb 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 30 day of Jan 1844; 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 R, of 38th Regiment of Georgia Volunteers Boydon's Brigade; that whilst engaged in such military service in the State of South Carolina on the 15 day of March 1865, he was wounded, injured or diseased as follows: Wounded in right arm

Deponent makes application for the pension to which he is entitled for the year ending, October 26th, 1905. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Fifty Dollars, for the year 1904.

Sworn to and subscribed before me, this the 10 day of January 1905.

James R. George Ordinary

Post-office St. Mountain

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,

De Kalb County.

I, James R. George Ordinary of said County, do certify that I am well acquainted with McIntire 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 10 day of January 1905.

James R. George Ordinary De Kalb County.

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

ADT
your
signature
here

POWER OF ATTORNEY.

STATE OF GEORGIA,
DEKALB 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 _____ 1907.

[L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED)
 Code Section 1250.

No. 263

**DISABLED
 SOLDIER'S PENSION
 1907.**

Name Mr J. J. J. J.
 County DEKALB
 Co. 38th
 Disability Right Arm Amputated
 Amount, \$ 50

WARRANT HAND TO
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 1907.

Geo. W. HARRISON, STATE PRINTER, ATLANTA.

State of Georgia
 DeKalb Co

Personally came before me
 Wm. Raymond Wells, of said County
 of said County who being severally sworn
 say in oath that they have carefully examined
 Mr J. J. J. J. and after such thorough
 examination say that the aforesaid has
 been injured as follows: By a gun
 shot wound of the right arm producing
 fracture of the humerus about the
 middle third of said bone. The effect
 of his injury is permanent, rendering
 said arm substantially and essentially
 useless. Physicians of both shoulders and
 elbow prevent him raising his arm
 higher than in a line of the lower
 extremity of sternum. There is inflammation
 and pain necessary of bone producing
 running sores on the muscles of said arm.
 Examination made this the 14th day of
 April 1894.

Sworn to and subscribed } Wm. Raymond Wells M.D.
 before me, April 14, 1894. } L. H. Jones M.D.
 Wm. Raymond Wells,
 Ord. M.D.

State of Georgia,

DeKALB County.

Personally appears M. J. Tweedell of DeKalb 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 30 day of January, 1844; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Soldier in Company K, of 38th Regiment of Georgia Volunteers Gordon's Brigade; that whilst engaged in such military service in the State of _____, on the 19th day of September, 1864, he was wounded, injured or diseased as follows:

Right arm disabled Winchester, Va

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of _____ County, been allowed an invalid pension of _____ Dollars, for the year 1906.

Sworn to and subscribed before me, this the 11th day of January, 1907. M. J. Tweedell

James R. George, Ordinary Postoffice St. Mount, Ga

Notar.—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,

DeKALB County.

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

Given under my official signature and seal this 11th day of January, 1907. James R. George Ordinary, DeKalb County.

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



NAME, Tweedell, M. J. YEAR 1894 COUNTY DeKalb

WHEN AND WHERE BORN? Resident Ga. since Jan. 30, 1842.

ENLISTED WHEN AND WHERE?

RANK. Private.

COMPANY AND REGIMENT? Co. K, 38th Regt. Ga. Vols. Gordon's Brigade.

NAME OF CAPTAIN AND COLONEL? John N. McCurdy, 1st Lieut Co. D. 38th Regt. Ga. Vols.
J. G. Rankin, Captain. Co. D. 38th Regt. Ga. Vols.

WOUNDED? Winchester, Va. Sept. 19, 1864. Shot in right arm, fracturing the bone, weakening the arm and grasp of the hand, hand useless.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE CAPTURED?

IF NOT PRESENTLY CAPTURED, WHERE WAS YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Phil B. McCurdy

No data.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.)

I, _____ hereby authorize _____

- 0

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

2. a

b

Witness my hand and seal this _____ day of _____ 1895.

Executed in presence of

Approved - First Volume
W. M. Ropes Dec. 2
Ordinary.

No. 5001

Jan 18 1896

INDIGENT PENSION

EST

Name *A. M. Weedell,*

County De Pelt

Ground - off Kaverla
See July 1896
~~April 1896~~

1895.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT, HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

County.

hereby authorize

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

by

Witness my hand and seal this

Executed in presence of

1895-

INDIGENT PENSION

2681

Name *Wm. Needell,* County *De Kalb*

Ground
by *Boesche*
July 1, 1946
~~1946~~
1895

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

The Spelt of County.

R. M. Needell of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, and after being duly sworn true answers to make to the following questions. Deposes and answers as follows:

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

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

3. When and where were you born?—

4. Did you volunteer in the Confederate Army or in the Georgia Militia? *Militia*

5. When and where did you enlist? May 1964, Stone Mountain.

6. In what company and regiment did you enlist? *Co. H. 2^d Ga*

7. How long did you remain in that company and regiment?..... About 12 Months

Never Transferred

9. For how long a period did you discharge regular military duty? About 12 months

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

About the close of the war was discharged in Atlanta

What is your present occupation?

2. How much can you earn per annum by your own exertions or labor? 20 or 25 Dollars

3 What has been your occupation since 1865? *Druggist*

14. What sum would be necessary for your support for this pension year, and how much are you able to contribute thereto either in labor or income? *One hundred & fifty dollars. \$25.22*

15 What is your present physical condition and how long have you been in such condition?

10. What is your present physician complaint and how long have you been in such condition?
From old age and disease I am unable
to do any kind of work for a support
some 25 yrs for last seven years

16 Upon which of the following grounds do you base your application for pension, viz.: first, "age and

17. 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?

From four or five years

18. What property, effects or income do you possess?

19. What property, effects or income did you possess in 1893 and in 1894 and what disposition, if any, did you make of same? *None*

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

21. How were you supported during the years 1893 and 1894? Lived about
\$2000 my children

22. How much did your support cost for each of those years, and what portion did you contribute thereto?

by your own labor or income \$100 or less, possibly \$20 =

23. What was your employment during 1893 and 1894? What pay did you receive?

24. Are you married and have you a family? If so, is your wife living and how many children have you?

Give age and sex of children and their means of support. *Her wife dead
four living children. Oldest 54 years, youngest
38 years. Farmer.*

Sworn to and subscribed before me this the
13th day of April 1895.
Ordinary
of De Kalb County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA, }
De Kalb County. }
as a witness in support of the application of }
E. A. Blanchard, of said State and County, having been presented }
under the Act approved December 15th, 1894, and after being duly sworn true answers to make to the }
following questions, deposes as follows: }
1. What is your name and where do you reside? }
I am De Kalb County, Georgia. }
2. Are you acquainted with }
how long have you known him? }
I have known him 40 years. }
3. Where does he reside, and how long has he been a resident of this State? }
He resides in De Kalb County, Georgia. }
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? }
Yes, I was with him }
5. When, where and in what company and regiment did he enlist? }
He enlisted in Co. C, 2d Ga. }
6. Were you a member of the same company and regiment? }
Yes. }
7. 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? }
About a year. He was a good soldier. }
8. What property, effects or income has the applicant? (Give your means of knowledge.) }
None. }
9. What property effects or income did the applicant possess in 1893 and 1894, and what disposition, if any, did he make of same? }
None. }
10. What is the applicant's occupation and physical condition? }
He is very feeble from old age. }
11. Is the applicant unable to support himself by labor of any sort, if so, why? }
He is, his age renders him incapable }
of doing any kind of work. }
12. How was he supported during the years 1893 and 1894? }
By his children. }
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 the Act of December 15th, 1894? }
The applicant is }
old aged infirm and 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
the 22nd day of April 1895.
Ordinary
of De Kalb County.

STATE OF GEORGIA, }
De Kalb County. }
Personally came before me
J. H. Rogers, M.D., }
both known to me as reputable physicians }
of said county, who being severally sworn, say on oath that they have examined carefully }
such personal examination, say that his precise physical condition is as follows: }

The applicant is eighty six years old }
and is suffering from old age and general }
degeneration. }

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. }

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA, }
De Kalb County. }
I, R. M. Rogers, M.D., Ordinary in and for said County, hereby certify that }
the applicant }
resides in said County, and was a bona }
fide resident of this State on the first day of January, 1894, and that the witnesses, viz: }

E. A. Blanchard, }
are of trustworthy character and that their statements are entitled to full faith and credit. }

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

I further certify that the tax digests of }
returned for taxation in his name in 1893, }
of property, and in 1894, }
dollars of property. }

Witness my hand and seal of office, this }
day of April 1895. }
Ordinary }
of De Kalb County. }

NOTE. }
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."

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
at _____ by _____

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

[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
at _____ by _____

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

[L. S.]

Executed in presence of

No. 1303
INDIGENT
Soldier's Pension.
1897.

(For Those Already Enrolled.)

ACT OF 15 DEC., 1891.

Name R. M. Tweedell
County DeKalb

1897.

RICHARD JOHNSON,

(Commissioner of Pensions.)

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

No. 2034
INDIGENT
SOLDIER'S PENSION,
1898.

(For Those Already Enrolled.)

ACT OF 15 DEC., 1891.

Name R. M. Tweedell
County DeKalb

1898.

RICHARD JOHNSON,

(Commissioner of Pensions.)

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears R. M. Tweedell of De Kalb 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 May 1878; that he is 78 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 1 year in Company K, of 2nd Regiment of Georgia Infantry; that his physical condition is as follows: He is now old age and unable to perform any manual labor for a that his property consists of the following items None

of the value of 00 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 1897. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1896.

Sworn to and subscribed before me, this, the 11th day of June 1897. R. M. Tweedell Ordinary.

STATE OF GEORGIA,
De Kalb County.

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

Given under my official signature and seal, this 19th day of June 1897.

R. M. Tweedell Ordinary De Kalb County.

Note—The blank spaces must be filled.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears R. M. Tweedell of De Kalb 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 May 1878; that he is 79 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 12 mos in Company K, of 2nd Regiment of Georgia Infantry; that his physical condition is as follows: He is now old age and unable to make a living that his property consists of the following items None

of the value of 00 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 1898. I have heretofore as a resident of De Kalb county been allowed a pension for the year 1897.

Sworn to and subscribed before me, this, the 12th day of June 1898. R. M. Tweedell Ordinary.

State of Georgia,
De Kalb County.

I, R. M. Tweedell Ordinary of said County, do certify that I am well acquainted with R. M. Tweedell 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 13th day of June 1898.

R. M. Tweedell Ordinary De Kalb County.

Note—The blank space must be filled.

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

_____ at _____

by _____ day of _____ 1899.

Executed in presence of _____ (L. S.)

No. 1207
INDIGENT
SOLDIER'S PENSION,
1899.

Name R. M. Tweedell
County De Kalb

WARRANT ISSUED
1899
RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
11/14
Geo. W. Harrison, State Printer, Atlanta.

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

_____ at _____

by _____ day of _____ 1900.

Executed in presence of _____ [L. S.]

INDIGENT
SOLDIER'S PENSION,
1900.

Name R. M. Tweedell
County De Kalb

WARRANT ISSUED
1900
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
11/14
Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
De Kalb County.

Personally appears R. M. Woodell of De Kalb 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 6 day of May 1881; that he is 81 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 1 year in Company A, of 2 th Regiment of in Reserve; that his physical condition is as follows: old age and infirmity unable to work.

that his property consists of the following items: None

of the value of 00 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 De Kalb county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the 13 day of Jan 1899, R. M. Woodell Ordinary.

State of Georgia,
De Kalb County.

I, R. M. Woodell Ordinary of said County, do certify that I am well acquainted with R. M. Woodell 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 13 day of Jan 1899.

R. M. Woodell Ordinary De Kalb 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,
De Kalb County.

Personally appears R. M. Woodell of De Kalb 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 6 day of May 1881; that he is 82 years old and by occupation a farmer; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served for the term of 1 year in Company A, of 2 th Regiment of in Reserve; that his physical condition is as follows: old age and infirmity unable to work.

that his property consists of the following items: None

of the value of 00 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 De Kalb county been allowed a pension for the year 1899.

Sworn to and subscribed before me, this, the 13 day of Jan 1900, R. M. Woodell Ordinary.

State of Georgia,
De Kalb County.

I, R. M. Woodell Ordinary of said County, do certify that I am well acquainted with R. M. Woodell 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 13 day of Jan 1900.

R. M. Woodell Ordinary De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize _____ of _____ at _____

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

by _____ day of _____ 1901.

Witness my hand and seal, this _____ [L. S.]

Executed in presence of

INDIGENT
SOLDIER'S PENSION.
1901.
Name R.M. Tweedell
County De Kalb
WARRANT ISSUED
1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
[Signature]
[Signature]
[Signature]

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

I, _____ hereby authorize _____ of _____ at _____

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

by _____ day of _____ 1902.

Witness my hand and seal, this _____ [L. S.]

Executed in presence of

INDIGENT
SOLDIER'S PENSION.
1902.
Name Tweedell R.M.
County De Kalb
Regiment 2d
WARRANT ISSUED
1902
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
[Signature]
[Signature]
[Signature]

FOR APPLICANTS HERETOFORE ADMITTED TO PENSIONS.

STATE OF GEORGIA,
De Kalb County,
Personally appears R. M. Woodward of De Kalb
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 6 day of May 1898; that he is 82 years old and
by occupation a farmer that he enlisted in the military service of the Con-
federate States (or of the State of Ga) during the war between the
States, and served for the term of 12 years in Company H, of 24th Regiment
of Ga. Inf.; that his physical condition is as
follows: Infirmary from old age
that his property consists of the following items: None

of the value of 00 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 De Kalb
county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this 9th day of May 1901, by R. M. Woodward
R. M. Woodward Ordinary.

STATE OF GEORGIA,
De Kalb County,
I, R. M. Woodward Ordinary of said County,
do certify that I am well acquainted with R. M. Woodward 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 May 1901, by R. M. Woodward
R. M. Woodward Ordinary, De Kalb 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,
De Kalb County,
Personally appears R. M. Woodward of De Kalb
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 6 day of May 1898; that he is 84 years old and
by occupation a farmer that he enlisted in the military service of the Con-
federate States (or of the State of Ga) during the war between the
States, and served for the term of 12 years in Company H, of 24th Regiment
of Ga. Inf.; that his physical condition is as
follows: old age

that his property consists of the following items: None

of the value of 00 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 De Kalb
county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this 15th day of Jan 1902, by R. M. Woodward
R. M. Woodward Ordinary.

STATE OF GEORGIA,
De Kalb County,
I, R. M. Woodward Ordinary of said County,
do certify that I am well acquainted with R. M. Woodward
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 Jan 1902, by R. M. Woodward
R. M. Woodward Ordinary, De Kalb County.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County.

I, R. M. Tweedell, hereby authorize R. M. Tweedell of DeKalb County

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

by _____ at _____

Witness my hand and seal, this 7 day of Sept, 1903.

Executed in presence of

J. H. M. C. C. C.

M. C. C. C.

Greene R. M.
DeKalb Co. Ga.
CODE SECTION 1254.
(FOR THOSE ALREADY ENROLLED.)
No. 570

INDIGENT
SOLDIER'S PENSION
1903.

Name Tweedell, R. M.
County DeKalb
Co. K Regiment 2d

WARRANT ISSUED

1/23-1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

Geo. Harrison, State Printer, Atlanta.

23d
DeKalb

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, }
De Kalb County, }

Personally appears *R M Tweedell* of *De Kalb* 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 *6* day of *May* *1818*; that he is *84* 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 year* in Company *H*, of *2nd* Regiment of *De Kalb*; that his physical condition is as follows: *Infirmity and old age*

that his property consists of the following items: *None*

of the value of *00* 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.

Dependent desires to participate in the benefits of the Act, approved December 15th, 1804, 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 *De Kalb* county been allowed a pension for the year *1902*.

Sworn to and subscribed before me, this the *10* day of *Aug* *1903*, *R. M. Tweedell*, *De Kalb* County, Ordinary.

STATE OF GEORGIA, }
De Kalb County, }

I, *W M Regalace* Ordinary of said County, do certify that I am well acquainted with *R. M. Tweedell* 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 *10* day of *Aug* *1903*, *W M Regalace* Ordinary *De Kalb* County.

ALLX
 Seal
 put
 here

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

ORDINARY'S OFFICE,

DEKALB COUNTY

W. M. RAGSDALE, Ordinary.

Orient, Ga. Jan. 15th 1896

Richard Johnson Esq.,

Sec Ex Deptn.,
Atlanta, Ga.

Dear Sir,

Who will be handed
you by Mr R. M. Tweedell, who
was reported to me as having
died and I so reported to you
his application was approved
and I so give the paper to
him. I also send an affidavit
which you can file with paper.
Sorry the mistake happened
But he was so reported to me.

Yours Truly,

W. M. Ragdale,
Ordinary.

Georgia }
De Kalb County }
do hereby certify that

R. M. Tweedell, who applied for a pension
in the Indigent Reunion Act of 1894
and whose application was approved
and he reported to the department
as having died, is still in life
and his reported death is a mistake
and that he is entitled to draw
his pension.

Witness my official signature and
seal of office. This Jan 15th 1896.

W. M. Ragdale,
Ordinary.

NAME Tweedell, R.M. YEAR 1896 COUNTY DeKalb

WHEN AND WHERE BORN? May 6th. 1918.

ENLISTED WHEN AND WHERE? May 1864 Stone Mountain, Ga.

RANK.

COMPANY AND REGIMENT? Co. K, 2nd. Regt. Georgia Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

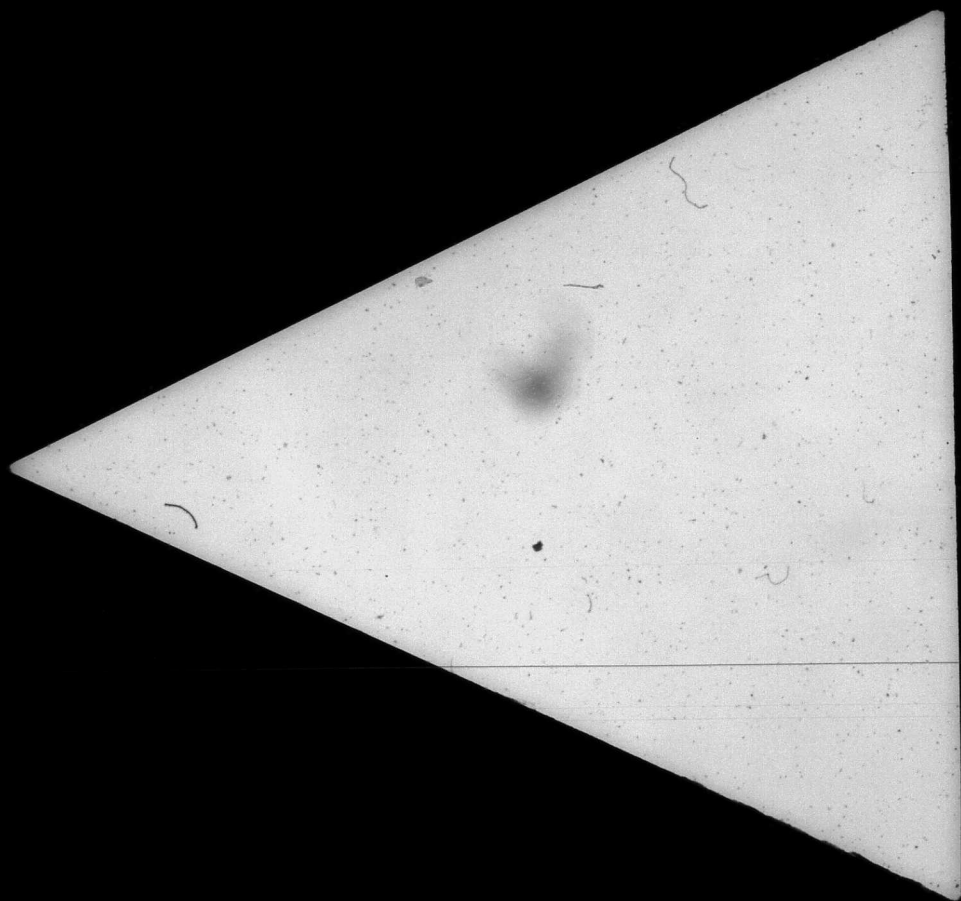
WHEN AND WHERE SURRENDERED? Atlanta, Ga. at close of war.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. E. A. Beauchamp, No data.



Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY.

I, James Rhynge Ordinary of said County, do certify that I know Mrs Sarah J. Tweedell the applicant for pension. She

is the person she represents herself to be and she is a bona fide continuing resident citizen of said County and was on the 4th November 1908; that I also know R. R. Andzium

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

Sworn under my hand and official seal of office this 25 day of Oct 1919

(SEAL) James Rhynge Ordinary,
DeKalb County.

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

TWEDELL, Sarah J.
DeKalb Co. Ga.
Nov 15 1919

No. 111

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County DeKalb
Name Mrs Sarah J. Tweedell
Widow of M. J. Tweedell
Company A
Regiment 388 Co
Approved _____

ENTERED REGISTER OFFICE

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

10-30-1919

Enl. May 15, 1862.
Dis. under discharge
Aug 31 - 7th 7, 1864

STATE OF GEORGIA,

DeKalb COUNTY.

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

Sworn under my hand and official seal of office this 25th day of Oct 1913
(SEAL) James P. Hodge Ordinary,
DeKalb County.

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

TWEED, Sarah J.
DeKalb County
Aug. 31 - 1864
Our married license
Aug. 31 - 1864
Entered Foster Office
J. W. Lindsey,
Commissioner of Pensions.
Byrd Printing Co., State Printers, Atlanta.

Under Act 1910 - as Amended by Act of 1918.
County DeKalb
Name Mrs. Sarah J. Turendell
Widow of M. J. Turendell
Company 38th
Regiment 58th
Approved _____

10-30-1919

Questions for Applicant

STATE OF GEORGIA,
DeKalb COUNTY.

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

1. What is your name, and where do you reside? Sarah J. Turendell DeKalb
2. How long and since when have you been continuing resident of the State of Georgia? 63 years all my life
3. When, where, and to whom were you married? Nov 25 1864 J. W. Turendell
- a. Have you married since the death of first and soldier husband? have not
4. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.) May 1862 Atlanta Ga. Company K-38th Regt. Infantry
5. When and where did the commands of your husband surrender or discharge from the army? Appomattox C. H. Va. April 29 1865
6. Was your husband personally present at the time of the surrender or discharge of this command? Was not present Sept 19 1864, Winchester Va
7. If he was not present state clearly where he was? Winchester
8. Where was his command when he left? Winchester
- a. For what cause did he leave his command? he was wounded
- b. By whose authority did he leave his command? Sent to Hospital
- c. For how long was he granted leave of absence? Sent to Hospital
- e. What was his physical condition when he left his command? wounded
- f. What effort did he make to return to his command? Went to Hospital
- g. In what way was he prevented from going back to Command? was not
- h. Was he captured by the enemy at any time? was not
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- j. When and where did your first husband die? August 27 1890
- k. Were you residing together when he died? we was
- l. If not, how long had you resided apart?
- m. Are you now a widow? I am
9. Have you or your husband heretofore been paid a pension by the State? Husband had

If, when and for what cause were you or your husband placed on the roll? wounded

Sworn to and subscribed before me this the 2 day of October 1913
James P. Hodge Ordinary
DeKalb County.
(SEAL)

STATE OF GEORGIA,

DeKalb COUNTY.

Personally before me comes W.D. Higgins who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside?
W.D. Higgins DeKalb County Ga
2. How long and since when have you known M. J. Curren applicant?
from May 1862 to his death

3. How long and since when has she continuously resided in this State? (Give date.)
All her life of 60 years

4. When and to whom was she married? M. J. Curren How do you know? from my own knowledge

5. How long and since when did you know M. J. Curren her husband?
from 1862 to his death

6. When and where did M. J. Curren the husband of applicant, die?
about 27th/1907

7. Were the applicant and her husband living together as husband and wife at the date of his death?
They was

8. If not, how long did they live apart before his death?
was not

9. When, where and in what Company and Regiment did M. J. Curren enlist?
May 1862, Atlanta Ga

10. Were you a member of the same Company? I was

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment?
until Sept 19th/1864

12. When and where did his Command surrender, and was discharged?
April 19th/1865

13. Were you personally present when it was surrendered? Yes If not, where were you? Present and how came you there? Present

14. Was the husband of applicant personally present at surrender? Yes If not, where was he? was not and how came you there? Present

15. For what cause, if you know, your own knowledge, was he prevented from returning to his Command? as above stated

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? He was never able to return to his command

I was there when it was surrendered

Sworn to and subscribed before me this the 22nd day of October 1915

James R. George Ordinary

of DeKalb County.

(SEAL)

Marriage License.

State of Georgia, DeKalb County.

To any Judge, Justice of the Peace, or Minister of the Gospel:

You are hereby authorized to join M. J. Tweedell and Miss Sallie Goddard in the Holy State of Matrimony, according to the Constitution and Laws of this State; and for so doing, this shall be your sufficient License.

And you are hereby required to return this License to me, with your Certificate hereon of the fact and date of the Marriage.

Given under my hand and seal, this 23 day of Nov. 1877.

H. V. Bayne
Ordinary. (T.S.)

I Certify, that M. J. Tweedell and Sallie Goddard were joined in Matrimony by me, this 25 day of Nov. Eighteen Hundred and Seventy Seven.

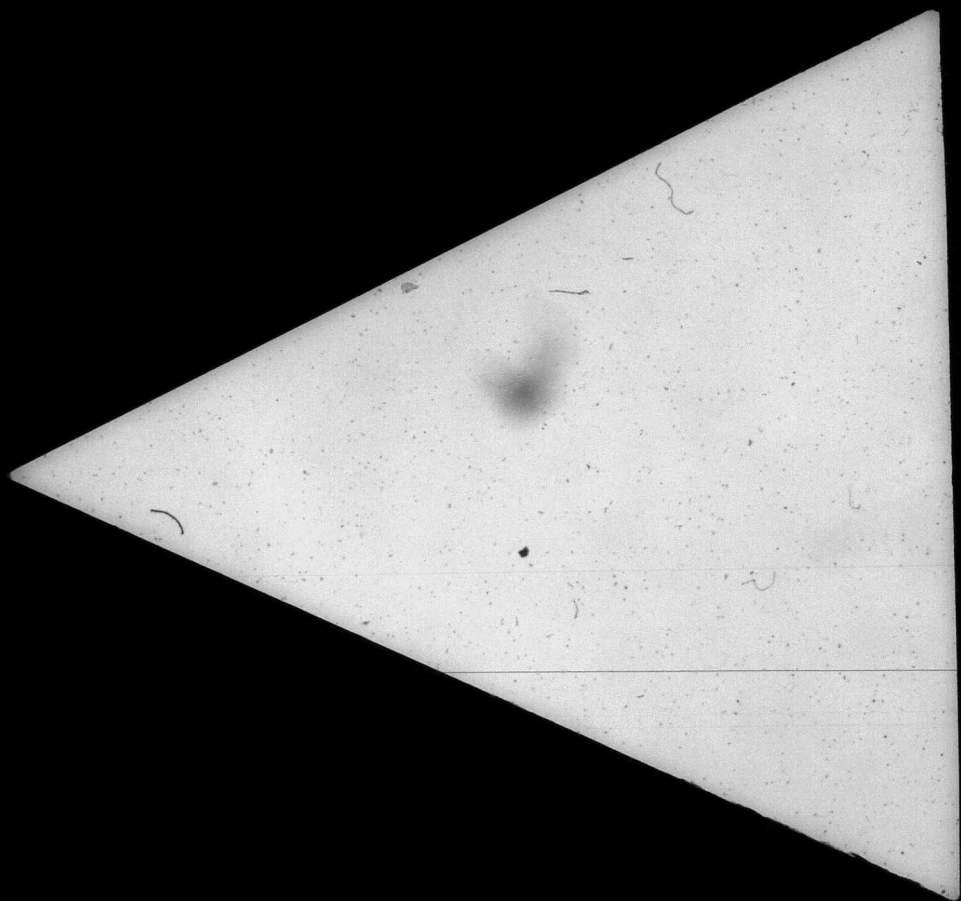
V. C. Norcross.

