

YORK, S. H. HARRISON
Fulton County, Ga.
1901

No. _____

INDIGENT PENSION, 1900.

Name *Billington W. Foster*

County *Fulton*
C. & G. Co. Artillery

Approved _____ 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

4/22/1901

STATE OF GEORGIA.

Power of Attorney.

County, *Fulton*

I, _____ hereby authorize _____

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

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

Executed in presence of _____

[L. S.]

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 _____

STATE OF GEORGIA,

County. }

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

1. What is your name and where do you reside? (give State, County, and post office)
Billington W. York, Georgia, Hullon Co., Atlanta
2. How long and since when have you been a resident of this State?
All my life
3. When and where were you born?
Warrenton, Mo. - July 31, 1830.
4. When and where and in what company and regiment did you enlist or serve?
Greenville, Mo. Co. 9th Gen. a Batt. Artillery. 1861
5. How long did you remain in such company and regiment?
About 3 years, and was 1st Lieut. & then Captain of said company.
6. When and where was your company and regiment surrendered and discharged?
Greenville, Mo. Co. 9th Gen. a Batt. Artillery. 1861
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?
At Union Springs, Ark. at the close of the war.
9. How much can you earn (gross) per annum by your own exertions or labor?
Nothing
10. What has been your occupation since 1865?
Nothing for salary when in service.
11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? *The last two grounds.*
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?
about one year
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?
Had none
15. In what County did you reside during those years, and what property did you then return for taxation?
Hullon County - Had none
16. How were you supported during the years 1898 and 1899?
poorly by a very small and unceremonious old lady & help of sons
17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income?
about \$100 - which he earned from collecting - about \$100.00
18. What was your employment during 1898 and 1899? What pay did you receive in each year?
collecting - about \$100.00
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead?
Yes. His children Lucius, Arman, Frank, Ruby, Julia, Stella & Eva York - by their own exertions.
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?
No
22. How many applications have you ever made and under what class?
Have never applied.

Sworn to and subscribed before me this the _____

day of *July* 1900.

of *Hullon* County.

Applicant.

Every Question MUST be Answered.

INDIGENT PENSION.

1900.

Name *Billington W. York*

Hullon

Co. 9th Gen. a Batt. Artillery

1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT RETURNED TO

of *Hullon* County.

4/27/1901

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Fulton COUNTY.

Personally came before me, H. C. Walker, M.D. 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 present physical condition is as follows:

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

15 day of January, 1900.

Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Fulton COUNTY.

I, John R. Walker, M.D. Ordinary in and for said County, hereby certify
that the applicant, Bellington M. York resides in said County, and has
been a bona fide resident of this State since the day of 189.

and that the witnesses, viz: H. C. Walker, M.D. & H. M. Chandler
M.D. & Tyler Cooper
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 _____ County show that applicant
returned for taxation in his name in 1898 _____ Dollars
of property, and in 1899 _____ Dollars of property.

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

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

John R. Walker, M.D. Ordinary,
of _____ 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 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,

Fulton COUNTY.

John T. Cooper of said State and County, having been presented
as a witness in support of the application of Bellington M. York for pension
under Section 1254, Code, and after being duly sworn true answers to make to the following questions,
deposes and answers as follows:

1. What is your name and where do you reside? John Tyler Cooper
460 S. Pryor St. Atlanta, Ga.
2. Are you acquainted with Bellington M. York, the applicant; if so,
how long have you known him? Yes - I have known him twenty years
3. Where does he reside, and how long and since when has he been a resident of this State? Atlanta, Ga. & has been a resident of Georgia for the time
4. When, where and in what company and regiment did he enlist, and how do you know? Co. E. 7th Ga. Batt. Artillery - I know it as I was a member of same
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? To my knowledge about 2 years
7. When and where was his command surrendered? This command disbanded at
Appomattox, Va. - Applicant was not present; but
8. Were you present when it surrendered? Yes, when it disbanded.
9. Was applicant present? He was not as above explained
10. If he was not present, where was he? He was connected with Confederate
Army at some point unknown to me
When did he leave his command? 1864 For what cause? Resigned
- By what authority he left? By resignation How do you know all of this?
I was a member of the company and present
with it when he was the Captain thereof
11. What property, effects or income has the applicant? (Give your means of knowledge.)
I am that I know of
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what
disposition, if any, did he make of same? Had none that I ever
heard of
13. Has he conveyed away any of his property in the last four years, if so, what, was it, and to whom?
Not to my knowledge
14. What is the applicant's occupation and physical condition?
Collector - His physical condition from my observation
is weak
15. Is the applicant unable to support himself by labor of any sort, if so, why?
He is not, from his weak physical condition
16. How was he supported during the years 1898 and 1899? I do not know -
can testify he was unable to earn a full support
17. What portion of his support for these two years was derived from his own labor or income?
I do not know
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension
under Section 1254, Code? I believe that on account of his
extreme weak physical condition he is unable
to labor of any kind or calling, sufficient to earn a full
and independent support
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this

