

Ordinary's Certificate

STATE OF GEORGIA,

DeKalb COUNTY }

I, James D. Lindsey Ordinary of said County, certify that I know the applicant Henry D. Durr as the person he represents himself to be and resides in said county. That I also know _____ 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.

Given under my hand and official seal of office the 13 day of Oct 1919

of James D. Lindsey Ordinary
of DeKalb County, }

(SEAL)

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and witnesses in the following words: "You are sworn to the truth in the answers you make to the questions asked you and the witnesses to the truth in the answers they make to the questions asked them." 2. Additional affidavits may be obtained if these forms are insufficient. 3. Affidavits may be taken by the Ordinary of the county in which the applicant or witness resides and must be sworn to by each Ordinary.

Durr, Henry D.
De Kalb Co.

No. 2111 Jan 1920

Confederate
Soldier's Application

Under Act 1910—As Amended by Act of 1919.

County De Kalb
Name Henry D. Durr
Company 6
Regiment Florida

Approved _____

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-17-1919

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

10-17-1919

Ordinary's Certificate

STATE OF GEORGIA.

DeKalb COUNTY.

I, James P. George Ordinary of said County, certify that I know the applicant Henry D. Duane 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 17 day of Oct 1919

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.

Application for Soldier's Pension Under Act 1910 Amended by Act 1919

Questions For Applicants to Answer

STATE OF GEORGIA.

DeKalb COUNTY.

Henry D. Duane 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)
Henry D. Duane Duane Co. P.O. Atlanta Ga
2. How long and since when have you been a continuous resident citizen of this State?
18 years Sept 11, 1901
3. Did you enlist in the Army of the Confederate States or in the organized militia of this State from 1861 to 1865?
Confederate States
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service)
Oct 1861 Florida, Company C 5th Florida
5. How long did you remain in the actual military service with said Company and Regiment? (Give date of discharge)
March 26th of April 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service?
March 26th of April 1865
7. Were you actually present with your command when it was surrendered or discharged? No
8. If you were not actually present, state specifically and clearly where you were.
San Hospital at Fort Valley Ga
- a. Where was your command when you left it? Newbury S. Bettina
- b. When did you leave the command? 1st day of Feb 1865
- c. For what cause did you leave? Sickness
- d. By whose authority did you leave? Regimental Physician (Dr. Holden)
- e. For how long was your leave granted? In what way? Under discharge by the Physician when War was ended
- f. Why did you not return to your command after leave expired? War ended
- g. In what way were you prevented? War ended while at Hospital
- h. What effort did you make to return? No
- i. Were you captured during the war? No at Newbury S. Bettina
- j. If so, when, and where? In what prison were you held and when were you released? Unknown
9. Are you drawing a pension of any amount from this State or the United States? No
10. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the

17th day of October 1919
James P. George Ordinary
of DeKalb County.

(SEAL)

Confederate

Soldier's Application

Under Act 1910 - As Amended by Act of 1919.

County DeKalb

Name Henry D. Duane

Company C

Regiment 5th Florida

Approved James P. George

Ordinary

of DeKalb County.

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co. State Printers, Atlanta.

10-17-1919

Sworn to and subscribed before me, this the 18th day of July 1920

Confederate
Soldier's Application
Under Act 1910 - As Amended by Act of 1919.

County De Kalb
Name Henry D. Durr
Company 6th
Regiment Alamoa
Approved _____

J. W. LINDSEY,
Commissioner of Pensions.
Baptist Publishing Co., State Printing, Atlanta.

10-17-1919

1. Where was your command when you were captured? Fort of July 1865
2. When did you leave the command? 1865
3. For what cause did you leave? Regimental Physician (Dr. Holden)
4. By whose authority did you leave? Regimental Physician (Dr. Holden)
5. For how long was your leave granted? In what way? Until discharged by the Surgeon General when war was ended
6. Why did you not return to your command after leave expired? War ended
7. In what way were you prevented? War ended before at Hospital
8. What effort did you make to return? _____
9. Were you captured during the war? Yes at Lexington Ky
10. If so, when, and where? In what prison were you held and when were you released? Louisville Kentucky
11. Are you drawing a pension of any amount from this State or the United States? No
12. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the 18th day of October 1918

Henry D. Durr
James R. Durr
De Kalb
County

(SEAL)

Application for Pension

State of Georgia

County of De Kalb

Name of Applicant Henry D. Durr

Residence 37 N. Moreland Ave., Atlanta, Ga.

When and where was your command surrendered or discharged? Greensboro, N. C., April 26, 1865

Were you personally present at the surrender? Yes

If not, where were you and how came you there? _____

Was the applicant personally present with his command at surrender? No

If not where was he and how came him there? In hospital in Fort Valley, Ga.

When did he leave his command? July 22, 1864 Where was his command when he left it? Atlanta For what cause did he leave? Wounded in right leg

By whose authority did he leave? Commanding officers and how long was he granted leave? period of disability How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. I was member of same company and saw him constantly in service until he was wounded

In what way was he prevented from returning to his command? Returned for a few days in the early part of 1865 but was unfit for service and was sent back to hospital at Fort Valley where he stayed until after surrender

What effort did he make to return to his command and how do you know? _____

Was applicant captured as a prisoner? Yes If so, when and where? At Lexington Ky when Gen. Bragg entered

In what prison was he held? Louisville, Ky. and when released? held for a few weeks in Louisville, Ky. and Cairo, Ill.