Georgia, DeKalb County.

I, James R. George, Ordinary and ex-officio Clerk Court Ordinary in and for said County, do hereby certify that the above and foregoing copies are true, correct, and complete copies of the marriage license and certificate of marriage of M. J. Tweedell and Miss Sallie Goddard, as they appear of record in Book "C", Record of Marriages, Page 48.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary, at Decatur, Georgia, this 20th day of October, 1898.

James R. George
Ordinary & ex-officio Clerk Court Ordinary
DeKalb County, Georgia.



Vaughan, W. A.
280-
Vaughan, W. A.
137 Detach Co

No. 137

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER

Applicant..... W. A. Vaughan

County..... De Kalb

Libb..... Arm. Present. 1879

Amount .. \$ 40

Date of Warrant..... 1879

Page..... 1

1952

STATE OF GEORGIA.

DeKalb County.

Personally appeared before me *W. A. Vaughan* of the county of *DeKalb*, State of Georgia, who, being duly sworn, deposes and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he enlisted in the military service of the Confederate States, or of this State, as a *Private* in Company *B*, 2nd *Regiment of Volunteers* that while engaged in such military service, to-wit: at the battle or engagement of *Atlanta*, in the State of *Georgia*, on the *22nd* day of *September*, 1864, he was wounded in the *arm*, and that the same was amputated *below the elbow* that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September 20th, 1879; that he has *not* supplied himself with an artificial *limb*; or that, not having done so, he prefers to supply himself with an artificial *limb*.

Sworn to and subscribed before me this *5th* day of *October*, 1879. *W. A. Vaughan*
Notary Public
 Note.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICERS AFFIDAVIT.

STATE OF GEORGIA,

County.

Personally came before me *W. A. Vaughan* of the county of *DeKalb*, State of Georgia, who, being duly sworn, deposes and says that he was *Private* in Company *B*, 2nd *Regiment* and that *he*, the above deponent, was a *Private* in said Company, and that this deponent knows that said *Private* lost a *limb* in the military service as said in the above affidavit. Sworn to and subscribed before me this *5th* day of *October*, 1879.

Note.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

NAME, *Vaughn, W. A.* YEAR *1879* COUNTY *DeKalb*

WHEN AND WHERE BORN?

EDUCATION WHEN AND WHERE?

RANK. *Private*

COMPANY AND REGIMENT? *Co C 9th Regt. Ga. Vols*

NAME OF CAPTAIN OR COLONEL?

WOUNDED? *Gettysburg, Pa. - July 2nd 1867 - Arm - necessary to amputate below elbow.*

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE CAPTURED?

IF NOT FROGSKIN OR FUR, WHEN, WHERE AND HOW?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. *J. A. Campbell, I. N. Nash, J. M. Paden* No data

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars: Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this act oftener than once in five years.

SEC. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY H. GORTCHUTT,
Wm. A. HANCOCK, Representative.
Secretary Senate.
Approved, September 10th, 1879.

A. G. HATCH,
Speaker House, Vice President.
HUBERT K. LAMAR,
President Senate.
ALFRED H. CONQUEST, Governor.

STATE OF GEORGIA,

DeKalb County.

Personally came J. H. Campbell who, being duly sworn, depose and say they are acquainted with N. W. Bayne who, and know that he lost a leg in the military service during the late war; that said leg was amputated below the knee; that he is a bona fide citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this 5th day of March 1879.
J. H. Campbell
J. H. Campbell

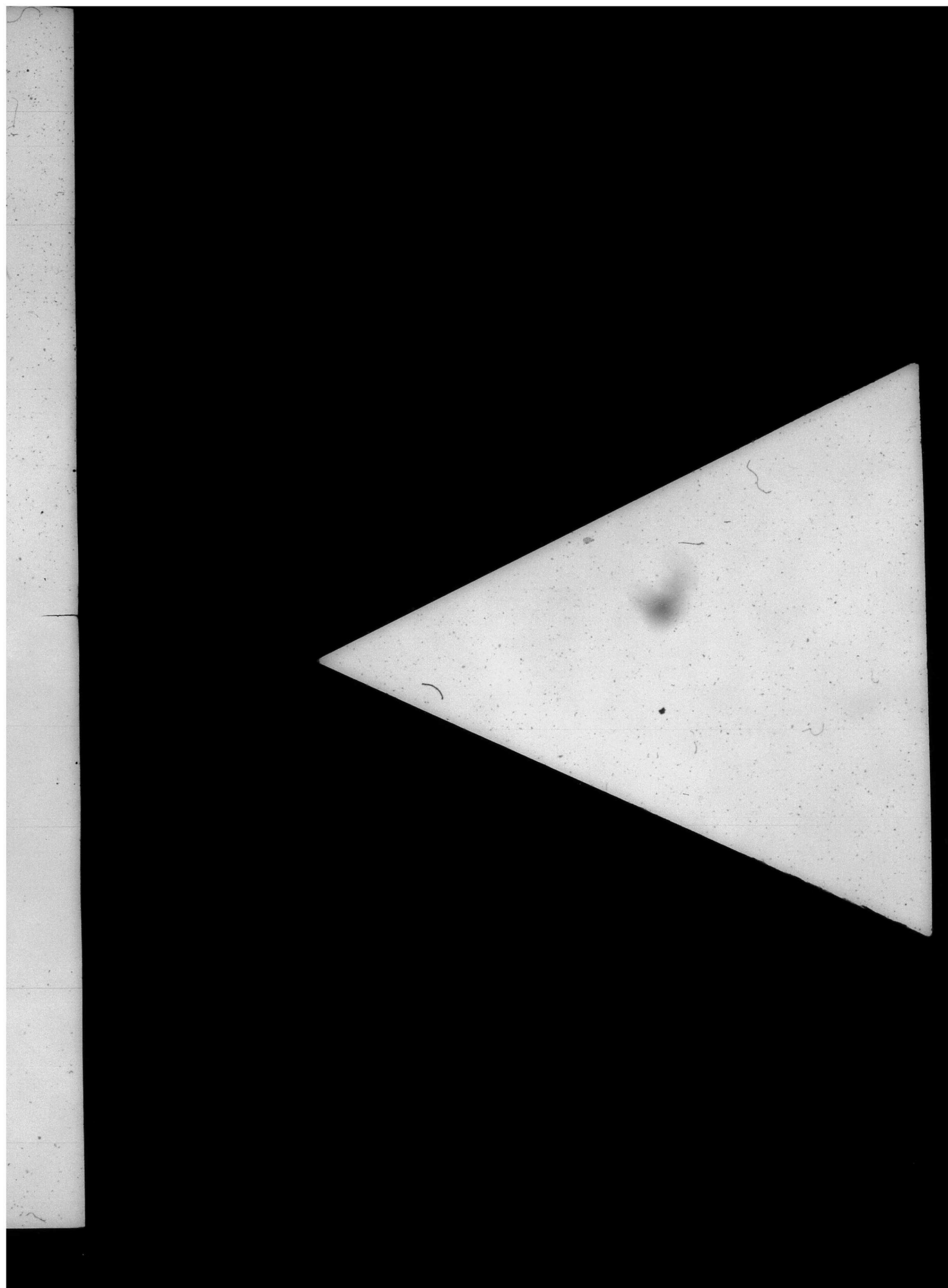
STATE OF GEORGIA,

DeKalb County,

I, N. W. Bayne Ordinary of DeKalb county, do certify that I am well acquainted with N. W. Bayne the applicant for a leg, and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with J. H. Campbell the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this 5th day of March 1879.

J. H. Campbell
J. H. Campbell



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

at

by

WITNESS my hand and seal, this day of 1905.

[L. S.]

Executed in the presence of

CODE SECTION 1234.
(FOR THOSE ALREADY ENROLLED.)

No.

INDIGENT

SOLDIER'S PENSION

1905.

Name

County

Co.

Regiment 12

WARRANT ISSUED

12/3 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

Veal, B. F.
DeKalb County

no date

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 _____ at _____

by _____

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

Executed in the presence of _____ [L. s.]

INDIGENT SOLDIER'S PENSION 1905.

Name B. J. Neal County De Kalb Co. 6 Regiment 12

WARRANT ISSUED 12/3 1905.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO 12/3

CODE SECTION 1234. (FOR THOSE ALREADY ENROLLED.)

No. 636

Geo. W. Harrison, Manager, for State Printer, Atlanta.

Neal, B. J.
De Kalb County

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 _____ at _____

by _____

Witness my hand and seal, this _____ day of _____, 1906.

Executed in the presence of _____ [L. s.]

INDIGENT SOLDIER'S PENSION 1906.

Name B. J. Neal County De Kalb Co. 6 Regiment 12

WARRANT ISSUED 12/3 1906.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDED TO 12/3

CODE SECTION 1234. (FOR THOSE ALREADY ENROLLED.)

No. 631

Geo. W. Harrison, Manager, for State Printer, Atlanta.

Neal, B. J.
De Kalb County

STATE OF GEORGIA,

De Kalb County.

Personally appears

B. F. Neal of De Kalb

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 13 day of 18; that he is 18 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 12 in Company C, of 12th Regiment of Georgia Infantry; that his physical condition is as follows: Age and Poverty

that his property consists of the following items:

of the value of

Dollars. I am now earning, 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

11 day of January 1905.

Ordinary.

B. F. Neal

STATE OF GEORGIA,

De Kalb County.

I, James R. George, 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

11 day of January 1905.

Attest

James R. George

Ordinary De Kalb County.

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

State of Georgia,

De Kalb County.

Personally appears

B. F. Neal of De Kalb

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 13 day of 18; that he is 18 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 12 in Company C, of 12th Regiment of Georgia Infantry; that his physical condition is as follows: Age and Poverty

that his property consists of the following items:

of the value of

Dollars. I am now earning, 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 County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the

12 day of January 1906.

Ordinary.

B. F. Neal

State of Georgia,

De Kalb County.

I, James R. George, 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

11 day of January 1906.

Attest

James R. George

Ordinary De Kalb County.

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

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

at

by

Witness my hand and seal, this _____

day of _____

1907.

[i. s.]

Executed in presence of _____

INDIGENT
SOLDIER'S PENSION
1907.

(FOR THOSE ALREADY ENROLLED)

Code Section 1254.

No. 709

Name B. F. Neal

County _____

Co. 6 Regiment 12th

WARRANT ISSUED

1907.

JOHN W. LINDSEY,

Commissioner of Pensions

WARRANT HANDED TO

Geo. W. HAYDON, STATE PRINTER, ATLANTA.

State of Georgia,

Douglas County.

Personally appears B. J. Neal of

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 13 day of OCT 1848; that he is 69 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 6 in Company C, of 12th Regt of ; 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 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 11 day of Jan 1907.

Ordinary.

State of Georgia,

Douglas County.

I, James R. George, Ordinary of said County,

do certify that I am well acquainted with B. J. Neal 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 11 day of Jan 1907.

James R. George

Ordinary

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

Veal, B. F.

For De Kalb County

1925/1926

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1917)

(To pay expenses of last illness and funeral)

V. S. Morgan Ordinary

For B. F. Veal

Date of Death Dec. 24 1925

Amount \$ 100.00 00

Approved and ordered paid

John T. Turner 1925

Commissioner of Pensions

JAN 11 1926

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payroll to be permanently filed with them. Do not keep this application in your office.

Received of V. S. Morgan
Ordinary check for \$100.00
B. F. Veal. 1/16/26
J. T. Turner

Decatur, Ga., July 26 1926

RECEIVED OF V. S. Morgan Ordinary
One hundred & 00/100 Dollars

By A. S. TURNER

By Ruby Johnston

GEORGIA, DeKalb County.

Personally before me, the Ordinary of said County, comes A. S. Turner, Undertaker, of said County, who, after being sworn, on oath says that he knows Benjamin F. Veal of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in DeKalb County, in this State, on the 8th day of December, 1925, and that a Pension of One Hundred (\$100.00) Dollars was due pensioner and unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$147.50 per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
this 20th day of January, 1926
V. S. Morgan, Ordinary
DeKalb County
(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.
I, V. S. Morgan, Ordinary of said County, do certify that I personally know A. S. Turner, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also know Benjamin F. Veal while in life and that this was the same person whose name appears on the Pension Roll of DeKalb County, and was paid a Pension of One Hundred and Forty (\$140.00) Dollars in said County for 1925, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 20th day of January, 1926
V. S. Morgan, Ordinary
(Seal or Ordinary) DeKalb County

INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after having been out of State longer than twelve months, and did not leave a will, and the estate of the pensioner is not known to the Pension Department.
- 2nd. Requires those claiming expenses of last illness and funeral to make out their accounts in full itemized form, giving each item and the value of it, and each item must be paid—only those claimed with the last illness, just before death when pensioner grew worse to die.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms "just, true, etc.") "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of Benjamin F. Veal, who died without leaving sufficient property to pay his bill."
- 4th. The Ordinary must see to it that each bill is properly itemized in every respect, and property sworn to, and all attached neatly to this bill, after this bill has been properly sworn to, and the bill must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as fully authorized to make the payment.
- 5th. The Ordinary must pay out, as Ordinary, for the pensioner and then deliver the money himself and take receipt.
- 6th. Accept no bill for nursing until paid for by the Pension Department.
- 7th. The Ordinary must pay out, as Ordinary, for the pensioner and then deliver the money himself and take receipt.
- 8th. Accept no bill for nursing until paid for by the Pension Department.
- 9th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 10th. Ordinary should see that the back of this bill, when folded, is filed out.

A. S. Turner

Funeral Director and Embalmer
Prompt Ambulance Service

532 27 N. McDONOUGH ST.
NIGHT AND SUNDAY PHONE DEK. 0088
Decatur, Georgia.

FUNERAL EXPENSES OF BENJAMIN F. VEAL.

December 10, 1925.

To Casket	\$90.00
" Embalming	25.00
" Suit	20.00
" Socks	..50
" 1 Funeral Notice	2.00
" Hearse Service	10.00
	\$147.50

Georgia, DeKalb County.

Personally appeared before me, A. S. TURNER, who being duly sworn, say on oath, that the above funeral account of Benjamin F. Veal is just, true, due and remains unpaid.

Sworn to and subscribed before me, A. S. Turner
this the 20th day of January, 1926.

Ruby Johnston
Notary Public, State of Large, Decatur, Ga.
My Commission Expires Nov. 4, 1929.

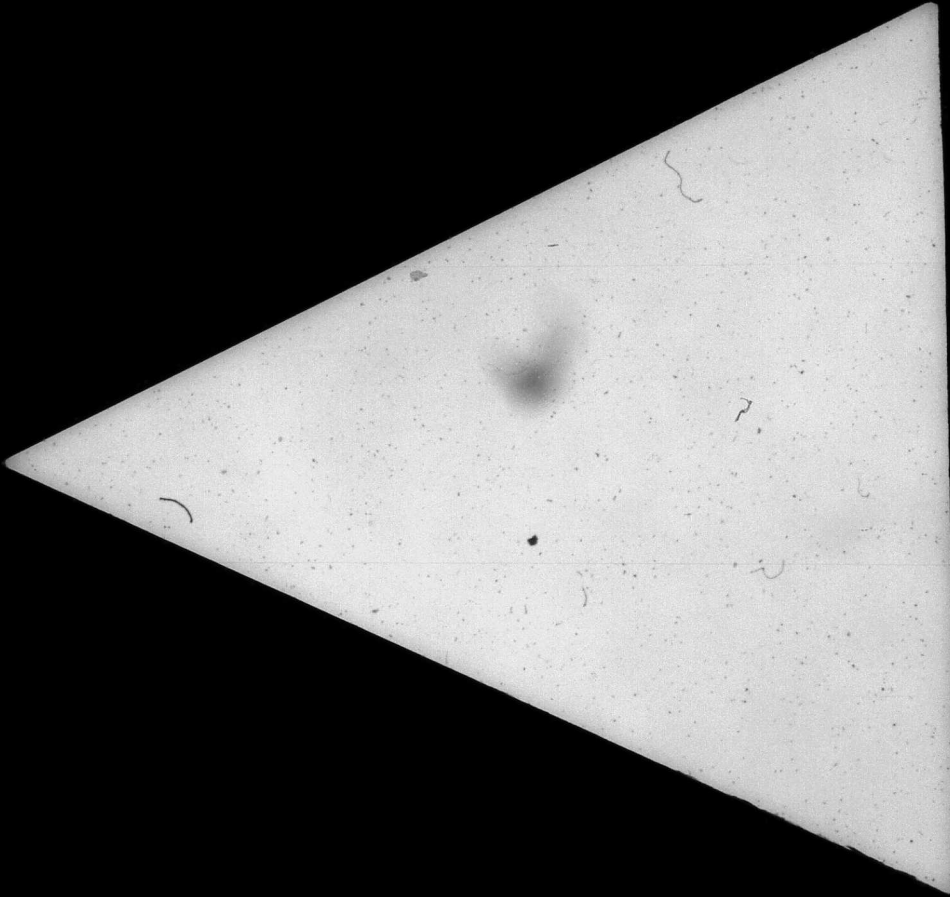
Decatur, Ga., July 26, 1926
RECEIVED OF V. S. Morgan, Ordinary
One Hundred and Forty Dollars

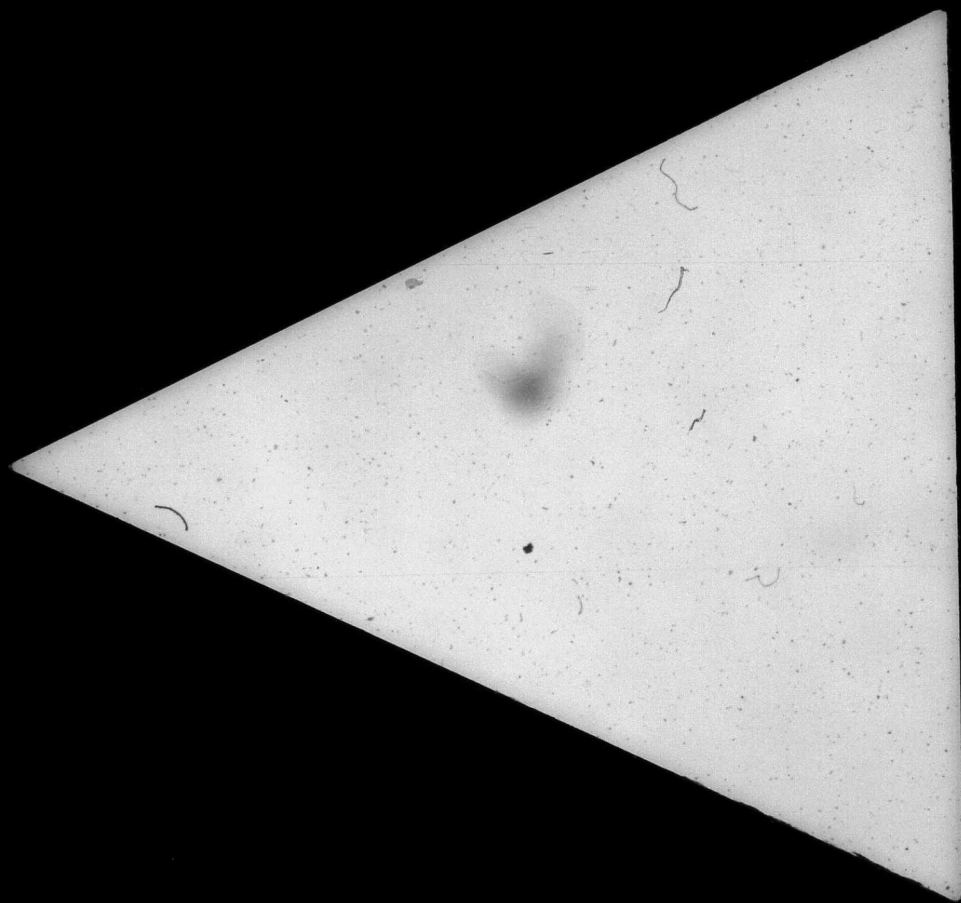
B. F. Veal funeral account
By Ruby Johnston
\$100

yield out until it is returned to you as your guaranty to receive the money.
7th. The Ordinary signs pay roll, as Ordinary, for the pension and then debars the money himself and takes receipt.
8th. Accept no bills for nursing until you write the Pension Department, and then only what the law and common humanity demand of them.
9th. Receive no money for nursing until you write the Pension Department, and then only what the law and common humanity demand of them.
10th. Ordinary should see that the back of this blank, when folded, is filled out.

By Ruby Johnston

\$100





Recd 10/3/49
No. *679* *Neal, J. T.*
Detach Co

APPLICATION FOR

attesting same
J. T. Neal

FOR CONFEDERATE SOLDIER

J. T. Neal

County... *Detach*

Lib... *Com. at Fort Echo*

Amount... *\$60.00*

Date of Warrant... *Dec 19 1864*

Page.....

C. B. 18th Det 2d
Inf

60 *452*

STATE OF GEORGIA.

County, *DeKalb*

Personally appeared before me, *James J. Veal*, of

the county of *DeKalb*, State of Georgia, who, being duly sworn, deposes

and says that he was on the 20th day of September, 1879, a bona fide resident of this State; that he

enlisted in the military service of the Confederate States, or of this State, as a *Private*

in Company *B. 15th* Regiment of *Georgia* Volunteers

that while engaged in such military service, to-wit: at the battle or engagement of *Atlanta*

in the State of *Georgia* on the *21st* day of *July*

1864, he was wounded in the *right*

that the same was amputated *below the elbow*

that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into

effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September

20th, 1879; that he has *not* applied himself with an artificial *limb*; or that, not having

done so, he prefers to supply himself with an artificial *limb*

Sworn to and subscribed before me this *15th* day of *December*, 1879, *James J. Veal*

Note.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior

or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA.

County, *DeKalb*

Personally came before me, *James J. Veal*, of

the county of *DeKalb*, State of Georgia, who, being duly sworn, depose

and says that he was *in* Company *B. 15th* Regiment

and that *James J. Veal*, the above deponent, was *in*

in said Company, and that this deponent knows that said *James J. Veal*

lost a *limb* in the military service as said in the above affidavit.

Sworn to and subscribed before me this *15th* day of *December*, 1879.

Note.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens

must be furnished.

Veal, J. T.
No. *679* *Veal, J. T.*
Detachment

APPLICATION FOR
artificial arm
J. T. Veal

FOR CONFEDERATE SOLDIER.

J. T. Veal

County *DeKalb*

Limb *amputation below*

Amount *\$60.00*

Date of Warrant *Dec 19th 1879*

Page *1*

C. B. 18th Oct 9th

8

52

STATE OF GEORGIA,

DeKalb County.)

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877.

SECTION 1. Be it enacted by the General Assembly of the State of Georgia, That any person now a *bona fide* resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needed artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for other amount hereinafter mentioned, to-wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars: Provided, the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. 2. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this Act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. 3. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this Act oftener than once in five years.

SEC. 4. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY E. GOUGHES,
Speaker House Representatives.
WYATT H. LESTER,
Secretary Senate.
Approved, September 10th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LESTER,
President Senate.
ALFRED H. COLETTI, Governor.

Personally came.....*P. B. Ottomano*.....
.....*P. B. Ottomano*.....
who, being duly sworn, depose and say they are acquainted with.....*P. B. Ottomano*.....
.....and know that he lost a.....*above elbow*.....in the military service during the late war;

that said.....*above elbow*.....; that he is a bona fide citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Subscribed to and subscribed before me this.....*22d*.....day of.....*Dec*.....*1879*.....
.....*W. V. Bayne*.....*J. B. Howard*.....
STATE OF GEORGIA,
DeKalb County.)

I,.....*W. V. Bayne*.....Ordinary of.....*DeKalb*.....
county, do certify that I am well acquainted with.....*P. B. Ottomano*.....
the applicant for a.....and am well satisfied that the facts stated by him in the foregoing affidavit are true, and that I am well acquainted with.....*P. B. Ottomano*.....
the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts stated by them are true.

Given under my hand and official seal, this.....*17th*.....
day of.....*Dec*.....*1879*.....
.....*W. V. Bayne*.....Ordinary

PERSONALLY appears De laud of De laud county,
 State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resi-
 dent of said State, and has been such continuously since the
 day of 1837 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 B, of 18th Regiment of
Georgia Volunteers W. G. G. G. 's Brigade; that whilst engaged
 in such military service, at the battle of Shiloh in the
 State of Virginia, on the 17 day of April 1862, he was
 wounded as follows: with minie bullet arm
Cause: total disfigurement

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

Sworn to and subscribed before me, this 11 day of Feb 1889 } G. J. Reed
W. M. Reed
 Note. State fully nature of wound or character of disease which causes the disability, and explain particularly
 the extent of the disability. See above

STATE OF GEORGIA, }
 County, }
 PERSONALLY comes before me,
 and
 me as reputable physicians of said county, who, being severally sworn, say on oath that they
 have carefully examined
 say that the applicant has been injured as follows:

Sworn to and subscribed before me, this }
 day of 188 }

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

FOR YEAR ENDING, OCT. 26, 1889.
 APPLICATION FOR ALLOWANCE
 No. 759
John W. Reed
 Applicant
 County De laud
 Amount 1.00
 Date of Warrant Feb 20
 Entered on Record, Feb 22 1889
 SECRETARY EXECUTIVE DEPARTMENT
W. M. Reed
De laud

De Kalb County

I, W. M. Maguire, Ordinary of said county, do certify that I am well acquainted with the, 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:

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

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

Given under my official signature and seal, this 11 day of Feb 1889
W. M. Maguire
Ordinary De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

KNOW ALL MEN BY THESE PRESENTS, That I,

of

county, in said State, 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 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

188

day of

Executed in the presence of us:

(L. S.)

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 fact 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,

County.

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

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

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

Ordinary County.

APPLICATION FOR ALLOWANCE.

No. 1809

FOR THE YEAR ENDING OCTOBER 31, 1891.

Applicant, J. G. Neal
County, De Kalb
Amount, 100
Date of warrant, Feb 24
Entered on record, Feb 24 1890

SECRETARY EXCISE DEPARTMENT.
WARRANT HANDED TO
W. M. Rogers

1890.

STATE OF GEORGIA,

County.

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

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

Given under my official signature and seal, this 5 day of Feb 1891.

Ordinary County.