17 day of January, 1900.

John R. Walker, M.D. Ordinary.

Witness.

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 _____

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 154.
(FOR THOSE ALREADY ENROLLED.)

No. 471

INDIGENT

SOLDIER'S PENSION

1902.

Name William W. York

County Fulton.

Co. E. Co. Regiment 9th

WARRANT ISSUED

11/6 1902.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

York W. W.

JOHN W. LINDSEY, State Printer, Atlanta.

CODE SECTION 154.
(FOR THOSE ALREADY ENROLLED.)

No. 316

INDIGENT

SOLDIER'S PENSION

1907.

Name W. H. York

County Fulton

Co. F. Regiment 1st

WARRANT ISSUED

11/6 1907.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

York W. H.

JOHN W. LINDSEY, State Printer, Atlanta.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears Billington W York of Fulton.

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 birth 1830; that he is 71 years old and by occupation a none 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 3 yrs in Company E of 9 th Regiment of Ga Artillery; that his physical condition is as follows: Age & poverty

that his property consists of the following items:

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1902. I have heretofore as a resident of Fulton county been allowed a pension for the year 11902

Sworn to and subscribed before me, this the 15th day of Jan 1902.

Ordinary.

STATE OF GEORGIA,
Fulton County.

I, John R. Wilkinson

Ordinary of said County,

do certify that I am well acquainted with Billington W York 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.

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,

County.

Personally appears B. H. York 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 April 18____; that he is 77 years old and by occupation a Merchant, 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 yrs in Company B of 1 th Regiment of Art; 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 _____ day of _____ 1907.

Ordinary.

State of Georgia,

County.

I, John R. Wilkinson Ordinary of said County,

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

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

John R. Wilkinson
Ordinary _____ 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 _____

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

Executed in presence of _____ [L. S.]

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.

Executed in the presence of _____ [L. S.]

CODE SECTION 1284.
(FOR THOSE ALREADY ENROLLED.)

No. 96

INDIGENT

SOLDIER'S PENSION
1903.

Name B. W. York

County

Co. E Regiment 9th

Eva City

WARRANT ISSUED

1/20 1903

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1/24

Geo. W. Harris, State Printer, Atlanta.

no data

York, Bellingham
Fulton County

CODE SECTION 1284.
(FOR THOSE ALREADY ENROLLED.)

No. 39

INDIGENT

SOLDIER'S PENSION
1904.

Name B. W. York

County

Co. G Regiment 7th

Eva City

WARRANT ISSUED

1/20 1904

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1/24

Geo. W. Harris, State Printer, Atlanta.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears B W York 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 Birth 1830; that he is 72 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 3 yrs in Company E, of 9 th Regiment of Yca Arty; that his physical condition is as follows: A & P.

that his property consists of the following items: _____

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

Deponent desires to participate in the benefits of the Act, approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1903. I have heretofore as a resident of _____ county been allowed a pension for the year 1 _____.

Sworn to and subscribed before me, this the _____ day of JAN 02 1904 1903.

Ordinary.

STATE OF GEORGIA,

County.

I, B W York Ordinary of said County, do certify that I am well acquainted with B W York 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 JAN 20 1903 day of JAN 20 1903 1903.

Ordinary

County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1908.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Fulton County.

Personally appears B W York 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 Birth 1830; 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 3 yrs in Company E, of 9 th Regiment of Yca Arty; that his physical condition is as follows: Infirm & Age.

that his property consists of the following items: _____

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 Fulton County been allowed a pension for the year 1 _____.

Sworn to and subscribed before me, this the _____ day of _____ 1904.

Ordinary.