Sworn to and subscribed before me, this the 10th day of October 1912

James R. Durr
De Kalb
County

(SEAL)

Questions for Witnesses as to Service

STATE OF GEORGIA,

Fulton COUNTY

J. H. Durr, of said State and County is hereby presented as a witness in support of the application of HENRY D. DURR 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. H. Durr, Augusta, Ga.

2. How long and since when have you known Henry D. Durr, the applicant? All my life

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State, and how do you know? 37 N. Moreland Ave., and lived in Ga. 13 years

4. When, where and in what Company and Regiment did HENRY D. DURR enlist during war from 1861 to 1865? (Give date and place.) October 1861, Graham Co., Va., Co. C, 6th Va. Reg. Inf.

5. How did you obtain your information of this Service? I was member of same company

6. How long within your own personal knowledge did he perform actual military service with this Company and (Regiment)? (Give date.) From enlistment to July 22, 1864

7. When and where was his command surrendered or discharged (give date and place)? Greensboro, N. C., April 26, 1865

8. Were you personally present at the surrender? Yes

9. If not, where were you and how came you there? _____

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

11. If not where was he and how came him there? In hospital in Fort Valley, Ga.

12. When did he leave his command? July 22, 1864 Where was his command when he left it? Atlanta For what cause did he leave? Wounded in right leg

By whose authority did he leave? Commanding officers and how long was he granted leave? period of disability How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. I was member of same company and saw him constantly in service until he was wounded

13. In what way was he prevented from returning to his command? Returned for a few days in the early part of 1865 but was unfit for service and was sent back to hospital at Fort Valley where he stayed until after surrender

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

15. Was applicant captured as a prisoner? Yes If so, when and where? At Lexington Ky when Gen. Bragg entered

In what prison was he held? Louisville, Ky. and when released? held for a few weeks in Louisville, Ky. and Cairo, Ill.

Sworn to and subscribed before me, this the 10th day of October 1912

James R. Durr
De Kalb
County

(SEAL)

5. How did you obtain your information of this Service? I was member of same company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (Give date) From enlistment to July 22, 1864

7. When and where was his command surrendered or discharged (give date and place) Greensboro, N. C., April 26, 1865

8. Were you personally present at the surrender? Yes

9. If not, where were you and how came you there?

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

11. If not where was he and how came him there? In hospital in Fort Valley, Ga.

12. When did he leave his command? July 22, 1864 Where was his command when he left it? Atlanta For what cause did he leave? Wounded in right leg
By whose authority did he leave? Commanding officers and how long was he granted leave? period of disability How do you know all that you have stated to be true? If of your own knowledge, tell clearly and specifically. I was member of same company and saw him constantly in service until he was wounded

13. In what way was he prevented from returning to his command? Returned for a few days in the early part of 1865 but was unfit for service and was sent back to hospital at Fort Valley, where he stayed until after surrender

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

15. Was applicant captured as a prisoner? Yes If so, when and where? At Lexington Ky when Gen. Bragg entered In what prison was he held? Louisville, Ky and Kentucky Held for a few weeks in Louisville, Ky. and Cairo, Ill., when released and then sent to Vicksburg, Miss. and exchanged

Sworn to and subscribed before me, this the 10 day of October, 1919

W. E. Durr Ordinary of Fulton County, (SEAL)

I certify that I know the witness to the within application; that he is a resident of Richmond Co., Ga., and was duly sworn by me before signing the foregoing affidavit; that he is truth full and trustworthy and his statements are entitled to full faith and credit. This Nov. 10 1919
W. E. Durr
Ordinary, Fulton Co., Ga.

NAME Durr, Henry D. YEAR 1920 COUNTY De Kalb.

WHEN AND WHERE BORN? A resident of Georgia since Sept. 11, 1906, 13 years.

ENLISTED WHEN AND WHERE? October, 1861, Gadsden County, Florida (witness states).

RANK.

COMPANY AND REGIMENT? Company C, 6th Florida Regiment Infantry

RANK OF CAPTAIN AND COLONEL?

WOUNDED? Left my command Feb. 5, 1865 on account of sickness by authority of Regimental Physician (Dr. Holder) and was sent to hospital at Fort Valley, Georgia.

CAPTURED, WHEN AND WHERE? Captured at Lexington, Kentucky when Gen. Bragg entered and held in Louisville, Ky., for a few weeks. Was sent to Vicksburg, Miss. and exchanged.

RELEASED. Exchanged at Vicksburg, Miss. (does not state when)

WHEN AND WHERE SURRENDERED? Command surrendered at Greensboro, N. C., April 26, 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? I was in the hospital at Fort Valley, Georgia. Left my command at Newbury, S. C. on account of sickness.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, J. E. Durr - same company - - - - -No data.

SB.

NAME.

(witness states).

COMPANY AND REGIMENT?

Company C, 5th Florida Regiment Infantry

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Left my command Feb. 5, 1865 on account of sickness by authority of Regimental Physician (Dr. Holder) and was sent to hospital at Fort Valley, Georgia.
CAPTURED, WHEN AND WHERE? Captured at Lexington, Kentucky when Gen. Bragg entered and held in Louisville, Ky., for a few weeks. Was sent to Vicksburg, Miss. and exchanged.

RELEASED. Exchanged at Vicksburg, Miss. (does not state when)

WHEN AND WHERE SURRENDERED? Command surrendered at Greensboro, N. C. April 26, 1865.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU? I was in the hospital at Fort Valley, Georgia. Left my command at Newbury, S. C. on account of sickness.

DIED, WHEN AND WHERE?

BURIED,

WITNESSES, J. E. Durr - same company - - - - -No data.

SB.