Application for Allowance

No. 92

FOR THE YEAR ENDING OCTOBER 31, 1891.

Applicant, J. G. Neal
County, De Kalb
Amount, 100
Date of Warrant, Feb 3
Entered on record, Feb 3 1891

SECRETARY EXCISE DEPARTMENT.

WARRANT HANDED TO

W. M. Rogers

STATE OF GEORGIA,

PERSONALLY appears De Hall of De Hall 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 continuously since the 21st day of October 1887; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 18th Regiment of Georgia Volunteers Good's Brigade; that whilst engaged in such military service, at the battle of Carner Mill in the State of Virginia, on the 27 day of June 1862, he was wounded as follows:

Left arm near the shoulder saying the loss of said arm.

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 One hundred dollars.

Sworn to and subscribed before me, this 24th day of Sept 1890, J. J. Neal, Notary Public, Ordway.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW ALL MEN BY THESE PRESENTS, That I, De Hall of De Hall county, in said State, do hereby appoint

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24th day of Sept 1890.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by to County, Georgia. P. O.

STATE OF GEORGIA,

PERSONALLY appears De Hall of De Hall 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 21st day of Oct 1887; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company B, of 18th Regiment of Georgia Volunteers Good's Brigade; that whilst engaged in such military service at the battle of Carner Mill in the State of Virginia, on the 27 day of June 1862, he was wounded as follows:

Left arm near the shoulder saying the loss of said arm.

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 One hundred dollars.

Sworn to and subscribed before me, this 5th day of Sept 1891, J. J. Neal, Notary Public, Ordway.

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

POWER OF ATTORNEY.

STATE OF GEORGIA,

KNOW all Men by these Presents, That I, De Hall of De Hall 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 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 5th day of Sept 1891.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by to County, Georgia. P. O.

STATE OF GEORGIA,

County,

Ordinary of said county,

do certify that I am well acquainted with Wm. McGehee 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 1st day of March 1892.

Ordinary.

County.

SOLDIERS' PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name

John Hall

County

De Kalb

Disability

Amputation

Amount \$

100.

Entered on record

March 1

1892.

W. H. HARRISON,

Secretary of Executive Department.

AGENT.

Wm. McGehee

(Geo. W. Harris on, State Printer, Atlanta.)

POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

Know all Men by these Presents, That I

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 receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of March, 1893.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

Application for Allowance

No.

531

For the Year Ending October 31, 1893.

FOR

John Hall

Applicant.

De Kalb

County.

1893

Date of Warrant.

Entered on record.

1893.

Secretary Executive Department.

WARRANT HANDLED TO

(Geo. W. Harris on, State Printer, Atlanta.)

STATE OF GEORGIA.

For Applicants Heretofore Allowed Pension.

STATE OF GEORGIA, }
County, }
PERSONALLY appears

of Wm. H. H. H. 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 21 day of Oct 1831; that he enlisted in the military service of the Confederate States (or of this State of Georgia) during the war between the States, and served as a Private in Company B, 18th Regiment of Georgia Volunteers at the battle of Gettysburg in the State of Pa, on the 29 day of July 1862; he was wounded as follows: Shot with a musket ball in the left arm causing the loss of the arm near the shoulder joint.

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 one hundred and Dollars for loss of arm.

Sworn to and subscribed before me this 18 day of August 1892. }
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.

STATE OF GEORGIA, }
County, }
PERSONALLY appears

of Wm. H. H. H. 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 21 day of Oct 1831; 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 B, of 11th Regiment of Georgia Volunteers at the battle of Gettysburg in the State of Pa, on the 29 day of July 1862; he was wounded as follows: Shot with a musket ball in the left arm causing the loss of the arm.

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 _____ dollars, for loss of arm.

Sworn to and subscribed before me, this, the 18 day of August 1893. }
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, }
County, }

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

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

Given under my official signature and seal this 18 day of August 1893. _____ Ordinary _____ County.

STATE OF GEORGIA, }
COUNTY OF ALCONIA

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.

Executed in the presence of us _____

DIRECTIONS.

Send money to me as follows, by _____

to _____ County, Georgia.

P. O. _____

Soldier's Pension.

1894.

(For Those Already Enrolled.)

No. 822

Name Neal, J. T.

County De Kalb

Disability Loss of Arm

Amount, \$ 100.00

3/12

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

Neal, J. T.

No. 269

SOLDIER'S PENSION.

1895.

(For Those Already Enrolled.)

No. 269

Name Neal, J. T.

County De Kalb

Disability Loss of Arm

Amount, \$ 100.00

3/12

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

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.

Executed in presence of us _____

DIRECTIONS.

Send money to me as follows, by _____

to _____ County, Georgia.

P. O. _____

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County, }
 Personally appears, *J. J. Neal* of *De Kalb* 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 *21* day of *Oct* 1897; that he enlisted in the military service of the Confederate States (or of the State of *Private*) during the war between the States, and served as a *Private* in Company *B*, of *18*th Regiment of *De Kalb* Volunteers, *Wood*'s Brigade; that whilst engaged in such military service at the battle of *Laurens Mill* on the *27* day of *June* 1862, he was wounded as follows: *Shot with musket ball in left arm causing loss of frame.*

Deponent desires to participate in the benefits of the Act, approved October 24th, 1897, 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 *one hundred* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *5th* day of *March*, 1894. *J. J. Neal*
M. M. Regadale, Ordinary.

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

STATE OF GEORGIA, }
De Kalb County, }
 I, *M. M. Regadale*, Ordinary of said County, do certify that I am well acquainted with *J. J. Neal* 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* 1894. *M. M. Regadale*, Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County, }
 Personally appears, *M. Neal* of *De Kalb* 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 *21st* day of *Oct* 1897; that he enlisted in the military service of the Confederate States (or of the State of *Private*) during the war between the States, and served as a *Private* in Company *B*, of *18*th Regiment of *De Kalb* Volunteers, *Wood*'s Brigade; that whilst engaged in such military service at the battle of *Laurens Mill* on the *27th* day of *June* 1862, he was wounded as follows: *Shot with a musket ball in left arm causing loss of frame.*

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 *one hundred* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *29th* day of *Dec*, 1895. *J. J. Neal*
M. M. Regadale, Ordinary.

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

STATE OF GEORGIA, }
De Kalb County, }
 I, *M. M. Regadale*, Ordinary of said County, do certify that I am well acquainted with *J. J. Neal* 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 *29th* day of *Dec* 1895. *M. M. Regadale*, Ordinary *De Kalb* County.

De Valt

Maimed Soldiers.

Voucher No. 759

Amount \$ 100.

Paid to

For

Ann

Feb 1889

Included in Warrant No.

issued to Treasurer.

1889

WARRANT CLERK

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

applicant

De Valt

Maimed Soldiers.

Voucher No. 1859

Amount \$ 100

Paid to

For

Ann

Dec 24 1890

Included in warrant No.

issued to Treasurer.

18

WARRANT CLERK

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

applicant

Neal, J. J.

1891.

Maimed Soldiers.

Voucher No. 92

Amount \$ 100.

Paid to

For

Ann

Feb 5 1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK

Geo. W. Harrison, State Printer, Atlanta.

applicant

No. 759

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feb'y 20 1889.

Mr. J. J. Veal
of Dekalb

of the County
having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

Loss of Sal Am

He is entitled to receive the sum of One hundred & 00/100 Dollars

for such disability the same being the allowance 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.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100

per above voucher, this

20

of Feb'y

J. J. Veal

Dollars,

1889.

No. 1859

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feb'y 24 90.

Mr. J. J. Veal
of Dekalb

of the County
having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of Sal Am

Dollars

He is entitled to receive the sum of One hundred & 00/100 Dollars

for such disability, the same being the allowance 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.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One hundred & 00/100

per above voucher, this

24

of Feb'y

J. J. Veal

Dollars,

1890.

NAME, Veal, James T YEAR 1879 COUNTY DeKalb Co.

WHEN AND WHERE BORN?
YEAR ADDED TO ROLL: Application for artificial arm 1879

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Co B 18th Regt. Georgia Vols

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Gaines Mill, Va - June 27, 1862 - Arm above elbow.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURVIVED?

IF NOT PRESENT AT BURIALS, WHERE WAS YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES: J. R. Russell, I. N. Wilson and J. B. Steward

No data

1891.

No. 92.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. July 5 1891.

Mr. J. G. Veal
of DeKalb

of the County

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

the sum of One Hundred and 00/100 Dollars

He is entitled to receive the sum of

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

The Treasurer will pay the same and hold his receipt on this voucher and return same to

Executive Department for warrant.

By the Governor,

W. H. Harrison

Secy EXECUTIVE DEPARTMENT.

GOVERNOR.

\$ 100 00

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

One Hundred and 00/100

Dollars,

1891.

per above voucher, this

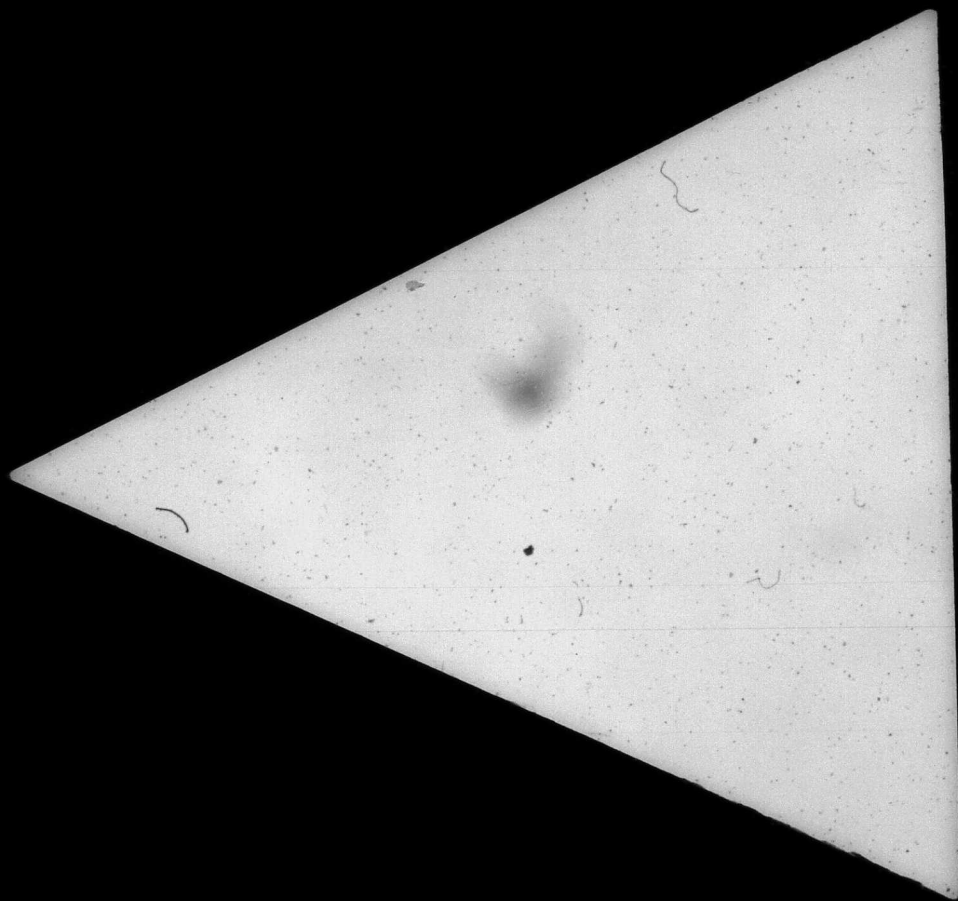
25

of

July

1891.

J. G. Veal



Verde Virgila,
De Kalb Co

No 287

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 26, 1889.

FOR

Jul. Dec. 1889

Applicant Verde Virgila & Deal

County De Kalb

Amount 50.

Date of Warrant Dec 9

Entered on Record,

Dec 9 1889

SECRETARY EXECUTIVE DEPARTMENT.

Applicant

No. 287
 APPLICATION FOR ALLOWANCE
 FOR YEAR ENDING, OCT. 26, 1889.
 FOR
 Chas. A. Lewis, Jr.
 Applicant
 County of McKean
 Amount \$50
 Date of Warrant Oct 9 1889
 Entered on Record, Oct 9 1889
 SECRETARY EXECUTIVE DEPARTMENT
 Application

PERSONALLY appears David A. Neal of DeKalb 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 continuously since the 7th day of May, 1847, 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 C, of 12th Infantry of Georgia Volunteers - 1st Brigade, that whilst engaged in such military service, at the battle of Atlanta, on the 1st day of May, 1864, he was wounded as follows: He was thrown from a cart, while on Paterson Road, and hurt in the back and side in the fall which has disabled him from doing manual labor and was wounded or hurt permanently disabled him from doing any manual labor

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

Sworn to and subscribed before me, this 8th day of Feb, 1889, David A. Neal
David A. Neal
 NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. He has it

STATE OF GEORGIA,
DeKalb County,
 PERSONALLY comes before me Wm. Magruder Ordinary of said county, John M. D. and W. S. McConkey, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined D. A. Neal and after such examination say that the applicant has been injured as follows: Severe concussion of the spinal cord from being thrown from a cart, the result of the explosion of a bomb, or from the severe pain and injury to the region of lower extremities, severe pain and injury to the region of lower extremities of the Spinal Cord, which makes it impossible for him to do manual labor or perform the ordinary avocation of life

Sworn to and subscribed before me, this 8th day of Feb, 1889, W. S. McConkey Ordinary.
John M. D.

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

County.

I, Wm. H. Hargraves, Ordinary of said county, do certify that I am well acquainted with W. H. Hargraves, 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:

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

affidavits were made and power of attorney was signed, is a of said county, and that the said affidavits and signatures thereto are genuine, Given under my official signature and seal, this 8 day of Sept 1889

Ordinary Wm. Hargraves County.

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 188 day of

Executed in the presence of us:

(L. S.)

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 fact 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,

De Kalb County.

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

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

Given under my official signature and seal, this 5th day of Feb, 1891.

W. M. Ragsdale
Ordinary

County

Application for Allowance

No. 93

Filed by W. B. Deal
Applicant, De Kalb
County, De Kalb
Amount, \$20 3/4
Date of Warrant, Feb 3/91
Entered on record, Feb 5
1891

WARRANT HANDLED TO
W. B. Deal

SECRETARY EXECUTIVE DEPARTMENT

1891

FOR THE YEAR ENDING OCTOBER 31, 1901.

W. B. Deal
De Kalb Co.
1891.

STATE OF GEORGIA,

De Kalb County.

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

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

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

W. M. Ragsdale
Ordinary

County

APPLICATION FOR ALLOWANCE.

No. 7

Filed by W. B. Deal
Applicant, De Kalb
County, De Kalb
Amount, \$20 3/4
Date of warrant, Feb 3
Entered on record, Feb 3
1891

SECRETARY EXECUTIVE DEPARTMENT

1891

FOR THE YEAR ENDING OCTOBER 31, 1901.

1890.

W. B. Deal
De Kalb Co.

WARRANT HANDLED TO
W. B. Deal

STATE OF GEORGIA,

De Rath County,

PERSONALLY appears *W. A. Neal* of *De Rath* 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 *23d* day of *May* 1847, 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 *C*, of *12th* Regiment of *Georgia* Infantry, in *Brigade*, that whilst engaged in such military service, at *the battle of* *Shannon* in the State of *Georgia*, on the *1st* day of *May* 1864, he was wounded as follows:

Shannon from a caisson while on Battalion drill and was hit in the back and took affecting the spine from which injuries following his recovery and making a living.

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 *Eighty* dollars.

Sworn to and subscribed before me, this *1st* day of *Sept* 1890.

W. A. Neal

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

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this *189* day of *Sept* 1890.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA,

De Rath County,

PERSONALLY appears *W. A. Neal* of *De Rath* 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 *23d* day of *May* 1847, 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 *C*, of *12th* Regiment of *Georgia* Volunteers, in *Brigade*, that whilst engaged in such military service at the battle of *Shannon* in the State of *Georgia*, on the *1st* day of *May* 1864, he was wounded as follows:

Shannon from a caisson while on Battalion drill and was hit in the back and took affecting the spine from which injuries following his recovery and making a living.

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 *Eighty* dollars, for

Sworn to and subscribed before me, this *1st* day of *Sept* 1891.

W. A. Neal

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,

County,

Know all Men by these Presents, That I,

of

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 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 *1891* day of *Sept* 1891.

[L. S.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by

to

County, Georgia.

P. O.

STATE OF GEORGIA.

County

I, W. M. Harrison, Ordinary of said county, do certify that I am well acquainted with W. M. Harrison 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 1st day of March 1892.

Ordinary

County.

SOLDIERS' PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name W. A. Neal
County De Kalb
Disability Paralysis
Amount, \$ 50

Entered on record

1892.

W. H. HARRISON,

Secretary of Revenue Department.

AGENT.

W. H. Harrison

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

Neal, W. A.
De Kalb Co.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County }

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

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 1st day of March 1893.

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by W. M. Harrison to W. M. Harrison County, Georgia.

Application for Allowance

For the Year Ending October 26, 1893.

No. 832

Applicant, W. A. Neal
County, De Kalb
Amount, 50
Date of Warrant, 3/16
Entered on record, 3/16

1893.

Secretary Executive Department.

WARRANT HANDED TO

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

STATE OF GEORGIA

FOR APPLICANTS HEREON TO BE FILED

STATE OF GEORGIA,

PERSONALLY appears

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 23 day of May, 1847; 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 C of 2nd Regiment.

of John, on the 1st day of May, 1864, he was

wounded as follows:

1. A battalion from a Division which appeared to be attacking the Japanese and had been fighting since the middle of the month. Personnel were being replaced by new recruits.

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 _____ dollars, for _____

Sworn to and subscribed before me, this, _____ 28th day of _____ 1893.

..... day of March 1893.)
Wm. G. Adams, President

disability, resulting from the wound or disease,

STATE OF GEORGIA,

[Signature]

I, Walter C. Seay, Ordinary of said County;

do certify that I am well acquainted with John H. Hays 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.

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

signatures thereto are genuine.

Given under my official signature and seal this
13th day of May 1924

Ordinary *McCall* County.

100

POWER OF ATTORNEY.

STATE OF GEORGIA, }
COUNTY. }

Know all Men by these Presents, That I,

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 Ator-
ney 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.

Executed in the presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

Soldier's Pension.

1894.

(For Those Already Enrolled.)

No. 895

WARRANT HANDLED TO

Secretary Executive Department.

W. H. HARRISON.

1894.

Amount, \$ 37.00

Disability 100% Head

County, De Kalb

Name Deal, W. A.

Geo. W. Harrison, State Printer, Atlanta.

SOLDIER'S PENSION.

1895.

(For Those Already Enrolled.)

No. 270

Deal, W. A.

Secretary Executive Department.

RICHARD JOHNSON.

1895.

Amount, \$ 37.00

Disability 100% Head

County, De Kalb

Name Deal, W. A.

Geo. W. Harrison, State Printer, Atlanta.

WARRANT HANDLED TO

Deal, W. A.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
County. }

KNOW ALL MEN BY THESE PRESENTS, That I,

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.

Executed in presence of us

[L. S.]

DIRECTIONS.

Send money to me as follows, by

to
County, Georgia.

P. O.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County, }

PERSONALLY appears *L. A. Neal* of *De Kalb* 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 *23rd* day of *March* 1847; 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 *C*, of *12th* Regiment of *Volunteers*, such military service at the battle of *Shiloh* on the *1st* day of *May* 1864; he was wounded as follows: *Was thrown from a cannon during a drill injuring the back and spine - disabling him from work.*

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 *Eighty* dollars, for the year 1893.

Sworn to and subscribed before me, this, the *2nd* day of *March* 1894, *L. A. Neal*
Ordinary of said County.

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, }
De Kalb County, }

I, *Wm. Rogersdale, Neal* Ordinary of said County, do certify that I am well acquainted with *L. A. Neal* 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 *2d* day of *March* 1894.

Wm. Rogersdale, Neal
Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County, }

PERSONALLY appears *L. A. Neal* of *De Kalb* 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 *23rd* day of *March* 1847; 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 *C*, of *12th* Regiment of *Volunteers*, such military service at the battle of *Shiloh* on the *1st* day of *May* 1864; he was wounded as follows: *Was thrown from a cannon during a drill he was injured - the spine was affected - the back and hips were rendered him unable to work for a support.*

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 *Eighty* dollars, for the year 1894.

Sworn to and subscribed before me, this, the *1st* day of *March* 1895, *Wm. Rogersdale, Neal*
Ordinary of said County.

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, }
De Kalb County, }

I, *Wm. Rogersdale, Neal* Ordinary of said County, do certify that I am well acquainted with *L. A. Neal* 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 *March* 1895.

Wm. Rogersdale, Neal
Ordinary *De Kalb* 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

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

SOLDIER'S PENSION.

1896.

(For Those Already Enrolled.)

ACT OF 10 OCT. 1892.

No. 583

Name

County

Disability

Amount, \$

1896

RICHARD JOHNSON,

Secretary, Executive Department.

WARRANT HAND TO

Geo. W. Harrison, State Printer, Atlanta.

INVALID

SOLDIER'S PENSION.

1897.

(For Those Already Enrolled.)

ACT OF 21 OCT. 1897.

No. 243

Name

County

Disability

Amount, \$

1897

RICHARD JOHNSON,

(Commissioner of Pensions.)

WARRANT HAND TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County.

Personally appears W. A. Neal of De Kalb 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 23d day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a Private in Company C, of 12th Regiment of Georgia Volunteers, 's Brigade; that whilst engaged in such military service in the State of Ga., on the 14th day of May 1864 he was wounded, injured or diseased as follows:
While on duty was thrown from a cannon, injuring the back, hip and affecting spine so to render applicant unable for work

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 De Kalb county been allowed a pension of Eighty dollars, for the year 1895.

Sworn to and subscribed before me, this, the 11th day of Feb 1896, Wm. R. Rogers, Ordinary

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

STATE OF GEORGIA, }
De Kalb County.

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

Given under my official signature and seal, this 11th day of Feb 1896.

Wm. R. Rogers
Ordinary De Kalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
De Kalb County.

Personally appears W. A. Neal of De Kalb 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 23 day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga.) during the war between the States, and served as a Private in Company C, of 12th Regiment of Georgia Volunteers, 's Brigade; that whilst engaged in such military service in the State of Ga., on the 14th day of May 1864, he was wounded, injured or diseased as follows:
While on duty was thrown from a cannon, injuring the back, hip and affecting spine so to render applicant unable for work

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 De Kalb county been allowed an invalid pension of Eighty Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 8th day of Feb 1897, W. A. Neal

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, }
De Kalb County.

I, Wm. R. Rogers, Ordinary of said County, do certify that I am well acquainted with W. A. Neal, 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 8th day of Feb 1897.

Wm. R. Rogers
Ordinary De Kalb 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 _____

SOLDIER'S PENSION.

INVALID

No. 506

(For Those Already Enrolled.)

CODE SECTION 120.

W.A. Veal, D.A.
Alachua Co.

Geo. W. Harrison, State Printer, Atlanta

WARRANT HAND TO

Commissioner of Pensions.

RICHARD JOHNSON,

1898.

2/14

Amount, \$ 50

Disability - Body Wound

County De Kalb

Name W.A. Veal

1898.

SOLDIER'S PENSION.

INVALID

No. 1913

(For Those Already Enrolled.)

ACT OF OCT. 1, 1887.

W.A. Veal, D.A.
Alachua Co.

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 _____

SOLDIER'S PENSION.

INVALID

No. 1913

(For Those Already Enrolled.)

ACT OF OCT. 1, 1887.

W.A. Veal, D.A.
Alachua Co.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA.

County.

Personally appears.

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 23 day of May 1847; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States and served as a Private in Company C, of 12th Regiment of Ga Volunteers' Brigade; that whilst engaged in such military service in the State of Ga, on the 12 day of May 1864, he was wounded, injured or diseased as follows:

ured or diseased as follows:

was gotten from a Mexican trader at Acapulco by an interesting scheme from which he has neither recovered

Deponent makes application for the pension to which he is entitled for the year ending October 23th, 1899. I have heretofore under said law as a resident of _____ County been allowed an invalid pension of _____ Dollars, for the year 1898.

Deponent Sworn to and subscribed before me, this, the _____ day of _____, 1899.

1899 }

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

STATE OF GEORGIA,

County.

I, William Rapedec Ordinary of said County, do certify that I am well acquainted with W. A. Neal 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

1899

Attach your seal here

Ordinary.

County.

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 _____, 1900. [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 _____, 1901. [L. S.]

Executed in presence of _____

INVALID
SOLDIER'S PENSION.
1900.

No. 1244
(For Those Already Enrolled.)
CODE SECTION 120.

Name V.A. Veal
County De Kalb
Disability Body Wound
Amount, \$ 50.
Warrant issued July 7 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Geo. W. Harrison, State Printer, Atlanta.

DISABLED
SOLDIER'S PENSION.
1901.

No. 365
(For Those Already Enrolled.)
CODE SECTION 120.

Name V.A. Veal
County De Kalb
Disability Body Wound
Amount, \$ 50.

JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDLED TO
Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.

Personally appears W. H. Neal of De Kalb 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 May 1847; 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 C of 12th Regiment of Cavalry Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Georgia, on the 12 day of June 1864, he was wounded, injured or diseased as follows:

He was thrown from a horse while in battle, and sustained a compound fracture of the right leg, which was amputated below the knee, and he has since been unable to perform any manual labor.

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 De Kalb County been allowed an invalid pension of Twenty Dollars, for the year 1897.

Sworn to and subscribed before me, this 20 day of June 1900. POST OFFICE

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,
County.

I, Wm. H. Neal Ordinary of said County, do certify that I am well acquainted with W. H. Neal 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 17 day of June 1900.

Ordinary W. H. Neal County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,
County.

Personally appears W. H. Neal of De Kalb 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 May 1847; 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 C of 12th Regiment of Cavalry Volunteers, 1st Brigade; that whilst engaged in such military service in the State of Georgia, on the 12 day of June 1864, he was wounded, injured or diseased as follows:

He was thrown from a horse while in battle, and sustained a compound fracture of the right leg, which was amputated below the knee, and he has since been unable to perform any manual labor.

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

Sworn to and subscribed before me, this 19 day of June 1901. Postoffice De Kalb

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,
County.

I, Wm. H. Neal Ordinary of said County, do certify that I am well acquainted with W. H. Neal 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 June 1901.

Ordinary W. H. Neal 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 _____ 1902.

[L. S.]

Executed in presence of _____

SOLDIER'S PENSION
DISABLED
1902.

(FOR THOSE ALREADY ENROLLED.)

Name Neal V.A.
County De Kalb
Regiment 12th
Disability 30%
Amount, \$ 50

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

(Geo. W. Harrison, State Printer, Atlanta)

De Kalb
Maimed Soldiers.
Voucher No. 257
Amount, \$ 50
Paid to Neal V.A.
For General Disability
in 1884
July 9 1889

Audited Feb. 9th 1889.
Wm. Amegler
COMPTROLLER GENERAL

Included in Warrant No. _____

Issued to Treasurer.