STATE OF GEORGIA,

Fulton County.

I, B W York Ordinary of said County, do certify that I am well acquainted with B W York 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 JAN 20 1904 day of JAN 20 1904 1904.

Ordinary

Fulton County.

NOTE.—The blank spaces must be filled.

NOTE.—Affidavit should not be attested before January 1st, 1908.

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

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

(FOR THOSE ALREADY ENROLLED.)

No. 131

INDIGENT

SOLDIER'S PENSION

1905.

Name

B. H. York

County

Fulton County

Co.

Co. Regiment 7th Ca.

WARRANT ISSUED

1/8

1905.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

no date

(FOR THOSE ALREADY ENROLLED.)

No. 133

INDIGENT

SOLDIER'S PENSION

1906.

Name

B. H. York

County

Fulton County

Co.

Co. Regiment 9 Ca.

WARRANT ISSUED

1/7

1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

[Signature]

THE FRANKLIN PRINTING AND PUBLISHING CO., ATLANTA, GA.

no date

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

County.

Personally appears B. H. York 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 Georgia) during the war between the States, and served for the term of 4 yrs in Company C, of 9th Regiment of Ca. Artillery; 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 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 day of APR 1905.

Ordinary.

STATE OF GEORGIA,

County.

I, B. H. York 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.

Ordinary

County.

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

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

County.

Personally appears B. H. York 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 his life 18; that he is 20 years old and by occupation a Merchant; 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 yrs in Company C, of 1th Regiment of Ca. Artillery; that his physical condition is as follows: Age and poverty

that his property consists of the following items: no property

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 County, been allowed a pension for the year 1905.

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

Ordinary.

State of Georgia,

County.

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

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

Ordinary

County.

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

Georgia - Fulton County

Personally appeared before, the undersigned,
Ordinary of said County, David H. Goady,
presented as a witness in support of the ap-
plication of Ballington M. York, for a Pension
under Section 1284 of the Code and being
sworn true answers to make depositions and
answers as follows: said York was at
one time a private in McQuinn's Battery, of
Johnston's Army, in the service of the Confederate
States, of which Company, DeForest was also
a member, and said York remained a member
of said Company from about the month of
July, 1864 and continued a member thereof
in service with the same, until the sur-
render of the Confederate States Army,
on the 26th day of April, 1865, and was a
faithful and efficient soldier, and that
witness has no interest in the recovery of
a Pension for said Applicant.

Sworn to and subscribed
before me, January 19th 1901.
John W. Wilkerson
Ordinary

D. H. Goady

THE OFFICE
Director

For Fullon County

(UNDER ACT OF 1919)

....., Ordinary

For: 22- March 1951
(Name of Passenger)

Date of Death: 26.1.7, 1985

Amount: \$ 60.00

PAID TO ORDINARY ON THIS CLAIM: in

DATE	FUND FROM WHICH PAID	\$	Ct.
1935			

5-9 60 00

8 31-36 *OXE*

8.37-26

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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x	150	✓	od	TOTAL	150
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Approved, and ordered paid

44-159-195

Alfred

A. L. HENSON,

Director, Veterans Service Office.

A.W. YORK 88 HALL ST. ATLANTA

pay \$50. to him.

Application for Payment of Expenses of Last Illness and Funeral

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

GEORGIA, _____ County:

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

Sworn to and subscribed before me,
this the _____ day of _____, 1935.
_____, Ordinary.

CERTIFICATE OF THE ORDINARY

GEORGIA, _____ County.

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

Given under my hand and seal of office, this the _____ day of _____, 1935.
(Seal of Ordinary) _____ Ordinary.

Received of Thomas H. Jeffries, Ordinary, the
sum of \$ 60.00 for funeral expense of MARY YORK.
I further certify that this account has not been paid and is
now owing to me.
This 20th day of May 1935.

JOS. W. AWTRY, Pres. & Treas.
FRANK B. LOWNDES, Vice-Pres. & Mgr.

PHONES: WALNUT 1000
WALNUT 1001

AWTRY & LOWNDES COMPANY FUNERAL DIRECTORS

AMBULANCE SERVICE

31 Cain Street, N. W.

ATLANTA, GA.

3/20/25/

IN ACCOUNT WITH

Mr. A.W. York,

No. 88 Hall Street,

Atlanta, Ga.