ORDINATE CERTIFICATE

STATE OF GEORGIA,

COUNTY }

I, _____ Ordinary of said County, do certify that I know _____ 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 _____ day of _____ 19____

(SEAL) _____ Ordinary, _____ County.

NOTES: 1. Before any questions are answered, the Ordinary shall prove by affidavit that the following conditions are true: 1. That the applicant is a bona fide continuing resident of the County of _____ Georgia, 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____ 2. That the applicant is a bona fide continuing resident of the County of _____ Georgia, 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____ 3. That the applicant is a bona fide continuing resident of the County of _____ Georgia, 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____ 4. That the applicant is a bona fide continuing resident of the County of _____ Georgia, 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____ 5. That the applicant is a bona fide continuing resident of the County of _____ Georgia, 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____ 6. That the applicant is a bona fide continuing resident of the County of _____ Georgia, 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____ 7. That the applicant is a bona fide continuing resident of the County of _____ Georgia, 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____ 8. That the applicant is a bona fide continuing resident of the County of _____ Georgia, 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____ 9. That the applicant is a bona fide continuing resident of the County of _____ Georgia, 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____ 10. That the applicant is a bona fide continuing resident of the County of _____ Georgia, 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____

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 DeKalb
Name Mary E. Echols
Widow of M. M. Echols
Company H
Regiment 2 Ga
Approved John W. Polaski
Commissioner of Pensions
11-14-22

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

2-1-1922

30 day of January 1922
Charles D. Mason Ordinar
 of Fulton County
 (REAL.)

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 22nd day of November 1879.

H. V. Bayne (L.S.)
Ordinary.

Georgia, DeKalb County.

I Certify that N. M. Echols and Miss M. E. Giles were joined in matrimony by me, this 23rd day of Nov. Eighteen Hundred and Seventy Nine.

W. B. Armstrong, M. G.

Georgia, DeKalb County.

I, E. H. Mason, Clerk of the Court of Ordinary in and for said County, do hereby certify that the above and foregoing copies of marriage license and certificate of marriage, are true, correct and complete copies of the marriage license and certificate of marriage of N. M. Echols and Miss M. E. Giles, as appears of record in Book "C", Record of Marriages, Page 192.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of said Court of Ordinary at Decatur, Georgia, this 31st day of January, 1922.

E. H. Mason
Clerk Court Ordinary DeKalb County, Georgia.

of Georgia, and he was on the ~~Army~~ Pension Roll of the State and paid a pension of \$70.00 in Fulton County for 1917 per annum, on account of being a soldier in Company H 2nd Ga. Regiment DeKalb (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of DeKalb and she since ~~her marriage~~ has so continuously resided since day of April 1921 Lived in Georgia all her life.

Sworn to and subscribed before me, this the

30 day of January 1922
James R. George Ordinary
of DeKalb County.
(SEAL)

Mrs Mary E. Echols
36 Ferguson St.

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

STATE OF GEORGIA,

Fulton COUNTY.

Personally before me comes L. H. Giles known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. Mary E. Echols, who made the foregoing affidavit, is the lawful widow of N. M. Echols who died in Fulton County in said State of Georgia on 26 day of Feb. 1917, and that she has not since remarried. That she became the wife of N. M. Echols on the 18, 79 day of 18, 79, and that she and he had resided together as man and wife continuously since 18, 79, and that the N. M. Echols was the same man who was on the pension roll of said State from Fulton County when he died.

Sworn to and subscribed before me, this the

30 day of January 1922
David M. Mable Ordinary
of Fulton County.
(SEAL)

L. H. Giles

POWER OF ATTORNEY.

STATE OF GEORGIA.

De Kalb County.

I, Harriet E. Eidsen, hereby authorize Wm. M. Ramsey of De Kalb County, to receive and receipt for the pension allowed and pay to me at _____ by his check or registered mail.

Witness my hand this 29th day of Oct 1901.

Harriet E. Eidsen

 County, _____

WITNESSES

WITNESSES TO SIGNATURE

WIDOW'S
 Indigent Pension.
 1901.

Eidsen, Harriet
De Kalb Co

OK.

No. _____

Name Harriet Eidsen
 County De Kalb
 Widow of Jefferson Eidsen
Brown Malitia
 Approved 4/8 1901.

JOHN W. LINDSEY,
 Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

8/14/1901
Harrison - Ramsey

Approved _____ 1901.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT HANDED TO _____
1801.
Geo. W. Harrison, State Printer, Atlanta, Ga.

3/14/1901.
Houston & Ramsey

W. M. Ragsdale
check or registered mail.
1901
3/14/1901
Houston & Ramsey

POWER OF ATTORNEY.

STATE OF GEORGIA.

I, De Kalb County, hereby authorize W. M. Ragsdale of De Kalb 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 27th day of Feb 1901.
Executed in presence of Harriet E. Edison L. R.
De Kalb County.

SEAL

Questions for Applicant.

STATE OF GEORGIA.