WARRANT CLERK

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

applied

STATE OF GEORGIA
FOR APPLICATIONS HEREON TO BE ATTORNEY GENERAL

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
De Kalb County.

Personally appears De Kalb of De Kalb 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 23d day of May 1848; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as Private in Company C, of 12th Regt of Paterson's Volunteers, Brigade; that whilst engaged in such military service in the State of Ga, on the 12 day of May 1864, he was wounded, injured or diseased as follows:
was thrown from a caisson during
drill participating some on a caisson
work for a support

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1902. I have heretofore, under said law, as a resident of De Kalb County, been allowed an invalid pension of Eighty Dollars, for the year 1901.

Sworn to and subscribed before me, this 15 day of Jan 1902, } Post-office
Wm. McRae, Ordinary,
Notary Public, Ordinary,
particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,
De Kalb County.
I, Wm. McRae, Ordinary of said County, do certify that I am well acquainted with De Kalb 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 15 day of Jan 1902.

Wm. McRae
Ordinary De Kalb County.
NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1902.



STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.
No. 284
Atlanta, Ga. Feb 9 1889

Mr. Virgil A. Seal of the County of De Kalb having filed his application in the Executive Department for an allowance under the Act approved October 24, 1887, as amended by Act

Dec. 24, 1888, and the same having been allowed for Seventy Dollars He is entitled to receive the sum of Eighty 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 the receipt of this voucher, and return same to Executive Department for warrant.

By the Governor
Wm. H. Harrison GOVERNOR.

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,
Eighty Dollars,
per above voucher, this 9 of Feb 1889,
Regal Seal

De Kalb

Claimed Soldiers.

Voucher No. 7

Amount \$ 50.

Paid to *V. A. Neal*

For Disabled by
body wound
Feb'y 3 1891

Included in warrant No.
issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

Audited Feb. 3rd 1891

Wm. A. M. M. M.
COMPTROLLER GENERAL.

Audited

1891.

COMPTROLLER GENERAL.

*Neal, V. A.
Ref. 221*

1891.

Claimed Soldiers.

Voucher No. 93

Amount \$ 50

Paid to *V. A. Neal*

For Disabled by body
wound
Feb'y 3 1891

Included in warrant No.
issued to Treasurer.

1891.

WARRANT CLERK.

W. J. Campbell, State Printer, Atlanta.

Applicant

No. *7*

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga., Feb'y 3 1891

Mr. *W. A. Deal*

of the County

DeKalb 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 the same having been examined and allowed for

disabled by body hurt

Dollars

He is entitled to receive the sum of *Eighty x 00*

for such disability, the same being the allowance for the year ending October 24, 18

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.

\$ *50 00*

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Eighty x 00 of *Feb'y 3*

per above voucher, this

W. A. Deal

Dollars,

18

1891.

No. *9.3*

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT.

Atlanta, Ga. Feb'y 3 1891.

Mr. *W. A. Deal*

of the County

DeKalb 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

disabled by body hurt

He is entitled to receive the sum of *Eighty* Dollars

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

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

By the Governor,

W. H. Harrison
SECY EXECUTIVE DEPARTMENT.

W. J. Martin
GOVERNOR.

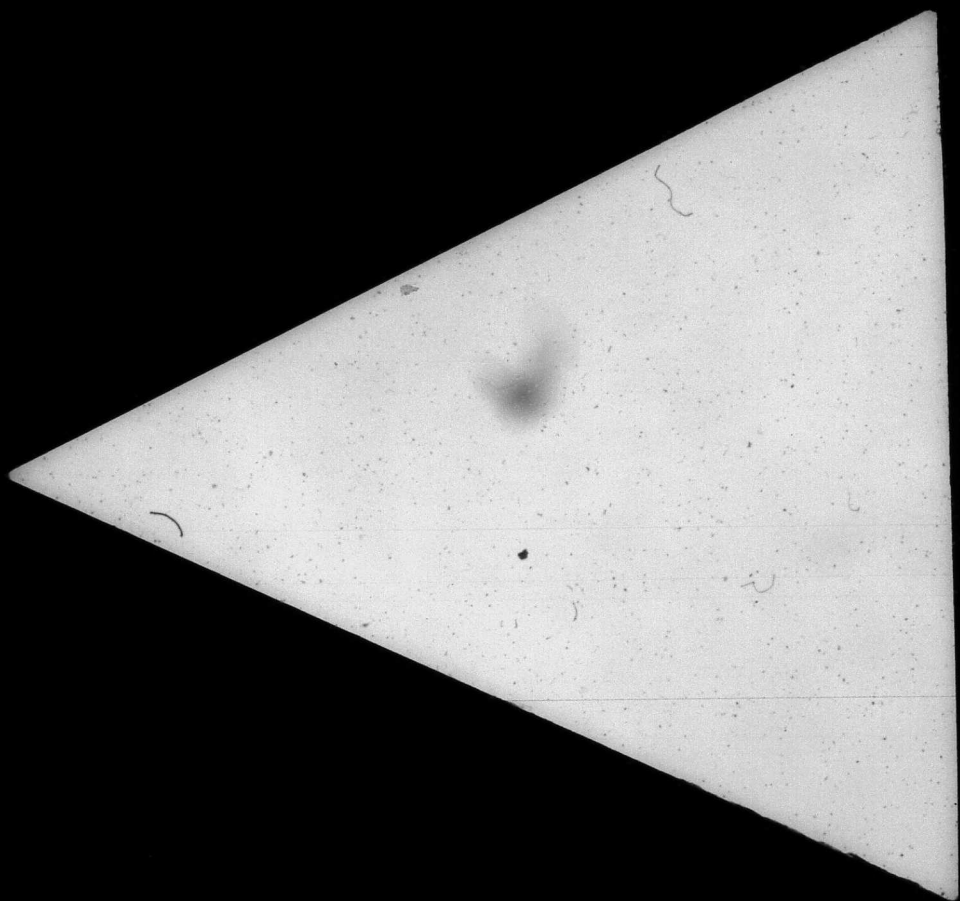
\$ *50*

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

Eighty x 00 of *Feb'y 3*
per above voucher, this *W. A. Deal*

Dollars,

1891.



Voss, Rebecca E.
April 1913
De Kalb County

Widow's Pension

UNDER ACT 1910.

County De Kalb
Name Rebecca E. Voss
Widow of J. N. Voss

J. W. LINDSEY,
Commissioner of Pensions.

Chas. F. Byrd, State Printer.

4/12 - 1912

Dekalb County,

Personally before me comes Dr. J. W. Miller who after being duly sworn true answers to make, to the following questions, answers as follows:

1. What is your name and where do you reside? Dr. J. W. Miller 233 Mendocino
2. How long and since when have you known Wm. J. A. Voss applicant?
3. How long and since when has she continuously resided in this State? (Give date.) all her life since her birth

4. When and to whom was she married? I as witness How do you know?
5. How long and since when did you know her husband? Since Nov. 22 1892

6. When and where did the husband of Applicant die?
7. Where the Applicant and her husband living together as husband and wife at the date of his death?

8. If not, how long did they live apart before his death?
Were they divorced?

9. When, where and in what Company and Regiment did J. A. Voss enlist?
in Reserve Co

10. Were you a member of the same Company? I was

11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? up to the surrender

12. When, and where did his Command surrender, and was discharged? at Newburg
North Carolina

13. Were you personally present when it was surrendered? I was If not where were you? and how came you there?

14. Was the husband of applicant personally present at surrender? No If not where was he? he was on parole when, where and for what cause did he leave Command? See Article 18 By whose authority did he leave his Command? See Article 18 and how long was he granted leave? See Article 18 How do you know all this?
I was present

15. For what cause if you know of your own knowledge was he prevented from returning to his Command? by being cut off by the enemy

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? See Article 18

Sworn to and subscribed before me this the 7th day of January 1912 Geo. H. Miles

James P. George Ordinary,
of Dekalb County.

Dekalb County,

Personally before me comes Ed. H. Bentley & W. H. Matthews who on oath says that they are freeholders of said County and that they know.

of said County and know what property she owned on 4th Nov. 1908, and its cash value to be as set out by Schedule (A) as follows:

Personal property None \$ —
Notes and accounts due — \$ —

Total None \$ —
Schedule (B).

We know the property sold or given away since Nov. 4th 1908, its cash value to be as follows:

Personal property — \$ —
Money, Notes and accounts — \$ —

Schedule (C).

We also know what property she has now in her possession, use and control to wit:

Acres of land None \$ —

Horses and Mules — \$ —

Cows and Hogs — \$ —

Other property — \$ —

Income and earnings — \$ —

Total Value of all property and effects — \$ —

Sworn and subscribed before me this the 10th day of April 1912 Geo. H. Bentley Ordinary,
of Dekalb County.

James P. George Ordinary,
of Dekalb County.

ORDINARY'S CERTIFICATE.

Dekalb County,

I, James P. George Ordinary of said County do certify that, I know Wm. J. A. Voss the applicant for pension. She is the person who represents herself to be and she is a bona fide continuing resident citizen of said County and was in the 4th Nov., 1908.

That I also know Ed. H. Bentley & W. H. Matthews the witnesses who swear to the truth of the foregoing affidavits and that they all, are truthful, trustworthy, and their statements are entitled to full faith and credit.

That the Tax Returns Dekalb County Returned for Tax is for 1908 \$ None for 1910 \$ —

Sworn under my hand and official seal of office this 10 day of April 1912

SEAL James P. George Ordinary,
of Dekalb County.

(SEAL.)

NOTES 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words: "You and I are sworn to each other to tell 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 to pension.

5. Affidavits of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.

24 day of January 1917
 James P. George
 of DeKalb County, Georgia
 Clerk

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."
 2. You shall give will be the truth. So help you God."
 3. Additional affidavits may be attached if blank spaces are insufficient.
 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 person, or by general reputation.

Voss, Rebecca E.
 For DeKalb County
 1927. (1928)
 Application for Pension
 Due Deceased Pensioner
 (UNDER ACT 1919)
 (To pay expenses of last illness and funeral)
 V.D. Morgan Ordinary
 For Mrs Rebecca E. Voss
 Date of Death June 9th 1927
 Amount \$100.00 ok
 Approved and ordered paid
 John W. Clark
 19 Aug 27
 Commissioner of Pensions
 Received of V.D. Morgan Ordinary
 100.00 funeral expenses
 Deceased V.D. Morgan July 8th 1927. CO
 DeKalb County of Georgia
 Ordinary: V.D. Morgan
 this blank to Pensioner for approval
 Do not pay out the money until the approved
 blank is in your hands giving your initials
 do so. Send back to the Pensioner
 with your receipted payrolls to be permanently
 filed with them. Do not keep this application
 in your office.

JOS. W. AWTRY, Pres. & Treas.
 ATLANTA, GA.
 June 11, 1927
 Mr. V. S. Morgan, Ordinary DeKalb County,
 Decatur, Ga.
 TO AWTRY & LOWNDES CO., DR.
 FUNERAL DIRECTORS
 AMBULANCE SERVICE
 17 WEST CAIN STREET
 Phones: WA 7066
 WA 7067
 For the funeral of Mrs. Rebecca E. Voss.
 June 12, 1927 /asket.
 Burial case. 135.00
 Service. 10.00
 Hearse. 5.00
 Drayage. 10.00
 Dress. 2.00
 Constitution. 28.00
 1.65
 \$181.65
 The above and foregoing account is rendered for funeral expenses on Mrs. Rebecca Voss, who died without owning sufficient property for paying this bill.
 Sworn to and subscribed Before me this 13th day of June 1927.
 V.D. Morgan
 Ordinary.

GEORGIA, DeKalb County, Georgia
Personally before me, the Ordinary of said County, comes
of said County, who, after being sworn, on oath
says that he knew Martha A. Voss
of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in
County, in this State, on the 9th day of June 192 7, and that
a Pension of One Hundred (\$ 100.00) Dollars was due pensioner and
unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and
no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 181.50, per
sworn statements fully and completely ITEMIZED hereto attached.
Sworn to and subscribed before me
V. S. Morgan Ordinary
DeKalb County

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County, Georgia
I, V. S. Morgan Ordinary of said County, do certify
that I personally know Martha A. Voss who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit;
that I also knew Martha A. Voss while in life and that this was
the same person whose name appears on the Pension Roll of DeKalb County, and
was paid a Pension of One Hundred (\$ 100.00) Dollars
in said County for 192 7 and I now believe said pensioner to be dead; and that the instructions at the foot of
this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.
Given under my hand and official seal, this 13th day of June, 192 7
V. S. Morgan Ordinary
(Seal or Ordinary) DeKalb County

- INSTRUCTIONS:
- 1st. Receipt these claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
 - 2nd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, unpaid," etc.)
"The above and foregoing account is rendered for services in the last illness or for funeral expenses, as the case may be of..... who died without owing sufficient property to pay this bill."
 - 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank after this blank has been properly completed as indicated.
 - 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
 - 5th. The Ordinary shall pay all as Ordinary for the pension and then disburse the money himself and takes receipts.
 - 6th. This application, and attached bills, with your final settlement, to the Pension Department.
 - 7th. Ordinary should see that the back of this blank, when folded, is filed out.

Georgia - Chittenden County.
Personally before me, the Ordinary of said County, comes
of said County, who, after being sworn, on oath
says that he knew Martha A. Voss
of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in
County, in this State, on the 9th day of June 192 7, and that
a Pension of One Hundred (\$ 100.00) Dollars was due pensioner and
unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving, and
no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 181.50, per
sworn statements fully and completely ITEMIZED hereto attached.
Sworn to and subscribed before me
V. S. Morgan Ordinary
DeKalb County

James A. Voss
+ Rebecca S. Voss
Married
on March 4, 1847
at
Lansan Frederickson
by Wiley Thompson, J.P.

March 4th
 up Private Pass. Coats Legion 1. 300
 covered 2 soldiers as witnesses
 at 11 30 am
 2001 100000
 100000 100000

Leave of absence for 30 days from this
 date is hereby granted to private James A. Cook
 of Company B. 10th Legion Cavalry who belongs
 to a detachment now under my command.
 from said Legion of furlough for the purpose
 of purchasing a horse for the Legion at the
 expiration of which time he will report to
 him self to ~~be~~ ^{be} ~~be~~ ^{be} at the garrison
 Georgia of be considered as
 absent. The papers authorizing this leave
 of absence are in my possession. This
 anyone by sending officers and all
 others will be ~~be~~ ^{be} ~~be~~ ^{be} a ~~be~~ ^{be} ~~be~~ ^{be}
 by order of
 Gen. R. E. Lee
 Sept 20 1864
 Capt. R. E. Lee
 Det. 10th Leg

No Dec 10 1864
 Private James R. Cook
 is hereby ordered to
 be furnished with papers
 for the return to be
 as soon as possible
 by order of
 Capt. R. E. Lee

The 10th Legion
 App. R. E. Lee
 Det. 10th Leg
 The 10th Legion
 of the Regiment at the
 with the principles of
 the 10th Legion
 7:00 AM
 App. R. E. Lee
 Det. 10th Leg
 Det. 10th Leg

Georgia Hospital, 21 Street,
 Richmond, Va. 1862
 Company, E
 Regiment 10th Leg
 Volunteers, leaves this Hospital this day to return to duty, and is under orders
 to report to Capt. R. E. Lee
 at the 10th Legion
 without delay,
 Surgeon in charge

from said Legion of furlough for the purpose
 of purchasing a horse for the Legion at the
 expiration of which time he will report
 him self to the Band at Col. J. A. Coker's
 Georgia or be considered a
 deserter the papers authorizing this leave
 of absence are in my possession. This
 Monson by Enrolling officers and all
 others will be respected a landing by
 by order of
 Gen. R. E. Lee
 Sept 20 1864

No. 10 (10) 1000
 Private James R. Coker
 is hereby ordered to
 rendezvous with papers
 for Lt. Roberts to return
 as soon as convenient
 By order of
 Capt. Lewis R. Coker

From the Master's Office
 Capt. Lewis R. Coker
 James R. Coker, detained in
 the Master's Office, Dept.
 of the Regiment, as stated
 Smith has permission to visit
 his relatives in the
 7. Robert C. H.
 Approved R. E. Lee
 Lt. J. A. Coker, Lt. J. A. Coker
 Cal. Army, Col. J. A. Coker

Georgia Hospital, of Street,
 Richmond, Va. 1862
 Company, E. of Regiment (1000)
 Volunteers, leaves this Hospital this day to return to duty, and is under orders
 to report to Capt. C. B. Company without delay,
 at Capt. C. B. Company
 Surgeon in charge.

1st Co. 1st Regt. 1st Div.
 March 4th
 Private J. B. 1st Co. 1st Regt. 1st Div.
 is hereby ordered to return to his
 company & detachment as soon as
 possible.

No. 100 (1st Co. 1st Regt. 1st Div.)
 Private James R. 1st Co. 1st Regt. 1st Div.
 is hereby ordered to return to his
 company & detachment as soon as
 possible.

1st Co. 1st Regt. 1st Div.
 Private James R. 1st Co. 1st Regt. 1st Div.
 is hereby ordered to return to his
 company & detachment as soon as
 possible.

Leave of absence for 30 days from this
 date is hereby granted to private James R. 1st Co. 1st Regt. 1st Div.
 of Company E. 1st Legion Cavalry who belongs
 to a detachment now under my command.
 James R. 1st Co. 1st Regt. 1st Div.
 is hereby ordered to return to his
 company & detachment as soon as
 possible.

Georgia Hospital, 21 Street,
 Richmond, Va. 1862
 Company, E. Regiment (1st Div.)
 Volunteers, leaves this Hospital this day to return to duty, and is under orders
 to report to 1st Co. 1st Regt. 1st Div. without delay,
 at 1st Co. 1st Regt. 1st Div.
 Surgeon in charge.

JOSEPH W. AWTRY, Pres. & Treas.

ATLANTA, GA.

June 11:1927 192

M. Mr. V. S. Morgan, Ordinary DeKalb County,
Decatur, Ga.

TO AWTRY & LOWNDES CO., DR.

FUNERAL DIRECTORS
AMBULANCE SERVICE
17 WEST CAIN STREET

For the funeral of Mrs. Rebecca W. Voss.

June 12, 1927/Gasket.	125.00
Burial case.	10.00
Service.	5.00
Hearse.	10.00
Drayage.	2.00
Dress.	28.00
Constitution.	1.65
	<u>\$181.65</u>

The above and foregoing account is rendered for funeral expenses on Mrs. Rebecca Voss, who died without owning sufficient property for paying this bill.

Sworn to and subscribed before me this 13th day of June 1927.

V. S. Morgan
Ordinary.

J. W. Awtry

Within 30 days at the expiration of which time he is to report to his Command. Where even it may be or be considered a desertion. By order of Capt. J. W. Awtry

Sept 24 1927
No 21735

For the funeral of Mrs. Rebecca W. Voss
Capt. J. W. Awtry

Obsequies for Sept 24/27
found this day
one Angel
and 100 flowers

James. A. Pats. Company (E) Colt Legion Cavalry

NOTES

1. The amount of RETAINER PAY after tax, will be carefully stated.
2. Stoppages for loss or damages done to arms, or other public property, must be noted, and the articles and particular damage to each specified.
3. When stoppages are due under sentence of a court-martial, a transcript of the order must be entered here; and the amount already stopped, must be carefully stated.
4. In every case of desertion, the date, and that of delivery, or approval, must be given, together with a correct transcript of the sentence of sentence or pardon.
5. A careful statement of the man's CLOTHING ACCOUNT, must also be given, together with the date and place.
6. Should the man have been employed together with date and place.
7. Should the man have been engaged in any of the above mentioned trades, or other service, in the line of his duty, the date and place must be carefully stated.

This G. A. Rep. is due
 wages for self of these
 since the 1st Aug 1864
 He is due Committee
 in Lin of transportation
 and due Committee
 for Clothing since
 1st Oct 1863 he
 has drawn Ind(21)
 which are (1) over Coat
 Lin(2) 15 (3) New.
 Br. 19th Aug

W. H. Boughton
1st Dist Comdg Co 'E'
Cold Spring Gravel

August 24 - Sept 24 1864

Issued this day

one to J. B. Sanders
and shut

Lo Bundenwell

my rers

Co Kolls

Near Dimondie Bt 40 1864

18th Sept 1864

I certify that the above is a correct transcript from the Records of

Station

Date

J. H. J. Bangs

1st Lieut Candy Co. G.

10th Legion Cavalry

every 10 days so as to
wages for self & horse
since the 1st May 1864
He is due Commutation
in lieu of transportation
and due Commutation
for clothing since
1st Oct 1863 he
has drawn his (21)
shirts and (1) over Coat
his (21) 15-cy (2) 1/2 m
Pr. 1/2 m

Exhibit "X"

Sept 25th 1964

Leave of absence for 30 days
 from this date is hereby granted
 to private James A. [unclear]
 of the 1st Cavalry Division, Fort
 Belvoir, to be detached to
 report immediately to the
 1st Cavalry Division on [unclear]
 for the purpose of purchasing
 a horse for the division at
 the expiration of which time
 he will report himself to me
 in [unclear] Ga.
 Georgia or be considered as
 a deserter. The papers authorizing
 this leave of absence are
 in my possession. This is the
 only [unclear] involving officers and
 all others be respected accord-
 ingly. Lieutenant [unclear]
 Commandant, Staff Sergeant

to private James H. Cooney of Company
E, 6888 Central Postal Directory, who
belongs to a detachment
near Montgomery, Alabama.
From said legion are being
for the purpose of providing
a horse for the legion at
the expiration of which time
he will report himself to me
in Atlanta, Ga.
Georgia or Be Comandant a
reduction the papers authorizing
this, leave of absence and
in my possession. This the
from the commanding officers and
all others be respected as
acting by Lieutenant Be Comandant
Commandant. Stachman

***** PRINTED BY *****

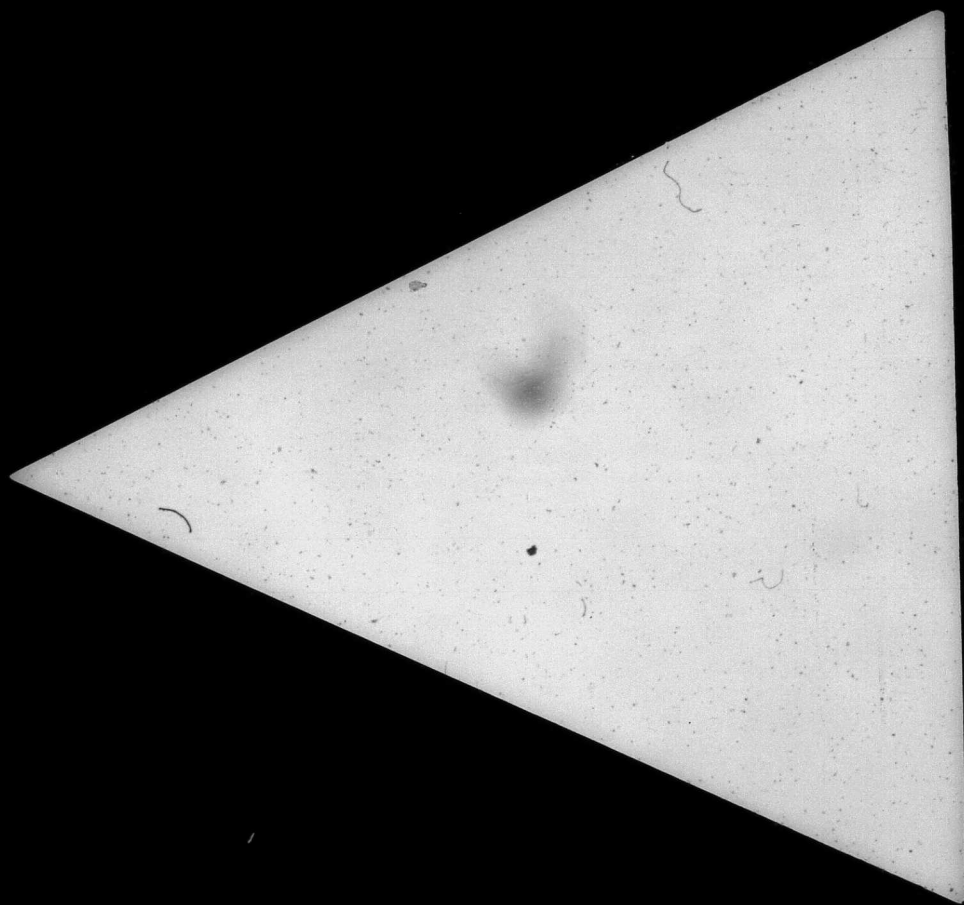
Exhibit "A"

Sept 25 / 1866

Leave of absence for 50 days
from this date's leave granted
to private for service of company
8th Col. Light Infantry, who during
the absence to be substituted

view and possibly command
from mid-lebanon or perhaps
from the airport of Amchit
in case for the region at
the operation of which there
we will report himself to me
in other to it.

Section on the command
I have the papers at hand
the leave of absence and
in my possession this time
for - By involving officers and
at others he has asked a com
mission by which I must
Commandant, District



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 _____

at _____

by _____

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

Executed in presence of _____

(L. S.)

Pension Office 11/10/00
Must state clearly
that he was present
with his Commission at
the time when it was
sworn in - and for
it - by a witness, who
was present, or of his
own knowledge, from
that any statement made
in application to the time
the witness does not
identify this man as
being the man for
is claiming for his
man said by Commission
County

W. W. Lindsey
Care of Prison

DeKalb Co
Wadell, M.C.

No. _____

INDIGENT PENSION,
1900.

Name *McWadell*

County *DeKalb*

Co 2 - 28 - Ga

Approved _____ 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO _____

Geo. W. Harrison, State Printer, Atlanta.

9/11 - 1901

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 _____ of _____ by _____

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

Executed in presence of _____ (L. S.)

*Declarant in 1910/1911
that he was present at
court in presence of
the clerk when it was
determined that he was
entitled to a pension, and
that very statement was
in application to the
Hon. William - then not
known by him - who was
then the clerk of the court
and was then the clerk
of the court of the
County.*

INDIGENT PENSION, 1900.

No. _____

Name McKaeall County DeKalb

Approved _____ 1900.

JOHN W. LINDSEY, Commissioner of Pensions.

WARRANT HANDLED TO _____

Geo. W. HATHORN, State Printer, Atlanta. 9/11-1901

QUESTIONS TO BE ANSWERED.

STATE OF GEORGIA, }
County. }

I, _____, hereby submit 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.)
McKaeall, DeKalb County, Georgia.

2. How long and since when have you been a resident of this State? 67 years.

3. When and where were you born? in 1833 in Merrimack, N.H.

4. When and where and in what company and regiment did you enlist or serve? Enlisted in 1861 in Merrimack Co. Co. 1st, Company E, 28th Me. Regiment, 1st Brigade, 1st Division.

5. How long did you remain in such company and regiment? 8 years in the 28th Me. Regt. 1861-1868.

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

7. When, where and under what circumstances were you discharged from service? Discharged at date of the war at Greenough, N.H.

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?
I have not been able to work in five years.

13. What property, effects or income do you possess, and its gross value? I have no property and own a small one-acre tract about 1/2 mile square.

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? I have owned no property except a small one-acre tract and one of them died in 1893.