For Mrs. Mary J. York,

3/17/35/

One Complete Funeral Contract. ---- \$255.40

I, Paul V. Ray, of Awtry & Lowndes Co. hereby
Certify that the foregoing is a true, just and unpaid
bill.

Awtry & Lowndes Co.
By *Paul V. Ray*

Sworn to and subscribed before me
this 22 day of March 1935.

C.C. ORDINARY

Received of Thomas H. Jeffries, Ordinary, \$ 150.00

to apply on account of Mrs. Mary York

I certify that this account has not been paid and is now owing to me.

This 2 day of Sept 1935.

Awtry & Lowndes Co.

Awtry & Lowndes Company

21 Cain St., N. W.

Atlanta, Ga.

Date 3-20-35

Received of *Mr. A.W. York*
Two Hundred Fifty Four and Dollars
For *last 90m bill*
\$ 254.40

AWTRY & LOWNDES CO.

Thank you By *A.W. York*

This is to certify that this is a true copy
of the death certificate of Mrs. Mary J. York
as appears on the records of this office.

U. B. Boyant
Deputy Local Registrar.

Sworn to and subscribed before me
this 20th day of March 1935.

N. B. Buchanan
Notary Public Fulton County Ga.

wa 10 66

Received of Thomas H. Jeffries, Ordinary, the
sum of \$ 60.00 for funeral expense of MARY YORK.

I further certify that this account has not been paid and is
now owing to me.

This 20th day of May 1935.

Antony J. Lounder Co
L. Miller

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by accident or involuntary conditions or occupation? Where was disease contracted? If not at place of death.

V. 2-3



CERTIFICATE OF DEATH GEORGIA DEPARTMENT OF PUBLIC HEALTH

Bureau of Vital Statistics

Registered No. 179

1. PLACE OF DEATH

County Eulton Militia District (Number and Name) _____ State of Georgia
City or Town Atlanta Ga. Length of residence in this city or town: Yrs. ____ Mos. ____
Street and Number (No.) 88 (Street) Hall St Center hill Ga. Ward ____
(If death occurred in a hospital, give its name instead of street and number)

2. FULL NAME

Mrs. Mary J. York.
Residence (City or Town) 88 Hall St. (Street and Number) Atlanta Ga. (State) GA.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female 4. COLOR or RACE White 5. Single, Married, Widowed, Divorced (write the word) Married
6. DATE OF BIRTH (month, day, year) 1842
7. AGE 93 Years Months Days If less than one day Hours Minutes
(a) Trade, profession or particular kind of work done, as spinner, weaver, bookkeeper, etc. House work.
(b) Industry or business in which work was done, as cotton mill, sawmill, bank, etc.
(c) Date deceased last worked at this occupation (month and year) (d) Total years spent in this occupation

8. BIRTHPLACE

(P. O. Address) Ga.

FATHER

10. NAME S. Walker.
11. BIRTHPLACE (P. O. Address) Ga.

MOTHER

12. MAIDEN NAME Dont Know.
13. BIRTHPLACE (P. O. Address) Ga.

14. INFORMANT

(Signed) A. W. York.
(Address) Atlanta Ga.

15. BURIAL PLACE

(Cemetery) Hollywood.
(Postoffice) Atlanta Ga. Date Mar. 19, 1935

16. UNDERTAKER

(Signed) Avary & Lomdas.
(Address) Atlanta Ga.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH March 17, 1935 at 6:00 A.M.
(Month, Day, Year)

17. I HEREBY CERTIFY, That I attended the deceased from Mar. 7, 1935 to Mar. 17, 1935

I last saw the DE alive on Mar. 16, 1935 death is said to have occurred on the date and hour stated above.
The principal cause of death and related causes of importance in the order of onset and duration of each:
Cause unknown.

Other contributory causes of importance:

What test confirmed diagnosis? (Specify whether culture, specimen, laboratory, or clinical)

If death was due to external cause (violence) fill in also the following:
Was injury an accident, suicide, or homicide?

Where did injury occur (Specify city or town, if outside of limits, the county, and the state)

Did injury occur in a home, public place or industry?

Manner of injury

Nature of injury

(Signed) J. E. G. Greer M.D.
(Address) Chattahooches Ga.

18. FILED March, 19, 1935

(Signed) Wm L. Gilbert
(Name, Position)