I, De Kalb County, hereby authorize W. M. Ragsdale of said State and County, desiring to avail himself of the Pension allowed to Indigent Widows of Confederate Soldiers, under Act of General Assembly, passed 1900, hereby submit her proof, and after being duly sworn true answers to make to the following questions, depose and swear as follows:
1. What is your name and where do you reside? (Give State, County and Post Office.)
Harriet E. Edison De Kalb County, Georgia
2. How long and since when have you been a resident of this State?
Since 1827
3. When and where were you born?
July 1827, in De Kalb County, Ga.
4. When and where was your husband born—state his full name, and when were you and he married?
Oct 1827, in De Kalb Co, Jefferson C. Edison August 1850.
5. When and where, and in what Company and Regiment did your husband enlist or serve during the war between the States?
Served in Brown's Militia for six months, enlisted Aug 1862.
6. How long did your husband serve in said Company and Regiment?
Six months then enlisted in Morgan's Cavalry in Transportation Department.
7. When and where did your husband's Company and Regiment surrender and was discharged?
He was under the laws and was discharged at surrender, and he was.
8. Was your husband present at the time and place when his Company and Regiment surrendered?
He was.
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?
X
10. When and where did your husband die?
June 1888, in De Kalb Co.
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?
Age 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.
For years
13. What has been your occupation since your husband's death?
House work in keeping house
14. How much can you earn gross, by your own exertion or labor?
Nothing
15. What property, real or personal, or income do you have or possess, and its gross value?
None
16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same?
None
17. In what counties did you reside in 1899 and 1900, and what property did you own for taxation?
In De Kalb Co.
18. How have you been supported since death of husband, and especially for 1899 and 1900?
By my children
19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income?
Sixty dollars in 1899 and 1900.
20. What was your employment during 1899 and 1900—how much did you receive for each year?
Did nothing but little house work.
21. Have you a family? If so, who compose such family? Give their means of support. Have they any lands or other property?
None
22. Have you ever made an application for pension before?
No
23. How many applications have you made for a Pension, and under what name?
None
Sworn to and subscribed before me this 27th day of Feb 1901, at De Kalb County, Georgia.
W. M. Ragsdale Ordinary,
Harriet E. Edison mark

WIDOW'S

Indigent Pension.

1901.

Name Harriet Edison
County De Kalb
Widow of Jefferson C. Edison
Harriet Edison
Approved 4/8 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

1901.

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

3/14/1901
Houston & Ramsey

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. *ten years*

13. What has been your occupation since your husband's death? *house work in keeping house*

14. How much can you earn, gross, by your own exertion or labor? *nothing*

15. What property, real or personal, or income do you have or possess, and its gross value? *none no income*

16. What property, real or personal, did you possess at death of husband or he left you, and of the year 1899-1900, and what disposition, if any, by sale or gift, have you made of the same? *none made no disposition any*

17. In what counties did you reside in 1899 and 1900, and what property did you return for taxation? *in De Kalb County none*

18. How have you been supported since death of husband, and especially for 1899 and 1900? *by my children*

19. How much did your support cost for each of those years, and how much did you contribute by your own labor or income? *nothing under \$100 in De Kalb County nothing*

20. What was your employment during 1899 and 1900, and how much did you receive for each year? *did nothing but little house work*

21. Have you a family? If so, who compose such family? Give their means of support. Have they any lands or other property? *none*

22. Have you ever made an application for pension before? *no*

23. How many applications have you made for a Pension, and under what name? *none*

Sworn to and subscribed before me this *29* day of *Feb* 190*1* *Harriet E. Edison* Ordinary, *De Kalb* County.

WIDOW'S
Indigent Pension.
1901.

Name *Harriet Edison*
County *De Kalb*
Widow of *Jefferson B. Edison*
Brown Malata
Approved *7/18* 1901.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT FORWARDED TO

3/14/1901 *London Ramsey*

Questions for Witnesses

STATE OF GEORGIA,

De Kalb County.

Joe Pinnell of said State and County, having been presented as a witness in support of the Application of Mrs. *Harriet Edison* for a Pension under the Act of 1900, and after having been 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? *Joe Pinnell in De Kalb County*

2. Are you acquainted with the applicant, Mrs. *Harriet Edison*? *Yes for fifty to sixty years*

3. How long have you known her? *in De Kalb County all her life*

4. When and where was she born? *in 1827 De Kalb County*

5. Were you ever acquainted with her husband? *I was*

6. Where did he reside in 1861? *in De Kalb County*

7. When and to whom was he married? *in 1850 to Harriet Pinnell*

8. When and where was he born? *De Kalb County*

9. How long have you known him? *thirty to forty years*

10. When and where did *Jefferson B. Edison* enlist in the war between the States, and in what Company and Regiment did he enlist and how do you know this? *in Person in the 6th Georgia Infantry, then in the 1st Georgia Cavalry, then in the 1st Georgia Heavy Artillery, then in the 1st Georgia Heavy Artillery, then in the 1st Georgia Heavy Artillery*

11. Were you a member of the same Company and Regiment? *I was*

12. How long did he perform regular military duty? *About one year in military duty and one year in transportation*

13. When and where was his Company and Regiment surrendered and discharged from service? *at surrender April 1865 at Anderson De Kalb Co.*

14. Were you with the command when it surrendered? *I was*

15. Was *Jefferson B. Edison* the husband of applicant present? *he was*

16. If not present, where was he? *X*

17. When and where did he leave his Command? *X*

For what cause? *X*

By whose authority he left? *X*

How do you know all this? (State fully and clearly.) *X*

24. Is applicant able to earn a support at least of any sort, if not why? *I think not on account of old age*

25. How was she supported for 1899 and 1900? *by her children*

26. How much did applicant contribute to her support for last two years? *nothing*

27. Give a full and complete statement of applicant's physical condition? *On account of old age she is unable to make a support*

28. What interest have you in the recovery of this pension by the applicant? *none*

Sworn to and subscribed before me this *27* day of *Feb* 190*1* *Joe Pinnell* Ordinary, *De Kalb* County. *Wm. Hardman* Witness.

Affidavits of Physicians.