15. In what County did you reside during those years, and what property did you then return for taxation? I have lived 3 years in Merrimack, N.H. 1861-1868.

16. How were you supported during the years 1898 and 1899? In the help of my wife.

17. How much did you support cost for each of those years, and what portion did you contribute hereto by your own labor or income? Cost about \$70.00. Did not contribute anything to support.

18. What was your employment during 1898 and 1899? What pay did you receive in each year? Did not do any thing & received nothing.

19. Have you a family? If so, who composes such family? (Give their means of support.) Have they a homestead? I have a family, wife and 2 daughters. Live on the farm and make what little we have. There are that way. Have no money and no property.

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

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

McKaeall Applicant.
Ordinary,
County.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Bellevue COUNTY.

W. B. Justice of said State and County, having been presented as a witness in support of the application of M. C. Maddell 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? W. B. Justice, Bellevue, Ga.
 2. Are you acquainted with M. C. Maddell, the applicant; if so how long have you known him? Three years.
 3. Where does he reside, and how long and since when has he been a resident of this State? In Belknap County.

4. When, where and in what company and regiment did he enlist, and how do you know?
 5. Were you a member of the same company and regiment?
 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?

7. What property, effects, or income has the applicant? (Give your means of knowledge.) He has no property except a wife and child.
 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 owns no property except the wife and child.

9. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? He has not.
 10. What is the applicant's occupation and physical condition? He is a farmer and is not about to work.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is not able to support himself on account of old age and other afflictions.
 12. How was he supported during the years 1898 and 1899? He was supported by his children.

13. What portion of his support for these two years was derived from his own labor or income? About 1/4 of his support was derived from his own labor.
 14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is an old man and is not physically able to do but very little work.

15. What interest have you in the recovery of a pension by this applicant? None.
 Sworn to and subscribed before me, this 21 day of Sept 1900, W. B. Justice Ordinary.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Bellevue COUNTY.

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

Mental ability gone old age & ill health. General physical.

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 21 day of Sept 1900, W. B. Justice Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Bellevue COUNTY.

I, W. B. Justice, Ordinary in and for said County, hereby certify that the applicant, M. C. Maddell, resides in said County, and has been a bona fide resident of this State since the day of 1897, and that the witnesses, viz: W. B. Justice 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 heron 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 Bellevue County show that applicant returned for taxation in his name in 1898 \$100.00 Dollars of property, and in 1899 \$100.00 Dollars of property.

In my opinion the foregoing claim is made in good faith. Witness my hand and seal of office, this 21 day of Sept 1900, W. B. Justice Ordinary, Bellevue 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.

STATE OF GEORGIA,

COUNTY.

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

1. 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 _____ day of _____, 1899.

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

COUNTY.

I, Chas. Heinicke, Ordinary in and for said County, hereby certify that the applicant _____ resides in said County, and has been a bona fide resident of this State since the _____ day of _____, 1897, and that the witness, viz: J. J. Steinman

is of trustworthy character, and that ~~his~~ statements are entitled to full faith and credit. I further certify that before answering the foregoing questions the applicant ~~and~~ witness took the oath herein prescribed, and that the full text of the affidavits was read to the applicant ~~and~~ witness before same was signed.

I further certify that the tax digests of _____ County show that applicant returned for taxation in his name in 1897. _____ Dollars of property, and in 1898 _____ Dollars of property.

In my opinion the foregoing claim is _____ made in good faith. Witness my hand and seal of office this 22^d day of August 1899. A. J. Heinicke Ordinary. of Meriwether 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,

COUNTY.

Meriwether County, of said State and County, having been presented as a witness in support of the application of W. O. Haddell 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. J. Steinman and I reside at Woodbury, Davis State & County.
2. Are you acquainted with W. O. Haddell, the applicant; if so how long have you known him? Yes, for 40 years or more.
3. Where does he reside, and how long and since when has he been a resident of this State? In Meriwether County, Ga. He has since been in the fall.
4. When, where and in what company and regiment did he enlist, and how do you know? In the fall 1861 in Meriwether County, Co. C. 28th Inf. Regt. 2nd Div. 1st Corps.
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? Until surrendered April 1865. He was a faithful soldier, always ready and willing to discharge his duty to the last. He was surrounded with his command at Appomattox. He
7. What property, effects or income has the applicant? (Give your means of knowledge.) None.

8. What property, effects or income did the applicant possess in 1896, 1897 and 1898, and what disposition, if any, did he make of same?

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom?

10. What is the applicant's occupation and physical condition?

11. Is the applicant unable to support himself by labor of any sort, if so, why?

12. How was he supported during the years 1897 and 1898?

13. What portion of his support for those two years was derived from his own labor or income?

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He is old and very infirm. I don't think he is able to work except to earn a support for himself. At any kind of labor.

15. What interest have you in the recovery of a pension by this applicant? None. Sworn to and subscribed before me, this _____ day of _____, 1899. A. J. Heinicke Witness.

Ordinary.

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
_____ at _____
by _____ day of _____ 1902.
_____ [L. S.]

1 Executed in presence of

(FOR THOSE ALREADY ENROLLED)
CODE SECTION 124.
No. 5768

INDIGENT
SOLDIER'S PENSION
1902.

Name W. A. M. C.
County DeKalb
Co. E Regiment 287

WARRANT ISSUED

1902

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

(Geo. W. Harrison, State Printer, Atlanta)

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
_____ at _____
by _____ day of _____ 1907.
_____ [L. S.]

Executed in presence of

(FOR THOSE ALREADY ENROLLED)
CODE SECTION 124.

No. 763

INDIGENT
SOLDIER'S PENSION
1907.

Name Mc N.
County _____
Co. E Regiment 162

WARRANT ISSUED

1907

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

(Geo. W. Harrison, State Printer, Atlanta)

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County.

Personally appears *M.C. Maddox* of *De Kalb* 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 *14* day of *August* 18*35*; that he is *67* years old and by occupation a *Blacksmith* 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 *E*, of *28*th Regiment of *De Kalb* *Infantry*; that his physical condition is as follows: *Age and Infirmary*.

that his property consists of the following items: *None*

of the value of *00* 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 *De Kalb* county been allowed a pension for the year 1901 *just his*

Sworn to and subscribed before me, this the *17* day of *Jan* 1902. *M.C. Maddox* Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, *M.C. Maddox* Ordinary of said County, do certify that I am well acquainted with *M.C. Maddox* 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 *17* day of *Jan* 1902. *M.C. Maddox* Ordinary.

Ordinary *De Kalb* County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

De Kalb County.

Personally appears *M.C. Maddox* of *De Kalb* 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 *14* day of *Aug* 18*35*; that he is *67* years old and by occupation a *Blacksmith*, 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 *E*, of *28*th Regiment of *De Kalb* *Infantry*; that his physical condition is as follows: *Age and Infirmary*.

that his property consists of the following items: *None*

of the value of *00* Dollars. I am now earning by my labor, *00* 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 *De Kalb* County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the *17* day of *Jan* 1907. *M.C. Maddox* Ordinary.

State of Georgia,

De Kalb County.

I, *M.C. Maddox* Ordinary of said County, do certify that I am well acquainted with *M.C. Maddox* 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 *17* day of *Jan* 1907. *M.C. Maddox* Ordinary.

Ordinary *De Kalb* 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, _____ hereby authorize

of _____

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

at _____

by _____

day of _____

1903.

Witness my hand and seal, this _____

[L. S.] _____

Executed in presence of _____

1

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 134
No. V 28
INDIGENT
SOLDIER'S PENSION
1903.

Name Waddell, M.C.
County De Kalb
Co. F Regiment 25th

WARRANT ISSUED

1903-28

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

(Gen. Harrison, State Printer, Atlanta.)

no date

Waddell, M.C.
De Kalb County

(FOR THOSE ALREADY ENROLLED.)

No. 569

INDIGENT

SOLDIER'S PENSION

1904.

Name M.C. Waddell
County De Kalb
Co. _____ Regiment _____

WARRANT ISSUED

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

(Gen. Harrison, State Printer, Atlanta.)

no date

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

at _____

by _____

day of _____

1904.

Witness my hand and seal, this _____

Executed in presence of _____

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

De Kalb County, }
Personally appears *M. C. Maddell* of *De Kalb*

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 *14* day of *July* 18*35*; 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) during the war between the States, and served for the term of *4 years* in Company *E*, of *28*th Regiment of *W. Va.*; that his physical condition is as follows: *Old age and Infirmary*

that his property consists of the following items: *Land*

of the value of *17* 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 *De Kalb* county been allowed a pension for the year 1902, *Sworn to and subscribed before me, this the 12 day of April 1903.* *M. C. Maddell* Ordinary.

STATE OF GEORGIA,

De Kalb County, }
I, *M. M. Maddell* 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 *10* day of *April* 1903.

M. M. Maddell Ordinary *De Kalb* 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,

De Kalb County, }
Personally appears *M. C. Maddell* of *De Kalb*

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 *14* day of *July* 18*35*; 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) during the war between the States, and served for the term of *4 years* in Company *E*, of *28*th Regiment of *W. Va.*; that his physical condition is as follows: *Old age and Infirmary*

that his property consists of the following items: *None*

of the value of *17* 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 *De Kalb* County been allowed a pension for the year 1903. *Sworn to and subscribed before me, this the 12 day of January 1904.* *M. C. Maddell* Ordinary.

STATE OF GEORGIA,

De Kalb County, }
I, *James R. George* 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 *12* day of *January* 1904.

James R. George Ordinary *De Kalb* County.

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

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 _____ at _____

by _____ day of _____ 1905.
Witness my hand and seal, this _____ [L. s.]

Executed in the presence of _____

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1214.
No. 6214
SOLDIER'S PENSION
INDIGENT
1905.

Name M. C. Lindsey
County De Kalb
Co. B Regiment 25th

WARRANT ISSUED

1/23 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

no date

Maddox, M. C.
De Kalb Co.

(FOR THOSE ALREADY ENROLLED.)
CODE SECTION 1214.

No. 242

INDIGENT

SOLDIER'S PENSION

1906.

Name M. C. Maddox
County De Kalb
Co. B Regiment 25th

WARRANT ISSUED

1/2 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

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

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 _____ at _____

by _____ day of _____ 1906.
Witness my hand and seal, this _____ [L. s.]

Executed in the presence of _____

STATE OF GEORGIA,
De Kalb County.

Personally appears M. C. Waddell of De Kalb 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 14 day of July 1870; that he is 70 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, of 25th Regiment of Georgia Cavalry; that his physical condition is as follows: Age & poverty.

that his property consists of the following items:

of the value of \$0.00 Dollars. I am now earning by my labor, \$0.00 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 14th, 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 De Kalb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 11th day of January, 1905. M. C. Waddell Ordinary.

STATE OF GEORGIA,
De Kalb County.

I, James H. George, 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 11th day of January, 1905. James H. George Ordinary De Kalb County.

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

State of Georgia,
De Kalb County.

Personally appears M. C. Waddell of De Kalb 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 14 day of July 1870; that he is 70 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, of 25th Regiment of Georgia Cavalry; that his physical condition is as follows: Age & poverty.

that his property consists of the following items:

of the value of \$0.00 Dollars. I am now earning by my labor, \$0.00 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 14th, 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 De Kalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 20th day of January, 1906. M. C. Waddell Ordinary.

State of Georgia,
De Kalb County.

I, James H. George, 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 20th day of January, 1906. James H. George Ordinary De Kalb County.

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

Waddell, M.C.,
DeKalb Co.

For DeKalb County

1924

Application for Pension Due Deceased Pensioner

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

For M.C. Waddell Ordinary
Date of Death July 4, 1924
Amount \$100.00

Approved and ordered, paid

[Signature] 1924
Commissioner of Pensions

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted pay-rolls to be permanently filed with them. Do not keep this application in your office.

IVY BROTHERS
FUNERAL HOME
NORCROSS, GEORGIA

Q.W. GENTILE
FULLY LICENSED
NORCROSS, GEORGIA

Estimate for burial of

Address Waddell, M.C. Waddell
Casket Heavy Brass and Birch \$125.00
Vault \$
Cure of Body and Personal Service \$
Suit or Dress \$
Clothing \$
Hearse Hire to Cem. \$
Auto Hire \$
Bill for Death Notices, Telegrams, all Cash Disbursements and Extras to be added later.
The above and foregoing account is rendered for funeral expenses of M.C. Waddell who died without owning sufficient property to pay this bill. July 4, 1924
Witness V.S. Morgan
Ordinary
Waddell, M.C. Co. Ga.
Total \$
192.

The undersigned hereby approves the above statement of the account and guarantees payment thereof according to the following terms.

Terms of settlement

GEORGIA, DeKalb County.
Personally before me, the Ordinary of said County, comes A. S. Gray
of said County, who, after being sworn, on oath
says that he knew W. C. Traddell of said County, and that said Pensioner
was on the DeKalb Pension Roll of DeKalb County at the
time of death, which occurred in DeKalb County, in this
State, on the 16th day of February, 1924, and that
a Pension of One Hundred (\$100.00) Dollars was due pensioner and
unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children
surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted
to the sum of \$125.00, per sworn statements fully and completely ITEMIZED hereto attached.
Sworn to and subscribed before me
this 4 day of March, 1924.
W. C. Traddell, Ordinary
DeKalb County
(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.
I, W. S. Morgan, Ordinary of said County, do certify
that I personally know A. S. Gray, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to
full faith and credit; that I also knew W. C. Traddell while in life and that this
was the same person whose name appears on the DeKalb Pension
Roll of DeKalb County, and was paid a Pension
of One Hundred (\$100.00) Dollars in said County for 1924,
and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher
have been carefully observed in making up this voucher and the bills which are attached hereto.
Given under my hand and official seal, this 4 day of March, 1924.
W. S. Morgan, Ordinary
(Seal of Ordinary) DeKalb County

INSTRUCTIONS:
1st. For use in all cases where pensioner has died out of State longer than twelve months, and died without
leaving a widow or child, or other person entitled to the Pension. THE WIDOW OF A SOLDIER, IF SHE IS LIVING, HAS PRIOR CLAIM OVER
THESE EXPENSES, AND MUST MAKE APPLICATION ON YELLOW BLANK.
2nd. Require these claimants to produce the Pension Roll of the County in which the pensioner resided, and to
hereby certify the amount of last illness and funeral, to make out their accounts in fully limited form, giving each
item. Running accounts cannot be paid—only those connected with the last illness (or for funeral expenses, as the case may be) of
pensioner.
3rd. The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of
pensioner who died without owing sufficient property to pay this bill.
4th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and property sworn to, and all attached
bills must be paid out of the Pension Fund. The bills must be sent to the Pension Department for approval and no money must
be paid out until it is returned to you as your authority to make the payment.
5th. The Ordinary signs pay roll, as Ordinary, for the Pension Department, stating the circumstances in very great detail. Pen-
sioner, or child-in-law, must not charge the State for doing only what the law and common humanity demand of them.
6th. Return this application, and attached bills, with your final settlement to the Pension Department.
7th. Ordinary should see that the back of this blank, when folded, is filled out.

IVY BROTHERS
FUNERAL DIRECTORS

NORCROSS, GA.

Georgia DeKalb County

Personally appeared before
the undersigned ordinary, A. S. Gray,
who on oath says that he is a
member of the firm of Ivy Bros., Funeral
Directors and that on Feb. 16th he said
a check and concluded the general
of W. C. Traddell and the charge for
same was One Hundred and Twenty five
dollars, which was for services rendered.
Sworn to and subscribed
before me, Gray, 2-19-24

W. S. Morgan Ordinary

NAME Wadell, M.C. YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? Resident of Ga. since 1883.
Born Meriwether County, Ga.

ENLISTED WHEN AND WHERE? 1861 Meriwether Co. Ga.

RANK.

COMPANY AND REGIMENT? Co. E, 28th. Regt. Ga. Vols.
Colquitt's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? Greensboro, N.C. 1865, May

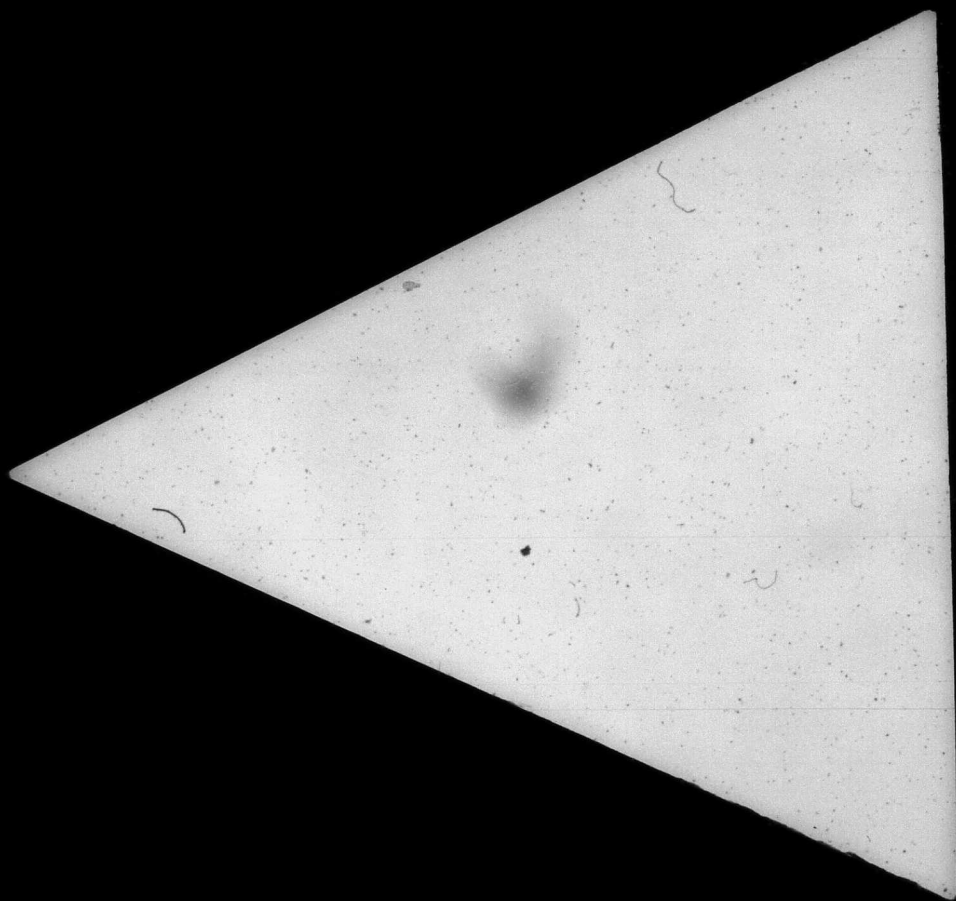
IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED..

WITNESSES. J.F. Newman, same command - No data.

JWT



NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the 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.
5. 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.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

<i>Wade, L. H.</i>	1890. <i>DeKalb Co.</i>	No. <i>2990.</i>	APPLICATION FOR ALLOWANCE	FOR <i>Loss of 1 Finger</i>
<i>L. H. Wade</i>	<i>DeKalb</i>	<i>5</i>	<i>July 28</i>	<i>1890</i>
<i>Applicant,</i>	<i>County,</i>	<i>Amount,</i>	<i>Date of Warrant,</i>	<i>Entered on record,</i>
WARRANT HANDRED TO <i>Applicant</i>				
W. J. Campbell, State Printer, Constitution Job Office, Atlanta.				

NOTES.

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

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the *extent of the disability*. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered *substantially and essentially useless*.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the papers are returned for correction and amendments are *advised* 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.
5. 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.
6. The Ordinaries of the several counties are specially requested to call the attention of the physicians and applicants to these points.
7. No payments can be made for any past year.

W. H. HARRISON,
Clerk Ex. Dept.

1890.

No. 2990.

FOR

Applicant, *L. H. Wade*

County, *De Kalb*

Amount, *15*

Date of Warrant, *July 28*

Entered on record, *July 28*

1890

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

WARRANT HANDLED TO

Capitola

STATE OF GEORGIA,

De Kalb County, *De Kalb* county,
 PERSONALLY appears *L. H. Wade* of *De Kalb* 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 continuously since the _____ day of _____
 1890, 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 *B*, of *9*th Regiment
 of *Artillery* Volunteers ~~brigade~~; that whilst engaged
 in such military service at the battle of _____ in the State
 of _____, on the *10th* day of *May* 1862, he was
 wounded as follows: *By the accidental discharge*
of a gun while on guard duty
the ball passing into the right
hand causing a laceration of the third
finger

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 thereunder, ending October 26, 1890.

Sworn to and subscribed before me this the *25th* day of *July* 1890, *L. H. Wade*,
De Kalb County, *Georgia*.

NOTE.—State fully in detail of wound or character of disease, when the disability, and explain particularly the extent of
 the disability. If claim is based on disease give full and connected history of disease, tracing it directly to the service.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

De Kalb County, *De Kalb* county,
 PERSONALLY came before me
 of *De Kalb* State of Georgia, who, being duly sworn, says that he was
 a commissioned officer in Company *B*, of *9th* Regiment of *Artillery*
 Volunteers, and that deponent knows *L. H. Wade*, 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 *L. H. Wade*
 as stated by him in said affidavit. Deponent further states that said
L. H. Wade is a *bona fide* citizen of this State and resides
 in *De Kalb* county.

Sworn to and subscribed before me this *26th* day of *July* 1890, *Edwin H. Bess*,
De Kalb County, *Georgia*.

Edwin H. Bess

The foregoing affidavit is sworn to and subscribed by a commissioned officer of Company or Regiment. If the
 affidavit of such an officer is not obtainable, the following affidavit of three responsible citizens should be furnished.

PERSONALLY came

County.

citizens of _____ county, in said State,
who being duly sworn, say that they are well acquainted with _____
and know, from having been with him in the army, 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 disabled applicant, as
stated by him; the said applicant is a bona fide citizen of this State, and resides in _____
county, and we are well satisfied that all the
statements in his affidavit are true.

Sworn to and subscribed before me, this _____
day of _____ 1890.

NOTE.—Above affidavit must be made by three citizens who personally know of the service of applicant and can state of their
own knowledge precisely how he is disabled, and what disabled him.
NOTE 2.—The attesting officer must see that each witness reads, or has read to him the affidavit he signs.

STATE OF GEORGIA,

County.

PERSONALLY comes before me _____ Ordinary of said county
and _____, both known to
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:
By loss of third finger of right hand
wound from gun shot wound received in
the War

Sworn to and subscribed before me, this _____

day of _____ 1890

ORDINARY.

NOTE.—The physician will state fully the extent of the wound, and then give facts to show the extent of the disability result-
ing therefrom. If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier.
Also state how long physicians have known and treated applicant.

STATE OF GEORGIA,

County.

I, _____ 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 he is disabled, as 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 are persons of respectability, and that their statements are worthy of
full credit and belief.

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

Given under my official signature and seal this _____ day of _____ 1890.

Ordinary _____ County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

County.

Know all Men by these Presents, That I,

_____ of

county, in said State, 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 receipt in my name for any Warrant that may be
issued by the Government, 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.

[L. S.]

Executed in the presence of us:

DIRECTION.

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

STATE OF GEORGIA,

De Kalb County.

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

I further certify that

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

of said County, and the said affidavits and

signatures thereto are genuine.

Given under my official signature and seal this *16th* day of *Sept* 1891.

J. M. Rogers

Ordinary

County

STATE OF GEORGIA,

De Kalb County.

I, *J. M. Rogers*, Ordinary of said County, do certify that I am well acquainted with *Edw. Maden*, 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 *16th* day of *Sept* 1891.

J. M. Rogers

Ordinary

County

Application for Allowance

1891.

No. *939*

Applicant, *Edw. Maden*
County, *De Kalb*
Amount, *\$ 16*
Date of Warrant, *5th May 18*
Entered on record, *31st May 18*
1891

SECRETARY EXERCISE DEPARTMENT.
WARRANT HANDED TO
Madison

SOLDIERS' PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name, *J. A. Maden*
County, *De Kalb*
Disability, *total*
Amount, \$ *5*
Entered on record, *June 6*
1892.

W. H. HARRISON,
Secretary of Pension Department.
AGENT.
W. H. Harrison

STATE OF GEORGIA,

County,

PERSONALLY appears

De Hall of *De Hall* 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 *March* 18*62*; 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 *B*, of *9th* Regiment of *Artillery* Volunteers

in such military service at the battle of *Atlanta* in the State of *Georgia*, on the *24th* day of *March* 1862, he was wounded as follows:

Shot in the right arm, fracturing the bone of the third finger on said hand.

Dependent 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

Three dollars, for Sworn to and subscribed before me, this, the *24th* day of *March* 1891, *De Hall*

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,

County,

Know all Men by these Presents, That I, *De Hall* 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 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 *24th* day of *March* 1891.

[L. s.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by *De Hall* to *De Hall* P. O. County, Georgia.

STATE OF GEORGIA,

County,

PERSONALLY appears

De Hall of *De Hall* 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 *24th* day of *March* 18*62*; 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 *B*, of *9th* Regiment of *Artillery* Volunteers

in such military service at the battle of *Atlanta* in the State of *Georgia*, on the *24th* day of *March* 1862, he was wounded as follows:

Shot in the right arm, fracturing the bone of the third finger on said hand.

Dependent 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

Three dollars, for Sworn to and subscribed before me, this, the *24th* day of *March* 1892, *De Hall*

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, *De Hall* 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 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 *24th* day of *March* 1892.

[L. s.]

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by *De Hall* to *De Hall* P. O. County, Georgia.

STATE OF GEORGIA, }
County. }

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 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 any other officer of money which may be coming to me for the reason aforesaid.

any sum of money which may be coming to me, I have hereunto set my hand and seal, this

day of 1893. [l. s]

Executed in the presence of us:

DISCUSSION

Send money to me as follows, by:

County, Georgia.

P. O.

De Kink Co
Wash. X. K.
1893.

No. 533

Application for Allowance

For the Year Ending October 30, 1893.

FOR
J. H. Trade
Applicant,
County,
Amount,

Date of Warrant, 3/29
Entered on record, 7-14-11

Secretary Executive Department.
1893.

WARRANT HANDLED TO
J. H. Trade

(No. 16 Harrison, State Printer, Atlanta.)

STATE OF GEORGIA
FOR APPLICANTS TO GEOLOGICAL SURVEY.

PERSONALLY appears De Kalb of De Kalb 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 11th day of March 1862; 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 B, of 7th Regiment of Volunteers's Brigade; that whilst engaged in such military service at the battle of Atlanta on the 11th day of March 1862, he was wounded as follows: Accidental discharge of gun passing the top of the head

fracture of the right hand

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

Sworn to and subscribed before me, this, the 11th day of March 1893.

With certificate of discharge

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, }
De Kalb County, }

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

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

Given under my official signature and seal, this 11th day of March 1893.

Wm. H. H. H. Ordinary

De Kalb County.

He Hall

Maimed Soldiers.

Voucher No. *2990*

Amount \$ *5.00*

Paid to *George H. Hall*
For *Laundry*

One penny
July 28 1890

Audited

189

COMPTROLLER GENERAL

Included in Warrant No.

issued to Treasurer.

189

WARRANT CLERK.

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

Applicant

Wade, L. H.

1891.