STATE OF GEORGIA,

De Kalb County.

Personally before me comes _____ and _____ both known to me to be reputable physicians of said county, who, being severally sworn, say on oath that they have examined carefully Mrs. _____ applicant for a Pension under Act of 1900, and after such personal examination say that her physical condition is this _____

and we have no interest in said pension if allowed.

Sworn to and subscribed before me this _____ day of _____ 190____ Ordinary, _____ County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

De Kalb County.

I, *W. M. Raggs* Ordinary in and for said county, hereby certify that the applicant, Mrs. *Harriet Edison* resides in said county, and has been a bona fide resident of this State since _____ day of *July* 18*77*, and that the witnesses, Mr. *Joe Pinnell* and *Wm. Hardman* are of trustworthy character, and that their statements are entitled to full faith and credit.

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

I further certify that the tax digest of *De Kalb* county shows that applicant returned for taxation in her own name in 1899 *none* dollars worth of property, and in 1900 *none* dollars worth of property.

Witness my hand and official seal, this _____ day of *March* 190*1* *W. M. Raggs* Ordinary, *De Kalb* County.



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 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 inefficient.

3. All affidavits must be made before Ordinary.

4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 20th April, 1865, not entitled.

5. Witnesses and two Physicians are necessary to make out claim.

18. When and where did *Jefferson B. Edison* die? *in 1888 in De Kalb County*

19. Where did he reside at his death and how long had he been a resident of Georgia at his death? *in De Kalb County all his life*

20. Do you of your own knowledge know that applicant is the lawful widow of *Jefferson B. Edison*? *Yes*

21. Has she remained unmarried since her soldier husband's death, and is now his widow? *she has not in still his widow*

22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge? *none no income*

23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it? *none*

24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom? *none*

25. What is applicant's physical condition and her chances and ability to earn a support? *on account of old age she is not physically able to make a support*

16. If not present, where was he? X
17. When and where did he leave his Command? X
For what cause? X
By whose authority he left? X
How do you know all this? (State fully and clearly.) X

18. When and where did Jefferson L. Eidson die?
Jan 1888 in De Kalb County
19. Where did he reside at his death and how long had he been a resident of Georgia at his death?
In De Kalb County All his life
20. Do you of your own knowledge know that applicant is the lawful widow of Jefferson L. Eidson?
Yes
21. Has she remained unmarried since her soldier husband's death, and is now his widow?
She has not. I am still his widow
22. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?
None. No income
23. What property, effects or income did applicant possess in 1899 and 1900 and what disposition did she make of it?
None
24. Has applicant conveyed any property in last two years or given any away, if so what was it and to whom?
None
25. What is applicant's physical condition and her chances and ability to earn a support?
On account of old age she is not physically able to make a support.

Ordinary,
County,
ORDINARY'S CERTIFICATE.
STATE OF GEORGIA,
De Kalb County.
I, W. M. Ragsdale, Ordinary in and for said county, hereby certify that the applicant, Mrs. Harriet Eidson, resides in said county, and has been a bona fide resident of this State since _____ day of July 1897, and that the witnesses, Mr. Joe Binnell and W. B. Hardeman are of trustworthy character, and that their statements are entitled to full faith and credit.
I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavit was read to the applicant and witnesses before the same was signed and subscribed.
I further certify that the tax digest of De Kalb county shows that applicant returned for taxation in her own name in 1899 None dollars worth of property, and in 1900 None dollars worth of property.
Witness my hand and official seal, this 4th day of March 1901.
{ SEAL } W. M. Ragsdale Ordinary,
De Kalb County.
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 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. All affidavits must be made before Ordinary.
4. Only widows who were the wives of the dead husbands while they were soldiers need apply—and are now widows. Those married since 28th April, 1868, not entitled.
5. Witnesses and two Physicians are necessary to make out claims.

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.
I, Harriet Eidson, hereby authorize J. W. Church of De Kalb Co. to receive and receipt for the pension paid hereon, and request that he remit same to me at Lawrenceville.
In Witness Whereof, I have hereunto set my hand and seal, this 15th day of Jan 1902.
Harriet Eidson [L. S.]
Executed in presence of
W. L. Martin

POWER OF ATTORNEY.

STATE OF GEORGIA,
De Kalb County.
I, Harriet Eidson, hereby authorize J. W. Church of De Kalb County to receive and receipt for the pension paid hereon, and request that he remit same to me at Home.
In Witness Whereof, I have hereunto set my hand and seal, this 12th day of Jan 1903.
Harriet Eidson [L. S.]
Executed in the presence of
J. W. Church
B. B. Church
W. S. Power Jr

Eidson Harriet
De Kalb County
To Those Heretofore Paid.
1902.
No. 363
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1902.
PAID TO
Mrs. Eidson Harriet
OF
De Kalb County,
Widow of Jefferson L. Eidson
Co. Infantry Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
11/3 3 1902
AND PAID TO
J. W. Church
CITY OF ATLANTA, GA.

Eidson Harriet
De Kalb County
To Those Heretofore Paid.
1903.
No. 164
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1903.
PAID TO
Mrs. Harriet Eidson
OF
De Kalb County,
Widow of Jefferson L. Eidson
Co. Infantry Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
1/23 3 1903
AND PAID TO
J. W. Church
CITY OF ATLANTA, GA.

Edison Harriet
To Those Heretofore Paid

1902.

No. *363*

INDIGENT WIDOW'S PENSION,
For year ending Dec. 31, 1902.

PAID TO *Mrs. Edison Harriet*
OF *De Kalb* County,
Widow of *Jefferson B. Edison*
Co. *1st* Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
AND PAID TO *Ju. C. C. C.*
1902

U.S. W. MARSHALL, EAST-PRINTER, ATLANTA, GA.

Edison Harriet
To Those Heretofore Paid

1903.

No. *184*

INDIGENT WIDOW'S PENSION,
For year ending Dec. 31, 1903.

PAID TO *Mrs. Edison Harriet*
OF *De Kalb* County,
Widow of *Jefferson B. Edison*
Co. *1st* Regiment
JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED
AND PAID TO *Ju. C. C. C.*
1903

U.S. W. MARSHALL, EAST-PRINTER, ATLANTA, GA.

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of *De Kalb* } *Harriet Edison*

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 *July 1827*. That she is the Widow of *Jefferson B. Edison* who was a soldier in Company *1st* of the *State Militia* Regiment of

Volunteers, that he enlisted in said regiment on or about the month of *April* 1862, and served in the Army up to *June* 1865. That he died on the *18th* day of *June* 1868.

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 1850.

I have been allowed an Indigent pension as a resident of *De Kalb* County, under Act 1900, for the year 1902, 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.

W. M. Ragsdale, Ordinary. Post-Office

State of Georgia, } *W. M. Ragsdale*
De Kalb County, } Ordinary of said County, certify that I am well acquainted with Mrs. *Harriet Edison*, 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 *July* 1827.

Given under my official signature and seal, this the *15th* day of *Jan* 1902.

Official Seal. Ordinary of *De Kalb* County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

Form No. 1.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
County of *De Kalb* } *Harriet Edison*

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 *July 1827*. That she is the Widow of *Jefferson B. Edison* who was a soldier in Company *1st* of the *State Militia* Regiment of

Volunteers, that he enlisted in said regiment on or about the month of *April* 1862, and served in the Army up to *June* 1865. That he died on the *18th* day of *June* 1868.

From old age and Poverty unable to make a support

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 1850.

I have been allowed an Indigent pension as a resident of *De Kalb* County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this *8th* day of *Jan* 1903.

W. M. Ragsdale, Ordinary. Post-Office *Dunwoody Ga.*

State of Georgia, } *W. M. Ragsdale*
De Kalb County, } Ordinary of said County, certify that I am well acquainted with Mrs. *Harriet Edison*, 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 *July* 1827.

Given under my official signature and seal, this the *8th* day of *Jan* 1903.

Official Seal. Ordinary of *De Kalb* County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

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 1850.

I have been allowed an Indigent pension as a resident of De Kalb County, under Act 1900, for the year 1902, and now apply for the pension provided by law for the year ending December 31, 1902.

Sworn to and subscribed before me, this 15 day of Jan 1902. W. M. Ragsdale, 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. Harriet Eidson, 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 July 1827.

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

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 1850.

I have been allowed an Indigent pension as a resident of De Kalb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1903.

Sworn to and subscribed before me, this 8 day of Jan 1903. W. M. Ragsdale, Ordinary. Post-Office Dunwoody Ga

State of Georgia, De Kalb County. I, W. M. Ragsdale, Ordinary of said County, certify that I am well acquainted with Mrs. Harriet Eidson, 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 July 1827.

Given under my official signature and seal, this 8 day of Jan 1903. W. M. Ragsdale, Ordinary of De Kalb County.

NOTE.—All blanks must be filled.
Vouchers and affidavits must bear date after January 1st, 1903.

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County. Harriet Eidson hereby authorize W. M. Ragsdale 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 14 day of January 1904. Harriet Eidson [L. S.]

Executed in presence of James R. George Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, De Kalb County. Mrs. Harriet Eidson hereby authorize W. M. Ragsdale of Dunwoody Ga to receive and receipt for the pension paid hereon, and request that he remit same to Mrs. Harriet Eidson at Dunwoody Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 17 day of January 1905. Harriet Eidson [L. S.]

Executed in presence of James R. George Ordinary

De Kalb County
TO THOSE HERETOFORE PAID.
1904.
No. 178
INDIGENT WIDOW'S PENSION
FOR YEAR ENDING DECEMBER 31, 1904.
Mrs. Harriet Eidson
De Kalb County,
Widow of Jefferson Eidson
Co. 8 Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED Jan 15 1904.
AND FORWARDED TO W. M. Ragsdale
Gen. W. Harrison, State Printer, Atlanta.

Eidson, Harriet
De Kalb County
TO THOSE HERETOFORE PAID.
1905.
No. 324
INDIGENT WIDOW'S PENSION,
For year ending Dec. 31, 1905.
Mrs. Harriet Eidson
De Kalb County,
Widow of Jefferson Eidson
Co. 8 Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED Jan 17 1905.
AND FORWARDED TO W. M. Ragsdale
Gen. W. Harrison, State Printer, Atlanta.

To Those Heretofore Paid.
1904.
 No. 176
INDIGENT WIDOW'S PENSION
 FOR YEAR ENDING DECEMBER 31, 1904.
 PAID TO Mrs Harriet Edson
DeKalb County.
 Widow of Jefferson T. Edson
 Co. B Regiment.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED 130 1904.
 AND HANDLED TO 18 July
 Geo. W. Harrison, State Printer, Atlanta.