Maimed Soldiers.

Voucher No. *909*

Amount \$ *5.00*

Paid to *L. H. Wade*

For *Food & Fuel*

July 16

1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

Applicant

NAME, Wade, L. H. YEAR 1890 COUNTY DeKalb.

WHEN AND WHERE BORN? Resident of Ga., since 1840.

ENLISTED WHEN AND WHERE?

RANK. Private.

COMPANY AND REGIMENT? Co. B, 9th Regt. Artillery Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? May 10, 1862 Loss of finger.
(right hand)

CAPTURED, WHEN AND WHERE?

RELEASED.

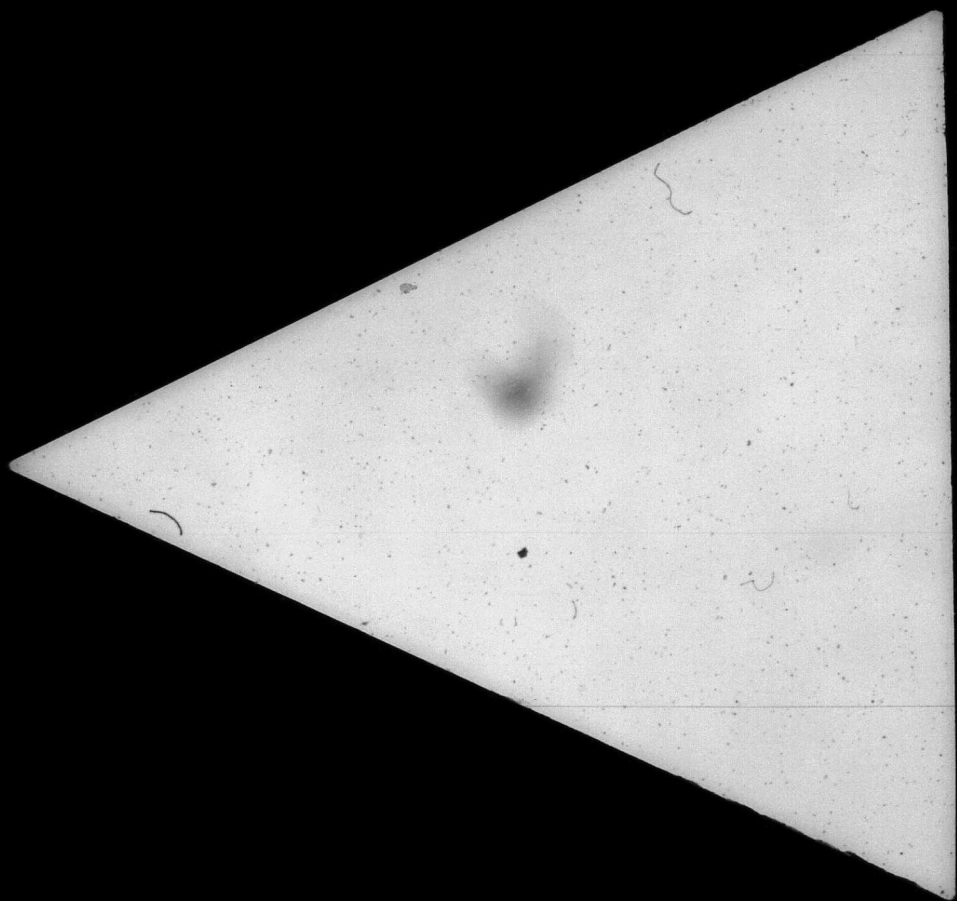
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. Edwin H. Greas, Comm. Off.



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

at

by

WITNESS my hand and seal, this day of 1905.

[L. S.]

Executed in the presence of

Waldrop, J.C.
Bekah County

CODE SECTION 1284.

(FOR THOSE ALREADY ENROLLED.)

No.

633

INDIGENT

SOLDIER'S PENSION

1905.

Name

County

Co.

J.C. Waldrop
Bekah
22 Ga

WARRANT ISSUED

123 1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W

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

no date

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

_____ at _____

by _____

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

Executed in the presence of _____ [L. S.]

WARRANT ISSUED
1/23 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

WARRANT ISSUED
1/23 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

WARRANT ISSUED
1/23 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

WARRANT ISSUED
1/23 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

WARRANT ISSUED
1/23 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

WARRANT ISSUED
1/23 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

WARRANT ISSUED
1/23 1905.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO
GEO. W. HARRISON, MANAGER, FOR STATE PRINTER, ATLANTA.

STATE OF GEORGIA,

De Kalb County.

Personally appears

J. C. Waldrop, D. K. Stal

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 18; that he is 62 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 K, of 22th Regiment of Georgia; that his physical condition is as follows: Infirmit

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 1905. I have heretofore as a resident of De Kalb County been allowed a pension for the year 1904.

Sworn to and subscribed before me, this the 18 day of June 1905.

J. C. Waldrop, Ordinary.

STATE OF GEORGIA,

De Kalb County.

I, James B. Waldrop, 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 18 day of June 1905.

James B. Waldrop, Ordinary, De Kalb County.

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

State of Georgia,

De Kalb County.

Personally appears J. C. Waldrop, of De Kalb 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 17 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 K, of 22th Regiment of Georgia; that his physical condition is as follows: Age 18 years

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 De Kalb County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 18 day of January 1906.

J. C. Waldrop, Ordinary.

State of Georgia,

De Kalb County.

I, James B. Waldrop, 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 18 day of January 1906.

James B. Waldrop, Ordinary, De Kalb County.

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

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

at

by

Witness my hand and seal, this

day of

1907.

[i. s.]

Executed in presence of

INDIGENT
SOLDIER'S PENSION
1907.

(FOR THOSE ALREADY ENROLLED)
Code Section 1554.

No. 72

Name J. C. Walker
County
Co. K Regiment 2nd Ill.

WARRANT ISSUED

1/21 1907.
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARRISON, PRINTER, ATLANTA

W. B. K. Co.

State of Georgia,

DeKalb County.

Personally appears J. L. Waldrop of DeKalb 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 H, of 21st Inf Regiment Pa of _____; that his physical condition is as follows: light and healthy

that his property consists of the following items:

of the value of _____ Dollars. I am now earning _____ 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 January 1907. J. C. Waldrop Chanc Ordinary.

State of Georgia,

County.

I, James R. George 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 10th day of January 1907.

James R. George Ordinary _____ County.



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

Waldrop, J. C.
DeKalb Co.

For DeKalb County
1925 1927

**Application for Pension
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

For W. A. Morgan ordinary
J. C. Waldrop
Date of Death Sept 6, 1927
Amount \$ 100.00

Approved and ordered paid OK
John W. Talbot 1925
29 Nov. 27
(Commissioner of Pensions)

Received the within amount
for funeral expenses of J. C. Waldrop
29 Nov. 27
W. A. Morgan

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payrolls to be permanently filed with them. Do not keep this application in your office.

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, DeKalb County.
Personally before me, the Ordinary of said County, comes J. H. St. John & Son
of said County, who, after being sworn, on oath
says that he knew J. C. Waldrop of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in DeKalb
County, in this State on the 6th day of September, 1927, and that
a Pension of Fifty (\$ 50.00) Dollars was due pensioner and
unpaid at the time of pensioner's death, and that pensioner left no widow or dependent children surviving,
and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$ 255.20
per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me
this 20th day of September, 192 7
W. D. Morgan, Ordinary
DeKalb County
(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, DeKalb County.
I, V. S. Morgan, Ordinary of said County, do certify
that I personally know J. H. St. John, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith
and credit; that I also know J. C. Waldrop while in life and that this
was the same person whose name appears on the Pension Roll of DeKalb County, and
(\$ 50.00) Dollars
was paid a Pension of Fifty
for the 3rd quarter of
in said County for 192 7, and I now believe said pensioner to be dead; and that the instructions at the foot
of this voucher have been carefully observed in making up this voucher and the bills which are attached
hereto.

Given under my hand and official seal, this 20th day of September, 192 7
(Seal of Ordinary) W. D. Morgan, Ordinary
DeKalb County

INSTRUCTIONS:

- 1st. For use in all cases where pensioner died after January 1st, 1927, and had not been out of State longer than twelve months, and did not leave a widow or dependent children surviving, the Ordinary must fill out this form, and attach to it a copy of the Pension Roll, and a copy of the Pensioner's statement of expenses, and MUST MAKE APPLICATION ON YELLOW BLANK.
- 2nd. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the date of it, and each item must be paid only those connected with the last illness, just before death when pensioner grew worse to die.
- 3rd. Each account must be sworn to before the Ordinary, and in the following form: (Do not use the terms: "just, true, due, un-
der oath," etc.)
- 4th. The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of _____ who died without owing sufficient property to pay this bill.
- 5th. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as above.
- 6th. The bills must be submitted to the Pension Department for approval, and no money must be paid until the bills have been returned to you as your authority to make the payment.
- 7th. The Ordinary signs pay roll, as Ordinary, for the pensioner and then debits the money himself and takes receipt.
- 8th. Accept no bill for funeral until you write the Pension Department and receive their approval, and then submit the bill to the Pension Department.
- 9th. Children, or children-in-law, or other persons claiming expenses of last illness and funeral, must make out a statement of expenses, and attach it to this application, and attached bills, with your final settlement, to the Pension Department.
- 10th. Ordinary should see that the back of this blank, when folded, is filled out.

to this means, even when the bill is not yet paid. The completed voucher must be sent to the Pension Department for approval and no money must be paid until the bill is approved. The bill must be signed by the Pension Department's authority to make the payment.

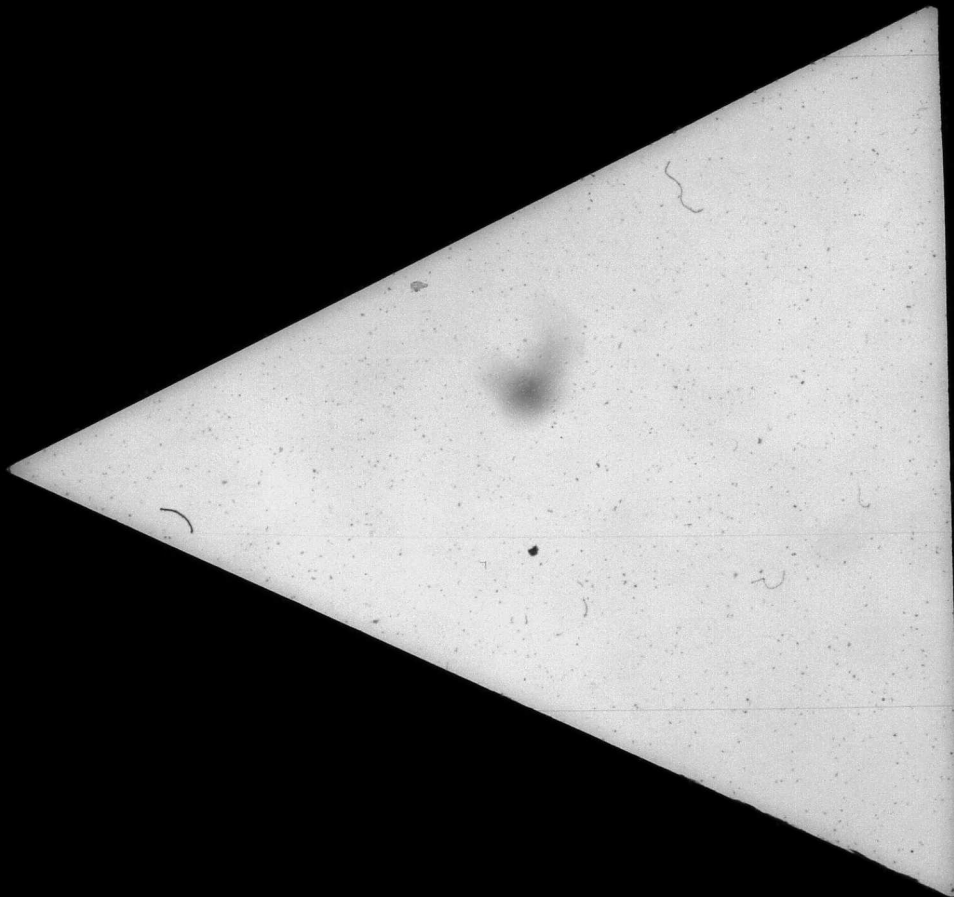
7th. The Ordinary must pay roll, as Ordinary, for the pension and then deburse the money himself, and take receipt. The bill must be signed by the Pension Department's authority to make the payment.

8th. Accept no bill for nursing until you write the Pension Department, stating the circumstances, and the Pension Department's authority to make the payment.

9th. Children, or children-in-law, must not charge for nursing, but must be paid for their common humanity demand of them.

10th. Before this bill is sent to the Pension Department, it must be signed by the Pension Department's authority to make the payment.

11th. Ordinary should see that the back of this blank, when folded, is filed out.



Ordinary's Certificate

STATE OF GEORGIA.

DeKalb COUNTY.

I, James P. George Ordinary of said County, certify that I know the applicant J. M. Waldrup for pension is the person he represents himself to be and resides in said county. That I also know J. R. Morris & J. H. Parker the witness swearing to the service; that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 4 day of Sept 1918

James P. George Ordinary
of DeKalb County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses 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 give shall be the whole truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Waldrup, J. M.
DeKalb Co.

No. 10720

Confederate

Soldier's Application

Under Act 1910—As Amended by Act of 1918

County

DeKalb

Name

J. M. Waldrup

Company

A

Regiment

2nd Ga. State Troop

Approved

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9-16-1919

COUNTY.

I, James P. George Ordinary of said County, certify that I know the applicant J. M. Duvall for pension is the person he represents himself to be and resides in said county. That I also know James P. George the witness swearing to the service, that they are both residents of said county and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 4th day of Sept 1912

James P. George Ordinary
Dickall County.

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses 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 give." 2. All affidavits must be made before the Ordinary of the county in which the applicant or witness resides and must be certified by such Ordinary.

Confederate
Soldier's Application
Under Act 1910—As Amended by Act of 1919.

No. 10. N. 11. 2
Name J. M. Duvall
County Dickall
Company A
Regiment 1st State Troop

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

Questions For Applicants to Answer

STATE OF GEORGIA,
Dickall COUNTY.

J. M. Duvall

of said State and County, hereby applies for the pension provided by Act of 1910, as amended by Act of 1919, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to-wit:

1. What is your name and where do you reside? (Give County and Post-office)
J. M. Duvall Dickall County Dickall Ga

2. How long and since when have you been a contiguous resident citizen of this State?
13 years all my life

3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
State Troop

4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
April 1863 Dickall Ga company A State Troop 1st

5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
April 1863 to April 1865

6. When and where was your Company and Regiment surrendered or discharged from the Service?
April 1865 Albany Ga

7. Were you actually present with your command when it was surrendered or discharged?
Yes

8. If you were not actually present, state specifically and clearly where you were.
Present

a. Where was your command when you left it?
Did not leave

b. When did you leave the command?
Did not leave

c. For what cause did you leave?
Did not leave

d. By whose authority did you leave?
Did not leave

e. For how long was your leave granted? In what way?
Did not leave

f. Why did you not return to your command after leave expired?
Did not leave

g. In what way were you prevented?
Did not leave

h. What effort did you make to return?
Did not leave

i. Were you captured during the war?
Did not leave

j. If so, when, and where? In what prison were you held and when were you released?
Did not leave

9. Are you drawing a pension of any amount from this State or the United States?
Did not leave

10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?
Did not leave

Sworn to and subscribed before me, this the 18th day of August 1912

J. M. Duvall Ordinary
Dickall County.

(SEAL)

COUNTY.

De Kalb

J. R. Morris & J. H. Parker

of said State and County is hereby presented

as a witness in support of the application of J. R. Morris for the pension provided

by the Act of 1910, as amended by the Act of 1919 in said State; and, after being sworn true answers to

make to the questions propounded, answers as follows:

1. What is your name and where do you reside? *J. R. Morris De Kalb County Ga*

2. How long and since when have you known *J. R. Morris* the applicant?

60 years all my life

3. Where does he now reside, and since when has he been a bona fide, contributing resident in this State, and how do you know? *De Kalb County all his life*

4. When, where and in what Company and Regiment did *J. R. Morris* enlist during

war from 1861 to 1865? (Give date and place.) *1865 De Kalb Co. Company of De Kalb Co.*

5. How did you obtain your information of this Service? *I was member of a company of same company & Regiment*

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date from April 1863 to April 1865)

7. When and where was his command surrendered or discharged (give date and place)

April 1865 Albany Ga

8. Were you personally present at the surrender? *Present*

9. If not, where were you and how came you there?

10. Was the applicant personally present with his command at surrender? *He was*

11. If not where was he and how came he there? *Present*

12. When did he leave his command? *Did not leave* Where was his command when he left it? *Did not leave*

For what cause did he leave? *Did not leave* and how

long was he granted leave? *Did not leave* How do you know

that you have stated to be true? If of your own knowledge, tell clearly and specifically. *I was*

present know of my own knowledge

13. In what way was he prevented from returning to his command? *Did not leave*

How do you know? *of my own knowledge & present*

14. What effect did he make in return to his command and how do you know? *Did not leave*

15. Was applicant captured as a prisoner war not so, when and where? *Did not leave*

In what prison was he held? *Did not leave* and

when released

Sworn to and subscribed before me, this the

18 day of *August* 191*8*

James R. Parker Ordinary

of *De Kalb* County.

(SEAL)

Waldrop, J. M.
DeKalb Co.

For DeKalb County

1928

**Application for Pension
Due Deceased Pensioner**
(UNDER ACT 1919)
(To pay expenses of last illness and funeral)

W. A. Morgan Ordinary
For J. M. Waldrop
Date of Death June 23, 1928
Amount \$100

Approved and ordered paid by
John W. Clark
JOHN W. CLARK
Commissioner of Pensions.

Received of W. A. Morgan and
W. A. Morgan
June 23, 1928
(W. A. Morgan)

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payrolls to be permanently filed with them. Do not keep this application in your office.



A. S. Turner
Funeral Director and Embalmer
Hemp Ambulance Service
Berthur, Georgia.

NIGHT AND SUNDAY PHONE DE. 0088
332-27 N. McDONOUGH ST.
PHONE DE. 0088

JANX

Funeral Expenses of Mr Thomas M Waldrop,	
June 23, 1928. To Casket	\$185 00
Embalming	25 00
Suit of Clothes	30 00
Shirt and Underwear	4 00
4 Funeral Notices	7 50
Cement Vault	60 00
Hearse Service and	
Service Rendered	15 00
	\$326 50

Georgia, DeKalb County,
The above and foregoing is rendered for the funeral expenses of Mr Thomas M Waldrop who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me, I

This July 2, 1928.

Rich J. Houston

A. S. Turner

Notary Public, State of Georgia.
My Commission Expires Nov. 2, 1929.

Application for Pension for Expenses of Funeral and Last Illness
(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)
(Under Act Approved August 15, 1904)

GEORGIA, Dekalb County, A. S. Turner
Personally before me, the Ordinary of said County, comes T. M. Waldrop
of said County, who, after being sworn, on oath
says that he knew T. M. Waldrop of said County, and that said Pensioner
was on the Pension Roll of said County at the time of death, which occurred in Dekalb
County, in this State, on the 23 day of June 1928
and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral
expenses, which amounted to the sum of \$326.50 per sworn statements fully and completely
ITEMIZED hereto attached.

Sworn to and subscribed before me,
T. S. Morgan, Ordinary
Dekalb County
(Seal of Ordinary)

CERTIFICATE OF ORDINARY

GEORGIA, Dekalb County, A. S. Turner
I, T. S. Morgan, Ordinary of said County, do certify
that I personally know A. S. Turner, who is a resident
citizen of said County, and that said person is of truthful and trustworthy character, entitled to full
faith and credit; that I also knew T. M. Waldrop while in life and that this was
the same person whose name appears on the Pension Roll of Dekalb County, and
was paid a Pension of Five Hundred (\$500.00) Dollars
in said County for 1927, and I now believe said pensioner to be dead; and that the instructions at the
foot of this voucher have been carefully observed in making up this voucher and the bills which are at-
tached hereto.

Given under my hand and official seal, this 27 day of July, 1928
(Seal of Ordinary) T. S. Morgan, Ordinary
Dekalb County

INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)
☒ "The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of T. M. Waldrop, who died without owning sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

NAME Waldrop T. M. D. YEAR 1920 COUNTY Dekalb

DATE AND WHERE BORN? A resident of Georgia since birth, 1846.

ENLISTED WHEN AND WHERE? April 1863, Decatur, Ga.

RANK?

COMPANY AND REGIMENT? Co. H. 2nd Ga. Regt. State Troops.

NAME OF CAPTAIN AND COLONEL?

COMRADES?

DATE AND WHERE DIED?

REMARKS?

NAME AND RANK SURVIVOR?

IF NOT LIEUTENANT SURVIVOR, WHERE WIFE BORN? April 1865, Albany, Ga.

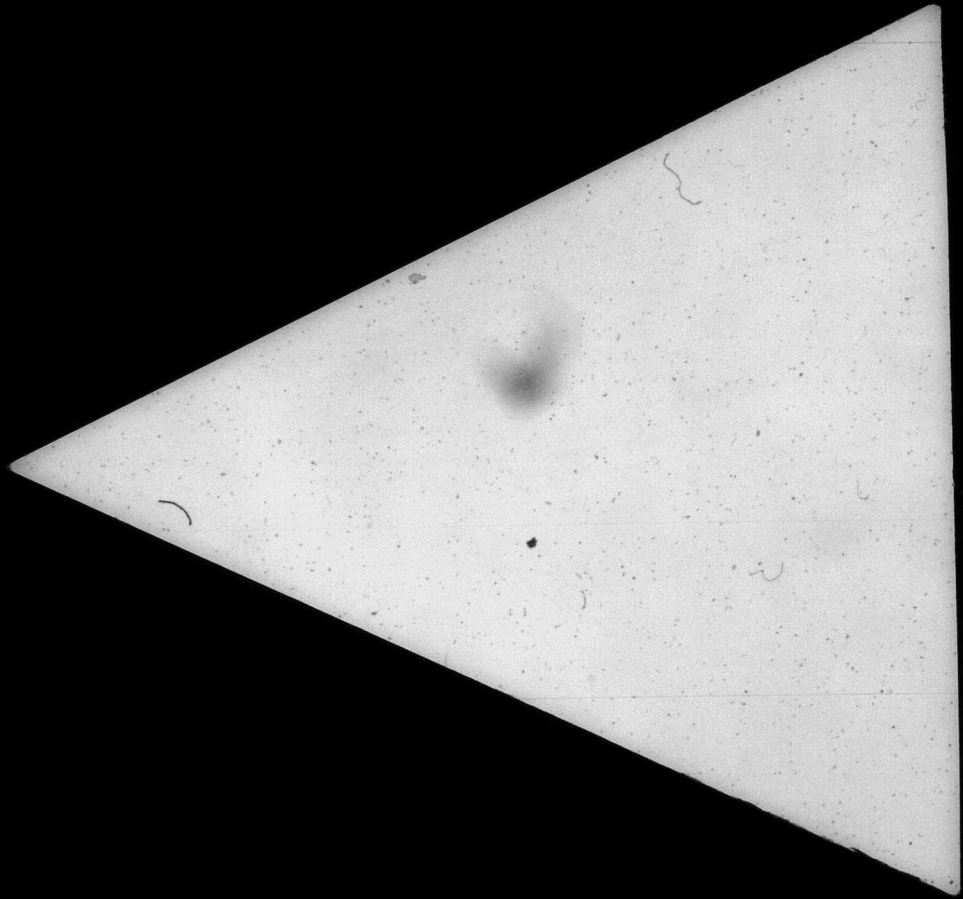
DEED, NAME AND RANK?

FIELD.

WITHDROGS? J. R. Morris, J. H. Parker - Same command - No data.

1h

- 5th. Return this application, and attached bills, with your final settlement, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Know all Men by these Presents, That I, _____
County, _____
of _____

County, in said State, 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 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 _____ 1891

[L. S.]

Executed in the presence of us:

DIRECTIONS.

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



Waldrip, M. J.
De Kalb County

1891.

No. 7

Widows' Pension

PAID TO

Mrs. M. J. Waldrip

OF

COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Geo. W. Harrison, State Printer Atlanta.

POWER OF ATTORNEY.

STATE OF GEORGIA.

County, }
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 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.

Know all Men by these Presents, That I, _____ of _____

County, in said State, do hereby appoint _____ of _____

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 _____ 1891.

[L. S.]

Executed in the presence of us:

DIRECTIONS.

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



Waldrop, M. J.
De Kalb County

1891.

No. 7573

Widows' Pension

PAID TO

Mrs. M. J. Waldrop
OF
De Kalb COUNTY.

\$100.00.

Warrant Issued

1891

AND HANDED TO

Affidavit to be Made by the Widow.

STATE OF GEORGIA.

County of De Kalb

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

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

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

10th Georgia Regiment of Georgia Volunteers; that he enlisted in said

service on or about the 23rd day of Dec, 1862, and was in the

Confederate Army up to Nov, 1863 That while in the

Army, he was on the 29 day of Nov, 1863, (See Note No. 4)

Killed in battle at Knoxville Tenn.

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 20th day of Oct, 1857, and that she has resided in Georgia continuously since the 11 day of Aug, 1892; 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 17th day of April, 1891.
M. J. Waldrop
M. J. Waldrop
Ordinary.

NOTE. - State in blank above the date of the death of the husband, and how, and when, and where he died. And in case the 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.

STATE OF GEORGIA,

In person came before me, the undersigned Ordinary of the County of De Kalb, in and for said County, witnesses J. L. Waldrop and W. H. Harrison (each known to said Attesting Officer as truthful, reliable and reputable citizens), who severally say under oath, that, from their own personal knowledge, Mrs. M. J. Waldrop of the County of De Kalb, State of Georgia, is the widow of John S. Waldrop, who was a soldier in Company C of the Seventh Georgia Regiment of Volunteers. That said soldier enlisted in the service of the Confederate States (or the Georgia State Troops) on or about the day of Dec 186 2. That while in said service, or by reason of said service in the Army, he lost his life as follows:

He was killed in the battle at Knoxville Tenn on the 29th day of November 1863.

We further swear that Mrs. M. J. Waldrop was the wife of said soldier during his service and that she had not intermarried since his death, and that she resides in De Kalb County of the State of Georgia.

Sworn to and subscribed before me, this, the 5th day of May 1891.
M. M. Ponder Ordinary

J. L. Waldrop
W. H. Harrison
W. H. Harrison

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

STATE OF GEORGIA,

County of De Kalb, in and for said County of De Kalb, Ordinary

State of Georgia, hereby certify that I am acquainted with Mrs. M. J. Waldrop 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 5th day of May 1891.

{
SEAL
}

M. M. Ponder Ordinary.

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.

STATE OF GEORGIA, County of *De Kalb*

I, *M. M. Kagsdale*, Ordinary in and for said County of *De Kalb*, State of Georgia, hereby certify that I am acquainted with Mrs. *M. J. Waldrup* 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, 1860, and has not lived out of the State since that date. That she is the widow of *Wm. S. Waldrup* 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 *22d* day of *January*, 1894.

Ordinary.

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County.

KNOW ALL MEN BY THESE PRESENTS, That I, _____ of _____

County in said State, 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 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 _____, 1894.

[L. s.]

Executed in the presence of us :

DIRECTIONS.

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

Waldrup J. (Mrs.)
De Kalb County
FOR THOSE HERETOFORE PAID.

1894.

No. *1084*

WIDOWS' PENSION,

for year ending February 15th, 1894.

—PAID TO—

Mrs. M. J. Waldrup
—OF—
De Kalb COUNTY.

WARRANT ISSUED

2/1
AND HANDED TO

Applicant
GEO. W. HARRISON, State Printer, Atlanta.

STATE OF GEORGIA,

County of De Kalb

Personally comes Mrs.

Mrs. J. Waldrup,

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

De Kalb

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

continuously ever since all her life

18

That she is the Widow of

M. S. Waldrup

who was a Soldier in Company

C of the Seventh Georgia Regiment of

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

1862 and served in the Army up to Nov

1863

That he lost his

life on the

27th

day of

Nov

1863

(State here

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

He was killed at the battle of
Knoxville Tenn. on the day
above written.

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 1857; 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

22d day of Jan 1894.

M. S. Waldrup

M. S. Waldrup Ordinary.

Post-office

At Thomas Co.

STATE OF GEORGIA, County of De Kalb
I, De Kalb 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 1892.
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this, the
day of 1893.
Ordinary.

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 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 _____ 1893. [L. S.]

Executed in the presence of us:

DIRECTIONS.

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

Widows' Pension,

for year ending February 15th, 1893,

PAID TO

Mrs. M. J. Waldrop
OF De Kalb COUNTY.

Warrant Issued

1893

AND HANDED TO

Applicant

(Geo. W. Harrison, State Printer, Atlanta.)

STATE OF GEORGIA, County of De Kalb
I, De Kalb 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 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 Mrs. M. J. Waldrop 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 _____ day of _____ 1895.
Ordinary.

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 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 _____ 1895. [L. S.]

Executed in the presence of us:

DIRECTIONS.

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

WIDOW'S PENSION,

for year ending February 15th, 1895.

PAID TO

Mrs. M. J. Waldrop
OF De Kalb County.
widow of _____

WARRANT ISSUED

1895.

AND HANDED TO

Applicant

(Geo. W. Harrison, State Printer,

STATE OF GEORGIA,
County of *De Kalb*

Personally comes Mrs.
Mary Haddock

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

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

continuously ever since *1830* That she is the Widow of

William Haddock who was a Soldier in Company

of the *6th* Regiment of *Georgia*

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

1862 and served in the Army up to *1863* That he lost his

life on the *24* day of *Nov* *1863* (State here

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

He died in the battle of

Marston, Tenn.

Deponent swears that she was the wife of said deceased soldier during his service in the army

as a soldier, and that she has never married since his death aforesaid, that she became his wife

in the year *1862*; that Georgia is her home and she resided in this State *23d* day of December,

1890, and has not lived in any other State or locality since that date. I have been allowed a

pension for the year ending February 15th, *1892*, and now apply for the allowance provided by

law for the year ending February 15th, *1893*.

Sworn to and subscribed before me, this

10th day of *Nov* *1893*.

M. J. Haddock Ordinary. Post-office *De Kalb, Ga.*

Mr. X

M. J. Haddock

De Kalb, Ga.

For Widows' Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.
Mary Haddock

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

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

continuously ever since *1830* That she is the Widow of

William Haddock who was a Soldier in Company

of the *6th* Regiment of

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

1862 and served in the Army up to *1863* That he lost his

life on the *24* day of *Nov* *1863* (State here

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

He died in the battle of

Marston, Tenn.

Deponent swears that she was the wife of said deceased soldier, during his service in the

army as a soldier, and that she has never married since his death aforesaid, that she became

his wife in the year *1862*, that Georgia is her home and she resided in this State *23d* day

of December, *1890*, and has not lived in any other State or locality since that date. I have

been allowed a pension for the year ending February 15th, *1894*, and now apply for the

allowance provided by law for the year ending February 15th, *1895*.

Sworn to and subscribed before me, this

21st day of *Nov* *1895*.

M. J. Haddock Ordinary. Post-office *De Kalb, Ga.*

Mr. X

M. J. Haddock

De Kalb, Ga.

STATE OF GEORGIA, County of De Kalb
I, *M. M. Rogers*, Ordinary in and for said County of De Kalb, State of Georgia, hereby certify that I am acquainted with Mrs. *M. S. Waldrop* 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 *M. S. Waldrop* 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 *23d* day of *Jan*, 1896.

M. M. Rogers, Ordinary.
{SEAL}

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of *De Kalb*,
I, *M. M. Rogers*, hereby authorize *M. S. Waldrop* 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 *Jan*, 1896.

Executed in the presence of

[L.S.]

Waldrop, M. S. (wid)
De Kalb County
FOR THOSE HERETOFORE PAID.

1896.

No. 1049

WIDOW'S PENSION,

for year ending February 15th, 1896.

PAID TO *M. S. Waldrop*
OF *De Kalb* County,
widow of *M. S. Waldrop*

WARRANT ISSUED *2/1*

AND HANDED TO *ap/pt*

Geo. W. Harrison, State Printer.

STATE OF GEORGIA, County of *De Kalb*
I, *M. M. Rogers*, Ordinary in and for said County of *De Kalb*, State of Georgia, hereby certify that I am acquainted with Mrs. *M. S. Waldrop* 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 *M. S. Waldrop* 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 *23d* day of *Jan*, 1897.

M. M. Rogers, Ordinary.
{SEAL}

Form No. 2.

POWER OF ATTORNEY.

STATE OF GEORGIA, County of *De Kalb*,
I, *M. M. Rogers*, hereby authorize *M. S. Waldrop* 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 *Jan*, 1897.

Executed in the presence of

[L.S.]

Waldrop, M. S. (wid)
De Kalb County

FOR THOSE HERETOFORE PAID.

1897.

No. 3334

WIDOW'S PENSION,

for year ending February 15th, 1897.

PAID TO *M. S. Waldrop*
OF *De Kalb* County,
widow of *M. S. Waldrop*

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT ISSUED *2/8*

AND HANDED TO *ap/pt*

Geo. W. Harrison, State Printer, ATLANTA.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs.
M. S. Waldrop

who being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb
continuously ever since
Dec 18
that she is the
Widow of
M. S. Waldrop
who was a Soldier in Company
C of the Coosab Legion Regiment of

Volunteers, that he enlisted in said regiment on or about the month of
Dec
1862 and served in the Army up to
Nov
29th
day of
Nov
1863 (State here
life on the
29th day of Nov 1863)

full particulars of the husband's death, when, where and from what cause,
He was killed in the battle of Knoxville
Tenn

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 1850,
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
De Kalb 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
27th day of Jan 1896
M. S. Waldrop
Post-office
Ordinary.

STATE OF GEORGIA,
County of De Kalb

Personally Comes Mrs.
M. S. Waldrop

who being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb
continuously ever since
68 years
Dec 18
that she is the
Widow of
M. S. Waldrop
who was a Soldier in Company
C of the Coosab Legion Regiment of

Volunteers, that enlisted in said regiment on or about the month of
Dec
1862 and served in the Army up to
Nov
29th
day of
Nov
1863 (State here
life on the
29th day of Nov 1863)

full particulars of the husband's death, when, where and from what cause,
He was killed at the battle of Knoxville
Tenn on Nov 29th

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 1857,
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
De Kalb 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
23d day of Jan 1897
M. S. Waldrop
Post-office
Ordinary.

State of Georgia, De Kalb County.

I, Mary J. Woodruff hereby authorize M. J. Woodruff of De Kalb to receive and receipt for the pension paid hereon and request that he remit same to _____ at _____ 1898.

In WITNESS WHEREOF, I have hereunto set my hand and seal, this 12

day of Jan 1898.

Mary J. Woodruff [L. S.]
Mary J. Woodruff

Executed in the presence of

W. J. Terry
M. J. Woodruff
Ordinary

For Those Herebefore Paid.

1898.

No. 2614

WIDOW'S PENSION,

For year ending February 15th, 1898.

PAID TO

Mrs. Mary Woodruff

OF

De Kalb

County,

Widow of M. J. Woodruff

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/1

1898.

AND HANDED TO

M. J. Woodruff

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Those Herebefore Paid.

1899.

No. 2507

WIDOW'S PENSION,

For year ending February 15th, 1899.

PAID TO

Mrs. M. J. Woodruff

OF

De Kalb

County

Widow of M. J. Woodruff

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT ISSUED

2/3

1899.

AND HANDED TO

M. J. Woodruff

GEO. W. HARRISON, STATE PRINTER, ATLANTA

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.
Mary J. Waldrup

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 *1833*. That she is the Widow of
M. S. Waldrup who was a Soldier in Company

C of the *60th* *Regiment*

Volunteers, that he enlisted in said regiment on or about the month of
Nov *1863*. That he lost his

life on the *29th* day of *Nov* *1863* (State here

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

Was killed at the battle of Knoxville
Tenn

Dependent 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 *1851*.

I have been allowed a pension as a resident of *De Kalb* 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 *12* day of *Jan* *1898*.
M. S. Waldrup Ordinary.

State of Georgia,
County, *De Kalb*

Ordinary of said County, certify that I am well acquainted with Mrs. *Mary J. Waldrup* 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 *13* day of *Jan* *1898*.

Given under my official signature and seal this the *13* day of *Jan* *1898*.

Official Seal.
Ordinary of *De Kalb* County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA,
County of *De Kalb*

Personally Comes Mrs.
M. S. Waldrup

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 *1833*. That she is the Widow of
M. S. Waldrup who was a soldier in Company

C of the *60th* *Regiment*

Volunteers, that he enlisted in said regiment on or about the month of
Nov *1863*. That he lost his

life on the *29* day of *Nov* *1863* (State here

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

Was killed in the battle of Knoxville

Dependent 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 *1851*.

I have been allowed a pension as a resident of *De Kalb* 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 *13* day of *Jan* *1899*.
M. S. Waldrup Ordinary.

State of Georgia,
County, *De Kalb*

Ordinary of said County, certify that I am well acquainted with Mrs. *M. S. Waldrup* 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 *13th* day of *Jan* *1898*.

Given under my official signature and seal this the *13th* day of *Jan* *1899*.

Official Seal.
Ordinary of *De Kalb* County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb County.

I, Mrs. M. J. Waldrop hereby authorize M. J. Waldrop
or Mrs. Mary B. Waldrop of Georgia

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

at _____ day of _____ 1900.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th

day of _____ 1900. M. J. Waldrop [L. S.]

Executed in presence of

J. L. Ago
M. J. Waldrop
M. J. Waldrop

To Those Heretofore Paid.
Waldrop, M. J.
De Kalb County

1900.

No. 2279

WIDOW'S PENSION,

For year ending February 15th, 1900.

PAID TO

M. J. Waldrop
of De Kalb
County, Georgia

Widow of M. J. Waldrop

JNO. W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

2279 AND HANDED TO

M. J. Waldrop
Geo. W. Harrison, State Printer, Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb County.

I, Mrs. M. J. Waldrop hereby authorize M. J. Waldrop
or Mrs. Mary B. Waldrop of Georgia

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

at _____ day of _____ 1901.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 19th

day of _____ 1901. M. J. Waldrop [L. S.]

Executed in presence of

J. L. Ago
M. J. Waldrop
M. J. Waldrop

To Those Heretofore Paid.

1901.

No. 340

WIDOW'S PENSION,

For year ending February 15th, 1901.

PAID TO

M. J. Waldrop
of De Kalb
County, Georgia

Widow of M. J. Waldrop

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

340 AND HANDED TO

M. J. Waldrop
Geo. W. Harrison, State Printer, Atlanta, Ga.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of De Kalb } M. J. Macdrip

who, being sworn, says on oath, that she is a bona fide resident of said county of
De Kalb
State of Georgia, and that she has resided in said State
continuously ever since 1833. That she is the Widow of
M. J. Macdrip
of the 4th Regiment
who was a soldier in Company

Volunteers, that he enlisted in said regiment on or about the month of
1862 and served in the Army up to 1863 That he lost his
life on the 29 day of Nov 1863 (State here
particulars of the husband's death, when, where and from what cause)
was killed in the battle of Hooverville

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 1831
I have been allowed a pension as a resident of De Kalb County for the year ending
February 15th, 1897, and now apply for the pension provided by law for the year ending February 15th, 1900.

Sworn to and subscribed before me, this
16th day of Jan 1900.
M. J. Macdrip
Post Office De Kalb Ordinary.

State of Georgia, }
County of De Kalb }
Ordinary of said County, certify that I am well acquainted
with Mrs. M. J. Macdrip, 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 18 day of Jan 1833
Given under my official signature and seal, this 18 day of Jan 1900.
M. J. Macdrip
Official Seal. Ordinary of De Kalb County.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } Personally Comes Mrs.
County of De Kalb } M. J. Macdrip

who, being sworn, says on oath, that she is a bona fide resident of said County of
De Kalb
State of Georgia, and that she has resided in said State
continuously ever since 1833. That she is the Widow of
M. J. Macdrip
of the 4th Regiment
who was a soldier in Company
Volunteers, that he enlisted in said regiment on or about the month of
1862 and served in the Army up to 1863 That he lost his
life on the 29th day of Nov 1863 (State here
particulars of the husband's death, when, where and from what cause)
was killed in the battle of Hooverville

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 1831
I have been allowed a pension as a resident of De Kalb 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
16th day of Jan 1901.
M. J. Macdrip
Post Office De Kalb Ordinary.

State of Georgia, }
County of De Kalb }
Ordinary of said County, certify that I am well acquainted
with Mrs. M. J. Macdrip, 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 18 day of Jan 1833
Given under my official signature and seal, this 18 day of Jan 1901.
M. J. Macdrip
Official Seal. Ordinary of De Kalb County.

STATE OF GEORGIA,

County.

hereby authorize

I,

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

1902.

[L. S.]

Executed in presence of

To Those Herebefore Paid

1902.

No. 492

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Widow of *M. J. Lindsey*
County, *De Kalb*
OF *De Kalb*
Co. *C* Regiment *Co. B*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDED TO

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

Widow of M. J. Lindsey
De Kalb County

STATE OF GEORGIA,

County.

hereby authorize

M. J. Lindsey

of *De Kalb County*

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

1903.

Jan *De Kalb County* [L. S.]

Executed in presence of

C. M. Lindsey

M. J. Lindsey
Ordinary

To Those Herebefore Paid

1903.

No. 161

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Widow of *M. J. Lindsey*
County, *De Kalb*
OF *De Kalb*
Co. *C* Regiment *Co. B*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

1903.

AND HANDED TO

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

Widow of M. J. Lindsey
De Kalb 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

at

In Witness Whereof, I have hereunto set my hand and seal, this

day of

1902.

[L. S.]

Executed in presence of

STATE OF GEORGIA,

County.

, hereby authorize

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

1903.

[L. S.]

Executed in presence of

To Those Heretofore Paid,

1902.

No. 442

WIDOW'S PENSION,

For year ending Dec. 31, 1902.

PAID TO

Mrs. M. J. Haddock
Widow of M. J. Haddock
Co. C Regiment 100th Regt
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1902

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER ATLANTA, GA.

To Those Heretofore Paid,

1903.

No. 161

WIDOW'S PENSION,

For year ending Dec. 31, 1903.

PAID TO

Mrs. M. J. Haddock
Widow of M. J. Haddock
Co. C Regiment 100th Regt
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED

1903

AND HANDED TO

GEO. W. HARRISON, STATE PRINTER ATLANTA, GA.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of *De Kalb* } *Mrs. M. J. Macdrip*
who, being sworn, says on oath, that she is a bona fide resident of said County of
De Kalb State of Georgia, and that she has resided in said State
continuously ever since *1833*. That she is the Widow of
M. J. Macdrip who was a soldier in Company
of the *60th* *Regiment*

Volunteers, that he enlisted in said regiment on or about the month of
Nov 1862, and served in the Army up to *Nov* 1863. That he lost his
life on the *29th* day of *Nov* 1863. (State here
particulars of the husband's death, when, where and from what cause) *was killed
at battle of Knoxville Tenn.*

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 *1857*

I have been paid a pension as a resident of *De Kalb* 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 *15th* day of *Jan* 1902. *M. J. Macdrip*
M. M. Ragobee Post-Office *Lithonia*
Ordinary.

State of Georgia, } *M. M. Ragobee*
De Kalb County. Ordinary of said County, certify that I am well
acquainted with Mrs. *M. J. Macdrip* 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 *1833*

Given under my official signature and seal, this the *15th* day of *Jan* 1902.
M. M. Ragobee
Ordinary of *De Kalb* County.

NOTE.—All blank spaces must be filled.
Voucher and affidavit must bear date after January 1st, 1902.

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of *De Kalb* } *M. J. Macdrip*
who, being sworn, says on oath, that she is a bona fide resident of said County of
De Kalb State of Georgia, and that she has resided in said State
continuously ever since *1833*. That she is the Widow of
M. J. Macdrip who was a soldier in Company
of the *60th* *Regiment*

Volunteers, that he enlisted in said regiment on or about the month of
Nov 1862, and served in the Army up to *Nov* 1863. That he lost his
life on the *29th* day of *Nov* 1863. (State here
particulars of the husband's death, when, where and from what cause) *was killed
at battle of Knoxville Tenn.*

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 *1857*

I have been paid a pension as a resident of *De Kalb* 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 *9th* day of *Jan* 1903. *M. J. Macdrip*
M. M. Ragobee Post-Office *Lithonia*
Ordinary.

State of Georgia, } *M. M. Ragobee*
De Kalb County. Ordinary of said County, certify that I am well
acquainted with Mrs. *M. J. Macdrip* 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 *1833*

Given under my official signature and seal, this the *9th* day of *Jan* 1903.
M. M. Ragobee
Ordinary of *De Kalb* County.

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

STATE OF GEORGIA,

Dekalb COUNTY,

hereby authorize

I, *M. J. Waldorf* of *Dekalb County Ga*

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, *13*

day of *January*, 1904.

M. J. Waldorf [L. S.]

Executed in presence of

James R. George
Ordinary

STATE OF GEORGIA,

Dekalb COUNTY,

I, *M. J. Waldorf*, hereby authorize

M. J. Waldorf of *Dekalb County Ga*
to receive and receipt for the pension paid hereon, and request that he remit same to

M. J. Waldorf at *Dekalb County Ga*

In Witness Whereof, I have hereunto set my hand and seal, this, *10th*

day of *January*, 1905.

M. J. Waldorf [L. S.]

Executed in presence of

James R. George
Ordinary

TO THOSE HERETOFORE PAID.

1904.

No. *170*

WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904.

PAID TO

M. J. Waldorf

Dekalb County,

Widow of *M. J. Waldorf*

Co. *D* Regiment *Artillery*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO *M. J. Waldorf*

Gen. W. Harrison, State Printer, Atlanta

TO THOSE HERETOFORE PAID.

1905.

1905.

No. *191*

WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

M. J. Waldorf

Dekalb County,

Widow of *M. J. Waldorf*

Co. *D* Regiment *Artillery*

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

AND HANDED TO *M. J. Waldorf*

The Franklin Printing and Publishing Co. Atlanta

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES Mrs.
County of DeKalb } M. J. Waldrop
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 1833 That she is the Widow of
M. J. Waldrop who was a soldier in Company
of the 4th Regt. Cavalry Regiment of
Volunteers, that he enlisted in said regiment on or about the month of
1824 and served in the Army up to Nov 3 That he lost his
life on the 29 day of Nov 1863 (State here
particulars of the husband's death, when, where and from what cause.)
was killed at Bat of Newville

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 1831

I have been paid a pension as a resident of DeKalb 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 13 day of July 1904 M. J. Waldrop
James R. George Ordinary. Post Office Lithonia Ga

State of Georgia, } I, James R. George
County: } Ordinary of said County, certify that I am well
acquainted with Mrs. M. Waldrop 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 August 1833

Given under my official signature and seal, this the 13 day of July 1904.
James R. George
Ordinary of DeKalb County.

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

FOR WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES Mrs.
County of DeKalb } M. J. Waldrop
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 1833 That she is the Widow of
M. J. Waldrop who was a soldier in Company
of the 4th Regt. Cavalry Regiment of
Volunteers, that he enlisted in said regiment on or about the month of
1824 and served in the Army up to Nov 3 That he lost his
life on the 29 day of Nov 1863 (State here
particulars of the husband's death, when, where and from what cause.)
was killed at Bat of Newville

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 1831

I have been paid a pension as a resident of DeKalb County for the
year ending December 31, 1903, and now apply for the pension provided by law for the year ending
December 31, 1905.

Sworn to and subscribed before me,
this 18 day of January 1905 M. J. Waldrop
James R. George Ordinary. Post Office Lithonia

State of Georgia, } I, James R. George
County: } Ordinary of said County, certify that I am well
acquainted with Mrs. M. J. Waldrop, 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 August 1833

Given under my official signature and seal, this the 10 day of January 1905.
James R. George
Ordinary of DeKalb County.

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

STATE OF GEORGIA,

DeKalb COUNTY.

I, M. J. Waldrop, hereby authorize

M. J. Waldrop of DeKalb County

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

M. J. Waldrop at DeKalb

In Witness Whereof, I have hereunto set my hand and seal, this

day of January 1906.

M. J. Waldrop [L. S.]

Executed in presence of

James R. George
Ordinary

To Those Herebefore Paid.

1906.

No. 135

WIDOW'S PENSION

For year ending Dec. 31, 1906.

PAID TO

Mrs. M. J. Waldrop

County, DeKalb

Widow of M. J. Waldrop

Co. E Regiment 2nd Cavalry

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

135 1906,

AND HAND TO

M. J. Waldrop

THE PRINCIPAL PRINTING AND PUBLISHING CO., CHAS. W. HARRIS, PRES.

To Those Herebefore Paid.

1907.

No. 198

WIDOW'S PENSION

For Year ending Dec. 31, 1907.

PAID TO

Mrs. M. J. Waldrop

County, DeKalb

Widow of M. J. Waldrop

Co. E Regiment 2nd Cavalry

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED

198 1907,

AND HAND TO

M. J. Waldrop

THE PRINCIPAL PRINTING AND PUBLISHING CO., CHAS. W. HARRIS, PRES.

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of De Kalb } M. J. Waldrop

who, being sworn, says on oath that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has resided in said State continuously ever since 1863. That she is the Widow of Wm. S. Waldrop who was a soldier in Company C of the Cobb Legion Regiment of De Kalb Volunteers, that he enlisted in said regiment on or about the month of Dec 1862, and served in the Army up to Nov 1865. That he lost his life on the 29th day of Nov 1865 (State here particulars of the husband's death, when, where and from what cause.) Killed at Knoxville Tenn.

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 De Kalb 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 9th day of January 1906.
James R. George Ordinary.
Post Office Wm. S. Waldrop
Wm. S. Waldrop

State of Georgia, }
De Kalb County. }
Ordinary of said County, certify that I am well acquainted with Mrs. M. J. Waldrop, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know who 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 the 9th day of January 1906.
James R. George Ordinary of De Kalb County.
Official Seal

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

For Widows Heretofore Allowed Pensions.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of De Kalb } M. J. Waldrop

who, being sworn says on oath, that she is a bona fide resident of said County of De Kalb State of Georgia, and that she has resided in said State continuously ever since 1863. That she is the Widow of Wm. S. Waldrop who was a soldier in Company C of the Cobb Legion Regiment of De Kalb Volunteers, that he enlisted in said regiment on or about the month of Dec 1862, and served in the Army up to Nov 1865. That he lost his life on the 29th day of Nov 1865 (State here particulars of the husband's death, when, where and from what cause.) Killed at Knoxville, Nov 1863

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 De Kalb County, for the year ending December 31, 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

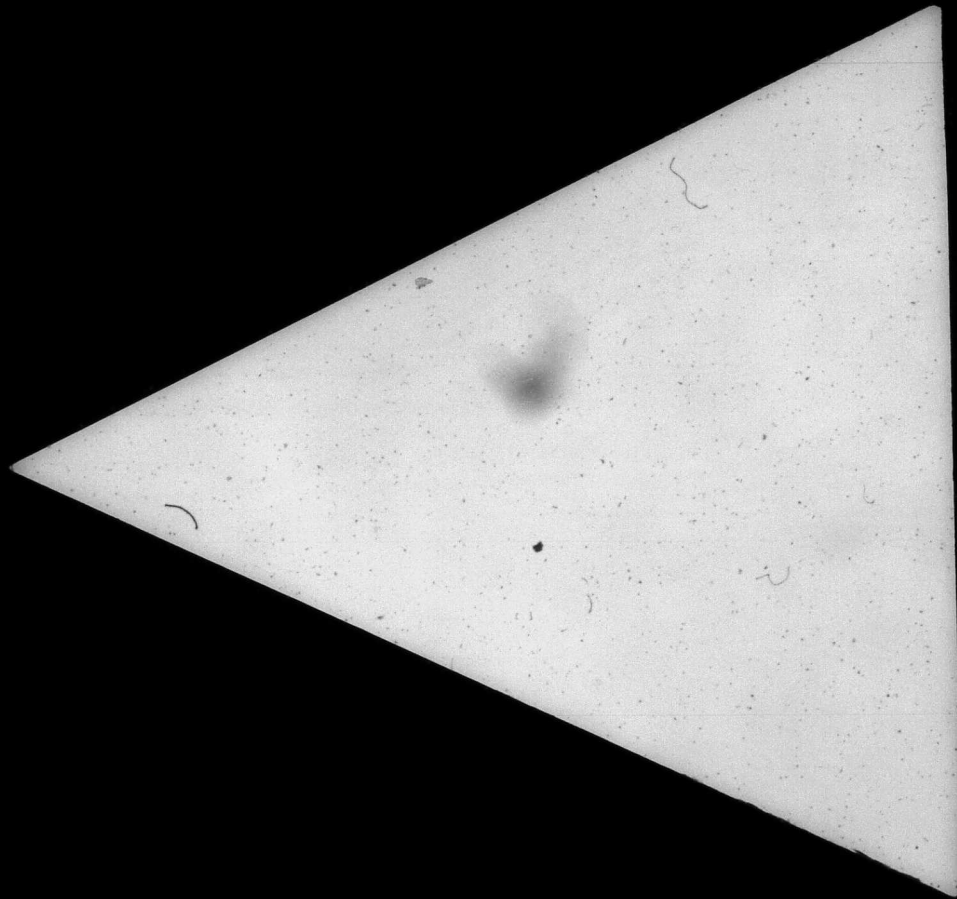
Sworn to and subscribed before me this 10 day of January 1907.
James R. George Ordinary.
Post Office Wm. S. Waldrop
Wm. S. Waldrop

State of Georgia, }
De Kalb County. }
Ordinary of said County, certify that I am well acquainted with Mrs. M. J. Waldrop, who made the above affidavit, and am satisfied that the facts therein stated are true, and I know who 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 the 10 day of January 1907.
James R. George Ordinary of De Kalb County.
Official Seal

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

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



Walker, pmed. 3.
De Hall Co

No. 140

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCT. 31, 1889.