To Those Heretofore Paid.
1905.
 No. 324
INDIGENT WIDOW'S PENSION
 For year ending Dec. 31, 1905.
 PAID TO Mrs Harriet Edson
DeKalb County.
 Widow of Jefferson T. Edson
 Co. B Regiment.
 JOHN W. LINDSEY,
 Commissioner of Pensions.
 WARRANT ISSUED 130 1905.
 AND HANDLED TO 18 July
 Geo. W. Harrison, State Printer, Atlanta.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of DeKalb } Harriet Edson
 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 July 1827. That she is the Widow of
Jefferson T. Edson who was a soldier in Company
B of the militia Regiment of
 Volunteers, that he enlisted in said regiment on or about the month of
1863, and served in the Army up to April 1865. That he died
 on the day of June 1888.
Age and poverty

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 1860.

I have been allowed an Indigent pension as a resident of DeKalb
 County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the
 year ending December 31, 1904.

Sworn to and subscribed before me,
 this 14 day of July 1904. } Harriet Edson
James R. George Ordinary. } Post Office Decatur Ga

State of Georgia, } I, James R. George
DeKalb County, } Ordinary of said County, certify that I am well
 acquainted with Mrs. Harriet Edson 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 July 1827.
 Given under my official signature and seal, this 14 day of July 1904.
James R. George
 Ordinary of DeKalb County

NOTE.—All blanks must be filled.
 Vouchers and Affidavits must bear date after January 1st, 1904.

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES MRS.
 County of DeKalb } Harriet Edson
 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 July 1827. That she is the Widow of
Jefferson T. Edson who was a soldier in Company
B of the militia Regiment of
 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 died on
 the day of June 1888.
Age and poverty

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 1860.

I have been allowed an Indigent pension as a resident of DeKalb
 County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the
 year ending December 31, 1905.

Sworn to and subscribed before me,
 this 17 day of July 1905. } Harriet Edson
James R. George Ordinary. } Post Office Decatur Ga

State of Georgia, } I, James R. George
DeKalb County, } Ordinary of said County, certify that I am well
 acquainted with Mrs. Harriet Edson 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 July 1827.
 Given under my official signature and seal, this 17 day of July 1905.
James R. George
 Ordinary of DeKalb County

NOTE.—All blanks must be filled.
 Vouchers and Affidavits must bear date after January 1st, 1905.

soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 50

I have been allowed an Indigent pension as a resident of DeKalb County, under Act 1900, for the year 1903, and now apply for the pension provided by law for the year ending December 31, 1904.

Sworn to and subscribed before me, this 14 day of July 1904. Harriett E. Edison Ordinary. James R. George Post Office Dunwoody Ga

State of Georgia, DeKalb County. I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Harriett Edison, 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 July 18 27

Given under my official signature and seal, this the 14 day of July 1904. James R. George Ordinary of DeKalb County



NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1904.

soldier, and that she has never married since his death aforesaid, and that she became his wife in the year 18 _____

I have been allowed an Indigent pension as a resident of DeKalb County, under Act 1900, for the year 1904, and now apply for the pension provided by law for the year ending December 31, 1905.

Sworn to and subscribed before me, this 17 day of July 1905. Harriett E. Edison Ordinary. James R. George Post Office Dunwoody Ga

State of Georgia, DeKalb County. I, James R. George Ordinary of said County, certify that I am well acquainted with Mrs. Harriett Edison, who made the above affidavit and am satisfied that the facts therein stated are true, and I know she is the individual she represents herself to be, and that she has continuously resided in this State since the day of _____ 18 _____

Given under my official signature and seal, this the 17 day of July 1905. James R. George Ordinary of DeKalb County



NOTE.—All blanks must be filled. Vouchers and Affidavits must bear date after January 1st, 1905.

POWER OF ATTORNEY.

STATE OF GEORGIA, DeKalb County. I, Harriett Edison hereby authorize J. N. Chubb of Dunwoody Ga to receive and receipt for the pension paid hereon, and request that he remit same to Harriett Edison at Dunwoody Ga. In Witness Whereof, I have hereunto set my hand and seal, this day of July 1906. Harriett Edison [L. S.]

Executed in presence of James R. George Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA, _____ County. I, Harriett Edison hereby authorize J. N. Chubb of Dunwoody Ga to receive and receipt for the pension paid hereon, and request that he remit same to Harriett Edison at _____. In Witness Whereof, I have hereunto set my hand and seal, this day of January 1907. Harriett Edison [L. S.]

Executed in presence of James R. George Ordinary

ord. by Harriett Edison
DeKalb Co.
To Those Heretofore Paid.
1906.
No. 191
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1906.
PAID TO
Mrs. Harriett Edison
DeKalb County,
Widow of Jeff Edison
Co. 1st Regt. 1st Div. 24th
Inf. Regt.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
12-1906,
AND FORWARDED TO
J. N. Chubb
THE PENNELL PRINTING AND PUBLISHING CO., ATLANTA, GA.

Edison, Harriett
DeKalb County
To Those Heretofore Paid
1907.
No. 3074
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1907.
PAID TO
Mrs. Harriett Edison
DeKalb County,
Widow of Jeff Edison
Co. 1st Regt. 1st Div. 24th
Inf. Regt.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
12-1907,
AND FORWARDED TO
J. N. Chubb
THE PENNELL PRINTING AND PUBLISHING CO., ATLANTA, GA.

Eidson, Harriet
De Kalb Co.
To Those Heretofore Paid.
1906.
No. *191*
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1906.
PAID TO
Mrs. Harriet Eidson
De Kalb County.
Widow of *Jeff Eidson*
of *Brown's Mil.* Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
1/2 1906,
AND PAID TO
Dr. Keith
THE PENNSYLVANIA PRINTING AND PUBLISHING CO., ATLANTA, GA.