FOR

Loss of Right Eye

Applicant James J. Walker

County De Kalb

Amount 30.

Date of Warrant Feb 7/89

Entered on Record,

Feb 7 1889
D. V. McJannet

SECRETARY EXECUTIVE DEPARTMENT.

D. V. McJannet

Duluth County.

PERSONALLY appears *James J. Hallides. Spent* county
State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resi-
dent of said State, and has been such continuously since the *26* day of
October 1861; that he enlisted in the military service of the Confederate
States (or of the State of *Georgia*) during the war between the States, and
served as a *Private* in Company *G*, of 28th Regiment of
Georgia Volunteers *Calvinist* Brigade; that whilst engaged
in such military service, at the battle of *Petersburg* on the *30* day of *June* 1863, he was
wounded as follows: *shot by the foot of right leg*
amputation of right foot & right arm
flow up of great vessels at Pelvic artery
amputation of right foot & right arm
dislocation of right arm
dislocation of right arm

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

Sworn to and subscribed before me, this _____ day of _____ 1889

James J. T. Waller
Justice of Peace

J. S. Elliott, Clerk

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

STATE OF GEORGIA,

Deed "112
County.

PERSONALLY comes before me
county, D^y C^y Humphreys and J^y E^y Hart, both known to
me as reputable physicians of said county, who, being severally sworn, say on oath that they
have carefully examined James J^y Walker and after such examination
say that the applicant has been injured as follows: In that he has lost
his right eye and had his right wrist
and right ankle dislocated and that
he has to use a stick in walking and
account of the permanent injury to
his right ankle, it still being physically
dislocated

Sworn to and subscribed before me, this
day of *July* 188*9*

1888-1889

ORDINARY:

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

227 mcs
SECRETARY EXECUTIVE DEPARTMENT.
1889
J. H. H.
J. H. H.
Entered on Record.
Date of Warrant J. H. H. 7/29
Amount 30.
County Worcester
Applicant J. H. H.
J. H. H.
FOR
APPLICATION FOR ALLOWANCE
No. 140.
1889
J. H. H.
J. H. H.

STATE OF GEORGIA,

DeKalb County

I, James M. Walker, Ordinary of said county, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and 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: Wm. G. Hart and Dr. M. C. Humphreys

are persons of respectability, and that their statements are worthy of full credit and belief. I further certify that J. E. Elliott before whom the foregoing affidavits were made and power of attorney was signed, is a W. D. Elliott of said county, and that the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 24 day of Feb. 1889
W. M. Wright
Ordinary DeKalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

DeKalb County

KNOW ALL MEN BY THESE PRESENTS, That I, James M. Walker of DeKalb county, in said State, do hereby appoint Wm. G. Hart of DeKalb County my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this

day of Feb. 1889
James M. Walker (S.)

Executed in the presence of us:

J. E. Elliott W. D. Elliott

DIRECTION:

Send money to me as follows, by _____ to _____ P. O.
County, Georgia.

SECTION

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 fact 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,

De Kalb County.

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

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

Given under my official signature and seal, this *4* day of *Feb* 189*0*.

Ordinary *W. M. Ragsdale, Jr.* County.

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 _____ 189*0*.

Executed in presence of us _____

[L. S.]

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING OCTOBER 31, 1890.

No. *209*

Donnell Co. Applicant, *J. J. Walker* County, *De Kalb* Amount, *20* Date of warrant, *Feb 5* Entered on record, *Feb 5* 189*0* *W. M. Ragsdale, Jr.* SECRETARY EXECUTIVE DEPARTMENT.

WARRANT HANDLED TO

SECRETARY EXECUTIVE DEPARTMENT.

SOLDIER'S PENSION.

1896.

De Kalb County, *J. J. Walker* Name, *20* Amount, *20* 1896. *Feb 25* SECRETARY EXECUTIVE DEPARTMENT.

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDLED TO

Geo. W. Harrison, State Printer, Atlanta.

For Applicants Heretofore Allowed Pensions.

De Trall- County, PERSONALLY appears J. S. Haller of De Trall- 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

1844; 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 E, of 23th Regiment of Georgia Volunteers Volunteer's Brigade; that whilst engaged in such military service, at the battle of Blount's Bluff in the State of Alabama, on the 28th day of June 1863, he was wounded as follows: Lost right eye and had the right ankle dislocated which would have cost him the constant use of a stick
Continued

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 forty dollars. Wm. D.

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

STATE OF GEORGIA

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 and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; and I 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 189

Executed in the presence of us:

[L. S.]

DISCUSSION

Send money to me as follows, by _____ to _____ P. O. _____ County, Georgia.

P. O.

County, Georgia.

Personally appears *John McNeill* of *St. Louis*
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 *1843*; 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 *G*, of *23*th Regiment
of *Pa* Volunteers, *Scott's* Brigade; that whilst engaged
in such military service in the State of *Pa*, on the *20* day
of *May*, *1864*, he was wounded, injured or disabled as follows :
He was shot in the blow up at Petersburg Va
which destroyed the right of the right
eye.

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 De Kalb county been allowed a pension of 30.50 dollars, for the year 1895.

Sworn to and subscribed before me, this, the

214th day of May 1896.

16.

Mon. Rosaceae, Ord. Siliag.

NOTE.—State fully the nature 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.

De Wolf County.

I, Wm. K. Keadle, J. S. Keadle Ordinary of said County, do certify that I am well acquainted with J. S. Keadle 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 *Sept* 1896.

**Mix
your
seal
here.**

Ordinary *De Rod* 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 _____ 1897.

[L. s.]

Executed in presence of _____

INVALID
SOLDIER'S PENSION.
1897.

(For Those Already Enrolled.)
ACT OF 21 OCT. 1897.
No. 240

Name J. J. Walker
County DeKalb
Disability Loss of Eye
Amount, \$ 30.00
1897. 2/16

RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
W. J. Walker
DEC. W. HARRISON, STATE PRINTER, AT ATLANTA

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 _____

INVALID
SOLDIER'S PENSION.
1898.

(For Those Already Enrolled.)
ACT OF 24 OCT. 1897.
No. 755

Name Jas Walker
County DeKalb
Disability Loss of Eye
Amount, \$ 30.00
1898. 2/5

RICHARD JOHNSON,
Commissioner of Pensions.
WARRANT HANDLED TO
W. J. Walker
DEC. W. HARRISON, STATE PRINTER, AT ATLANTA

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *James M. Wether* of *De Kalb* County.

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 *1837*; 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 *A*, of *23*th Regiment of *GA* Volunteers, *Lebanon*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *21* day of *June* 1863, he was wounded, injured or diseased as follows:

Went in the blow up at Petersburg and lost the right eye

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, 1887. I have heretofore under said law as a resident of *De Kalb* county been allowed an invalid pension of *thirty* Dollars, for the year 1896.

Sworn to and subscribed before me, this, *11th* day of *June* 1897, *James M. Wether* POST OFFICE *De Kalb* County, Georgia.

Not—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,

De Kalb County.

I, *Wm. W. Rogers* Ordinary of said County,

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

Given under my official signature and seal, this *11th* day of *June* 1897.

Wm. W. Rogers Ordinary *De Kalb* County.

AM I
your
here.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *James M. Wether* of *De Kalb* County.

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 *1844*; that he enlisted in the military service of the Confederate States (or of the State of *GA*) during the war between the States, and served as a *Private* in Company *B*, of *23*th Regiment of *GA* Volunteers, *Lebanon*'s Brigade; that whilst engaged in such military service in the State of *GA*, on the *20th* day of *June* 1863, he was wounded, injured or diseased as follows:

Went in the blow up at Petersburg and lost the right eye

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

Sworn to and subscribed before me, this, *11th* day of *June* 1898, *James M. Wether* POST OFFICE *De Kalb* County, Georgia.

Not—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,

De Kalb County.

I, *Wm. W. Rogers* Ordinary of said County,

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

Given under my official signature and seal, this *11th* day of *June* 1898.

Wm. W. Rogers Ordinary *De Kalb* County.

AM I
your
here.

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 _____

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 _____

(For Those Already Enrolled.)

CODE SECTION 120.

No. 2999

INVALID

SOLDIER'S PENSION.

1899.

Name

J. J. Walker

County

DeKalb

Disability

Eyes

Amount, \$ 30.

1899.

RICHARD JOHNSON,

(Commissioner of Pensions.)

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

Walker, J. J.

(For Those Already Enrolled.)

CODE SECTION 120.

No. 2151

INVALID

SOLDIER'S PENSION.

1900.

Name

J. J. Walker

County

DeKalb

Disability

Loss of Eye.

Amount, \$ 30.

Warrant issued July 10 1900.

JOHN W. LINDSEY,

(Commissioner of Pensions.)

WARRANT HANDED TO

GEO. W. HARRISON, STATE PRINTER, ATLANTA

W. J. Walker

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
DeKalb County, }
Personally appears J. Walker of DeKalb 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 1844 that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company G, of 23rd Regiment of Ga Volunteers, Colquhitt's Brigade; that whilst engaged in such military service in the State of Ga, on the 20 day of June 1863, he was wounded, injured or diseased as follows: *Was in the blow up at Petersburg and lost right eye.*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1899. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of \$10 Dollars, for the year 1899. Sworn to and subscribed before me, this 31 day of Jan 1899, J. J. Walker, Post Office Charleston, Ga. *M. M. Cogswell Ordinary*

STATE OF GEORGIA, }
DeKalb County, }
I, M. M. Cogswell Ordinary of said County, do certify that I am well acquainted with J. A. Walker 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 31 day of Jan 1899. *J. A. Walker* Ordinary DeKalb County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }
DeKalb County, }
Personally appears J. Walker of DeKalb 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 1844 that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company G, of 23rd Regiment of Ga Volunteers, Colquhitt's Brigade; that whilst engaged in such military service in the State of Ga, on the 20 day of June 1863, he was wounded, injured or diseased as follows: *Was in the blow up at Petersburg and lost right eye.*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of DeKalb County been allowed an invalid pension of \$10 Dollars, for the year 1899. Sworn to and subscribed before me, this 18th day of Jan 1900, J. J. Walker, Post Office Charleston, Ga. *M. M. Cogswell Ordinary*

STATE OF GEORGIA, }
DeKalb County, }
I, M. M. Cogswell Ordinary of said County, do certify that I am well acquainted with J. A. Walker 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 Jan 1900. *J. A. Walker* Ordinary DeKalb County.

I, _____ hereby authorize _____ of _____ County, Georgia, to receive and receipt for the pension allowed, and request that he remit same to _____ at _____ day of _____ 1900. [U. S.]

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

Executed in presence of _____

INDIGENT PENSION,

1900.

Name _____
County _____
Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. HARTMAN, Clerk of the Board.

Every Question MUST be Answered.

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. Where was your birth? (Give State, County and post office) De Kalb County Georgia
2. How long and since when have you been a resident of this State? Gerry since Curdick years old
3. When and where were you born? Chrom March of May 1833, De Kalb Co. N.C.
4. When and where and in what company and regiment did you enlist or serve? Enlisted in Dawson County, Georgia Company 23 Georgia Regiment
5. How long did you remain in such company and regiment? Uptill close of War, April 1865 at 1861, until discharged of War N.C. Dec. 1865
6. When and where was your company and regiment surrendered and discharged? at April 1865
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? 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?" Third
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? Lost one eye totally blind and quite broken all occurred at the time of explosion of a gun being in firing of it
13. What property, real or personal, or income, do you possess, and its gross value? None
14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898 and 1899, 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? No income De Kalb No property
16. How were you supported during the years 1898 and 1899? a small pension and charity
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? seventy five dollars per year
18. What was your employment during 1898 and 1899? What pay did you receive in each year? on a farm nothing
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? yes wife no means of support
20. Are you receiving any pension? If so, what amount and for what disability? yes thirty dollars disability of right eye
21. Have you ever made an application for pension before? only so old that I could not
22. How many applications have you ever made and under what laws? one before the 1861 act

Applicant

Ordinary

County

Fulton

C. S. Morris

I, C. S. Morris, of said State and County, having been presented as a witness in support of the application of J. J. Walker for pension under Section 1254, Code, and after being duly sworn, depose and answers as follows:

1. What is your name and where do you reside? C. S. Morris is 172 old
which is old
J. J. Walker, the applicant; if so, he
of year of 1861

2. Are you acquainted with Charles G. Morris, the applicant; if so, how long have you known him? 1861

3. Where does he reside, and how long and since when has he been a resident of this State? Charles G. Morris

4. When, where and in what company and regiment did he enlist, and how do you know? 23rd Regiment Company, I. I. belonged to the same Regiment

Were you a member of the same company and regiment?

5. How long did he perform regular military duty? All during the war
the remainder of the war

6. Where you present when he surrendered? I was

7. Was applicant present? He was

8. If he was not present, where was he? He was

When did he leave his command? at the end of the war

By what authority he left? War ended and was How do you know all of this?

9. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property

10. 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? I know not

11. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? I know not

12. What is the applicant's occupation and physical condition? He is a Farmer
unable to perform manual labor

13. Is the applicant unable to support himself by labor of any sort, if so, why? He is unable to support himself by reason of his age

14. How was he supported during the years 1898 and 1899? I know not

15. What portion of his support for these two years was derived from his own labor or income? None
not by what means

16. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? Disability from wounds + age

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

Sworn to and subscribed before me, this 2d day of April, 1900.

C. S. Morris
Ordinary.

Charles G. Morris
Ordinary.

Charles G. Morris
Ordinary.

Charles G. Morris
Ordinary.

Charles G. Morris
Ordinary.

Charles G. Morris
Ordinary.

Charles G. Morris
Ordinary.

Charles G. Morris
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Charles G. Morris
Ordinary.

Charles G. Morris
Ordinary.

Charles G. Morris
Ordinary.

Charles G. Morris
Ordinary.

De Kalb

COUNTY.

G. R. Morris

Personally came before me, G. R. Morris, both known to me as reputable physicians and residents of De Kalb County, who, being severally sworn, say on oath that they have examined carefully J. J. Walker, applicant for pension under Section 1254, Code, and after such personal examination say that his present physical condition is as follows:

Left arm with fracture + dislocation -
Curve line of neck with fracture
Right arm with fracture

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 20th day of Sept, 1900.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

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W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses to the following words: "You shall answer truthfully to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Ad libitum 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.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
COUNTY.

I, W. M. McGehee, Ordinary in and for said County, hereby certify that the applicant, J. J. Walker, resides in said County, and has been a bona fide resident of this State since the 1890 day of Sept, 1890.

and that the witnesses, viz: Charles G. Morris, and W. M. McGehee, are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digests of nothing returned for taxation in his name in 1898, nothing Dollars of property, and in 1899, nothing Dollars of property.

In my opinion the foregoing claim is not good faith.

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

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
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W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

W. M. McGehee
Ordinary.

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

at

by

Witness my hand and seal, this

day of

1901.

[L. S.]

Executed in presence of

(For Those Already Enrolled.)

COPIES SECTION 1234

No. 444

INDIGENT

SOLDIER'S PENSION.

1901.

WARRANT ISSUED

1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

JOHN W. LINDSEY, ATTORNEY AT LAW.

(FOR THOSE ALREADY ENROLLED.)

COPIES SECTION 1234

No. 444

INDIGENT

SOLDIER'S PENSION

1902.

Name Walker J. J.

County DeKalb

Co. A Regiment 23A

WARRANT ISSUED

1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

JOHN W. LINDSEY, ATTORNEY AT LAW.

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

at

by

Witness my hand and seal, this

day of

1902.

[L. S.]

Executed in presence of

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County,

Personally appears

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

by occupation a

federate States (or of the State of

States, and served for the term of

of

follows:

that his physical condition is as

that his property consists of the following items

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

county been allowed a pension for the year 1900.

Sworn to and subscribed before me, this the

day of

Ordinary.

STATE OF GEORGIA,

County,

I, *John P. Lawrence*, Ordinary of said County,

do certify that I am well acquainted with

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

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,

County,

Personally appears

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

by occupation a

federate States (or of the State of

States, and served for the term of

of

follows:

that his physical condition is as

that his property consists of the following items

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

county been allowed a pension for the year 1901.

Sworn to and subscribed before me, this the

day of

1902,

Ordinary.

STATE OF GEORGIA,

County,

I, *John P. Lawrence*, Ordinary of said County,

do certify that I am well acquainted with

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

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, 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 day of 1903.

[L. S.]

Executed in presence of

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

at

by

Witness my hand and seal, this day of 1904.

[L. S.]

Executed in presence of

SOLDIER'S PENSION
INDIGENT

1903.

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1254.

No. 372.

Name Walker J. J.

County DeKalb

Co. G Regiment 23rd.

WARRANT ISSUED

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. Harrison, State Printer, Atlanta.

SOLDIER'S PENSION
INDIGENT

1904.

(FOR THOSE ALREADY ENROLLED.)

CODE SECTION 1254.

No. 11

Name

County

Co. 9

Regiment 23rd

WARRANT ISSUED

1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,
DeKalb County.

Personally appears *J. M. Walker* of *DeKalb* 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 *1894*; that he is *68* 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 *23* years in Company *G*, of *23d* Regiment of *Sta. Troop*; that his physical condition is as follows: *badly crippled up in lower up and old age*

that his property consists of the following items: *none*

of the value of *0* 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 *DeKalb* county been allowed a pension for the year *1902*.

Sworn to and subscribed before me, this the *10* day of *Jan* 1903. *J. M. Walker* Ordinary.

STATE OF GEORGIA,
DeKalb County.

I, *W. M. Regadec* Ordinary of said County, do certify that I am well acquainted with *J. M. Walker* 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 *10* day of *Jan* 1903.



Ordinary *W. M. Regadec* 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,
DeKalb County.

Personally appears *J. M. Walker* of *DeKalb* 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 *1894*; that he is *68* 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 *23* years in Company *G*, of *23d* Regiment of *Sta. Troop*; that his physical condition is as follows: *was blown up at Petersburg lost eye and old age*

that his property consists of the following items: *none*

of the value of *0* 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 *DeKalb* County been allowed a pension for the year *1903*.

Sworn to and subscribed before me, this the *14* day of *January* 1904. *J. M. Walker* Ordinary.

STATE OF GEORGIA,
DeKalb County.

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

Given under my official signature and seal, this *14* day of *January* 1904.



Ordinary *James P. George* County.

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

Audited Feb. 7th 1889.
Wm. S. Mighels
COMPTROLLER-GENERAL

He Kall

Maimed Soldiers.

Voucher No. 1440.

Amount \$ 30.

paid to James J. Walker
 For Loss of Right Eye
Feb 7 1889

Included in Warrant No. 1
 issued to Treasurer.

1889.

WARRANT CLERK.

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

J. V. Mcayee

Audited Feb. 5th 1890.
Wm. S. Mighels
COMPTROLLER-GENERAL

He Kall

Maimed Soldiers.

Voucher No. 909

Amount \$ 30

paid to James J. Walker
 For Loss of right Eye
Feb 5 1890

Included in warrant No. 1
 issued to Treasurer.

18

WARRANT CLERK.

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

Applicant

No. 1440

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Febry. 1889.

1888

Mr. James J. Walker of the County
of DeKalb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been allowed for

Loss of right eye
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 no receipt on this voucher, and return same to
Executive Department for warrant.



GOVERNOR.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Thirty & 00/100 Dollars,
of Febry 1889.

per above voucher, this

James J. Walker
per J. W. Walker

No. 209

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

Atlanta, Ga. Febry 1890.

Mr. James J. Walker of the County
of DeKalb having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,

Dec. 24, 1888, and the same having been examined and allowed for

Loss of right eye
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, 1890.

The Treasurer will pay the same and hold no receipt on this voucher, and return same
to Executive Department for warrant.

W. H. Harrison
GOVERNOR.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 30 00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Thirty & 00/100 Dollars,
of Febry 1890.

per above voucher, this

James J. Walker
per J. W. Walker

NAME, Walker, James J. YEAR 1889 COUNTY DeKalb

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. G, 23rd. Regt. Georgia Vols.
Colquitt's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Petersburg, Va. June 20th. 1863. Loss sight of right eye,
dislocation of right wrist and right ankle.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None

NAME Walker, James J. YEAR 1901 COUNTY DeKalb

WHEN AND WHERE BORN? May 4th. 1833 Rithford ? N.C.

ENLISTED WHEN AND WHERE? Dawson Co. Ga. August 1st. 1861.

RANK.

COMPANY AND REGIMENT? Co. G, 23rd. Regt. Ga. Vols.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Petersburg, Va. spring 1865 - Lost one eye, wrist and ankle
broken mine explosion.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED? North Carolina surrender of General Lee
April 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. C.S. Morris, Co. B, 23rd. Regt. Ga. Vols. - No data
JWT

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 _____

at _____

by _____

Witness my hand and seal, this _____ day of _____ 190

[SEAL]

Executed in presence of _____

Wallace, M. E. (Mrs.)
dOn Wallace
Q. W. (C. H. Jan 1906)

ACT DEC. 16, 1901.

No. _____

WIDOW'S PENSION,

1905-

Mrs. *M. E. Wallace*

County of *DeKalb*

Widow of *Charles Wallace*

Warrant issued *36* 190

and handed to _____

- J. W. LINDSEY,

Commissioner of Pensions.

Geo. W. Harrison, State Printer, Atlanta.

STATE OF GEORGIA,

County.

I, _____ hereby authorize _____

of _____ day of _____ 1905

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

at _____ day of _____ 1905

Witness my hand and seal, this _____ day of _____ 1905

[SEAL]

Executed in presence of _____

ACT DEC. 16, 1901.

No. _____

WIDOW'S PENSION,

1905

Mrs. M. E. Wallace
County of De Kalb
Widow of George Wallace
K 36

Warrant issued _____ 1905

and handed to _____

- J. W. LINDSEY,
Commissioner of Pensions.

Geo. W. Harrison, State Printer, Atlanta.

Wallace, M. E. (Mrs.)
De Kalb Co.
12/16/1901

WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, Personally came Mrs. Mary E. Wallace
COUNTY OF De Kalb } Wallace
widow of George Wallace

to whom, in the County of _____

_____ she was married on the _____

_____ day of _____ 1854, that she remained his wife up to the _____

day of _____ 1905, at which time he died, and that she has not since married.

At the time of his death he was a resident of _____ County, in said State of _____

Georgia, and was on the _____ pension roll of the State of Georgia, having been allowed

a pension of \$ 6.00 per annum on account of being a soldier in Company _____

36th Regiment, 8th Volunteers or State _____

What affliction have you and how does it affect you? Rheumatism in

right arm and shoulder - am almost

useless - 66 years old very feeble

What have you been doing to earn a support since 1st of January, 1900? Nothing -

What property or effects had you on 1st January, 1900? None

What have you acquired since, and what income have you now? none

What disposition have you made of any property since 1st January, 1900, and at what price and for what

purpose? nothing

Dependent further says that she is now a resident of _____ County, and has contin-

uously resided in the State of Georgia since the _____ day of _____ 1854

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

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

James R. George Ordinary of De Kalb County.

Note.—All blank spaces must be filled before signing.

AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, }
COUNTY OF De Kalb }
Personally came Daniel S. Swad and
H. M. Hopkins, known to me to be reputable and truthful person, who says
on oath that from his own personal knowledge Mrs. Murray E. Mulline
who made the foregoing affidavit, is the widow of Thos. E. Mulline
who died in De Kalb County and State of Georgia on the
day of 18th Dec., and that she has not since married; that she became his
wife on the 4 day of June 1854, and so remained up to the time of his death,
and that she has resided in this State continuously since the 1860 day of
With what affliction does she suffer? Rheumatism in right arm
and shoulder - very old - weak and feeble
What property or income had she on 1st January, 1900? Nothing

What has she in her possession and control now? Nothing but a little
house-hold goods.
How was she supported in 1900 and 1901? By her husband.

I have no personal interest in the pension asked for P. S. Swad
H. M. Hopkins

Sworn to and subscribed before me, this 15th day of Sept 1903
James R. George
Ordinary De Kalb-County, Georgia.

PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, }
COUNTY OF De Kalb }
Personally came before me J. H. Green, M.D.
and W. L. Orr, M.D., both of whom are known to me to be reputable
physicians, who say on oath that they personally know
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it pre-
vents her earning a support) From old age and Rheumatism
in her arm she is unable to make
a support for herself at any kind of
work during 66 years of age Mrs. Murray
E. Mulline N. E. W. M. Dr. J. H. Green, D.
Sworn to and subscribed before me, this 15th day of Sept 1903
James R. George
Ordinary of De Kalb County.

STATE OF GEORGIA, }
COUNTY OF De Kalb }
I, James R. George Ordinary,
in and for said County of De Kalb
State of Georgia, hereby certify that I am acquainted with Mrs. Murray E. Mulline
the applicant for a pension in this case, and know from my own knowledge (or from positive proof pre-
sented to me by reputable witnesses) that she resides in this County, and that she has resided in the State
of Georgia continuously since the 18 day of June, and has not
lived out of the State since that date. I also certify that the witnesses, to-wit: Daniel S.
Swad and H. M. Hopkins
whose testimony she presents to sustain her claim, are known to me to be truthful witnesses, entitled to full
faith and credit as such, and that the full text of the affidavit was read to and understood by them before
same was signed. I am fully satisfied that this claim is made in good faith, and I have caused the appli-
cant 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 15th
day of Sept 1903
James R. George
Ordinary.



NOTES.
The Pension is only payable to those widows whose husbands were on Pension Roll at the time of death. The
marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since the
death of such husband. Due of marriage is essential and must be submitted down that the same cannot be furnished,
but in all cases the best proof accessible will be required, and it is incumbent on the applicant to make out a clear case
covering the above points.
Affidavits must be made in presence of the Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA, }
DeKalb County, }
I, M.E. Wallace, hereby authorize
J.N. Nash of Ston Mountain Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
M.E. Wallace at St. Mountain Ga
In Witness Whereof, I have hereunto set my hand and seal, this
day of January 1906.
M.E. Wallace [L. S.]

Executed in presence of

William R. ...
...

POWER OF ATTORNEY.

STATE OF GEORGIA, }
DeKalb County, }
I, M.E. Wallace, hereby authorize
J.N. Nash of Ston Mountain Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
M.E. Wallace at St. Mountain Ga
In Witness Whereof, I have hereunto set my hand and seal, this
day of January 1907.
M.E. Wallace [L. S.]

Executed in presence of

James R. ...
...

To Those Heretofore Paid.
1906.
No. 172
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1906.
PAID TO
Mrs. M.E. Wallace
OF
DeKalb
County,
Widow of John S. Wallace
Co. A. 36 50 Regiment.
JOHN W. LINDSEY,
Committee of Pensions.
WARRANT ISSUED
1/2 2 1906.
AND HANDED TO
...
THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

Wallace, M.E. (Mrs.)
De Kalb County

To Those Heretofore Paid.
1907.
No. 205
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1907.
PAID TO
Mrs. M.E. Wallace
OF
DeKalb
County,
Widow of M. Wallace
Co. A. 36 4 1/2 Regiment.
JOHN W. LINDSEY,
Committee of Pensions.
WARRANT ISSUED
1/2 1 1907.
AND HANDED TO
...
Geo. W. HARRISON, STATE PRINTER, ATLANTA.