Eidson, Harriet
De Kalb County
To Those Heretofore Paid
1907.
No. *3074*
INDIGENT
WIDOW'S PENSION,
For year ending Dec. 31, 1907.
PAID TO
Mrs. Harriet Eidson
of
De Kalb County,
Widow of *Jeff Eidson*
of *Brown's Militia* Regiment.
JOHN W. LINDSEY,
Commissioner of Pensions.
WARRANT ISSUED
1/31 1907,
AND PAID TO
Dr. Keith
THE PENNSYLVANIA PRINTING AND PUBLISHING CO., ATLANTA, GA.

Form No. 1

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES Mrs.
County of *De Kalb* } *Harriet Eidson*
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 *July 1827* That she is the Widow of
Jeff Eidson who was a soldier in Company
of the *Brown's Militia* Regiment of
Volunteers, that he enlisted in said regiment on or about the month of
186*2*, and served in the Army up to *April* 186*5* That he died on
the *Age & poverty* day of *June* 18*88*

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

I have been allowed an Indigent pension as a resident of *De Kalb* County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1906.

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

State of Georgia, } *James R. George*
De Kalb County, } Ordinary of said County, certify that I am well
acquainted with Mrs. *Harriet Eidson*, 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 *15th*
day of *18*

Given under my official signature and seal, this the *15* day of *January* 1906.



Ordinary of *De Kalb* County,

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

Form No. 2

FOR INDIGENT WIDOWS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA, } PERSONALLY COMES Mrs.
County of *De Kalb* } *Harriet Eidson*
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 That she is the Widow of
Jeff Eidson who was a soldier in Company
of the *Brown's Militia* Regiment of
Volunteers, that he enlisted in said regiment on or about the month of
186, and served in the Army up to 186 That he died on
the day of 18
Age and poverty

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

I have been allowed an Indigent pension as a resident of *De Kalb* County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the year ending December 31, 1907.

Sworn to and subscribed before me
this *15* day of *January* 1907.
James R. George, Ordinary. Post Office

State of Georgia, } *James R. George*
De Kalb County, } Ordinary of said County, certify that I am well
acquainted with Mrs. *Harriet Eidson*, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the
day of 18

Given under my official signature and seal, this the *15* day of *January* 1907.



Ordinary of *De Kalb* County,

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

Volunteers, that he enlisted in said regiment on or about the month of _____
186³, and served in the Army up to April 186⁵. That he died on
the _____ day of June 18⁸⁸
Age and poverty

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

I have been allowed an Indigent pension as a resident of De Kalb
County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the
year ending December 31, 1906.

Sworn to and subscribed before me
this 15 day of January 1907.
James R. George, Ordinary. Post Office _____

State of Georgia, } James R. George
De Kalb County, } Ordinary of said County, certify that I am well
acquainted with Mrs. Harriet Eideron, 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 18th
day of _____ 18____

Given under my official signature and seal, this the 15 day of January 1907.

{ Official
Seal }

James R. George
Ordinary of De Kalb County,

NOTE.—All blanks must be filled.
Vouchers and Affidavits must bear date after January 1st, 1906.

Volunteers, that he enlisted in said regiment on or about the month of _____
186____, and served in the Army up to _____ 186____. That he died on
the _____ day of _____ 18____
Age and poverty

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

I have been allowed an Indigent pension as a resident of DeKALB
County, under Act 1900, for the year 1906, and now apply for the pension provided by law for the
year ending December 31, 1907.

Sworn to and subscribed before me
this 15 day of January 1907.
James R. George, Ordinary. Post Office _____

State of Georgia, } James R. George
DeKALB County, } Ordinary of said County, certify that I am well
acquainted with Mrs. Harriet Eideron, who made the above affidavit, and
am satisfied that the facts therein stated are true, and I know she is the individual she represents
herself to be, and that she has continuously resided in this State since the _____
day of _____ 18____

Given under my official signature and seal, this the 15 day of January 1907.

{ Official
Seal }

James R. George
Ordinary of DeKALB County.

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

No. 1915

Widow's Pension

✓ UNDER ACT 1910

County Okla

Name Mrs. Margaret E. Eiden

Widow of Robert Eiden

9-38th Ya.

ENTERED ROSTER OFFICE 4/25/18

11/23/14

J. W. LINDSEY,

Commissioner of Pensions

Chas. F. Byrd, State Printer

10/5/1914

*Witness sworn
deaf, approximately
(W. R.)*

Q-3844 ya.
ENTERED ROSTER OFFICE 4/25/18
11/23/14
J. W. LINDSEY,
Commissioner of Pensions
Chas. F. Byrd, State Printer
10/24/1814

Application for Pension by a Widow Under Act of 1910...Questions for Applicant.

STATE OF GEORGIA,
DeKalb County.

Personally before me comes Mrs Margaret E. Eldred 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 Margaret E. Eldred, DeKalb Co., Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? 77 years August 14th 1837
3. When, where and to whom were you married? George W. Eldred, DeKalb Co., Ga.
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.) July 1861, DeKalb Co. Company, Co. 38th Ga.
5. When and where did the Commands of your husband surrender or discharge from the army? April 9th 1865, Appomattox, Va.
6. Was your husband personally present at the time of the surrender or discharge of this Command? No. He was in prison.
7. If he was not present state clearly where he was? In Prison
8. Where was his command when he left? Captain
9. For what cause did he leave his Command? Prisoner
10. By whose authority did he leave his Command? Captain
11. For how long was he granted leave of absence?
12. What was his physical condition when he left his Command?
13. What effort did he make to return to his Command? Prisoner
14. In what way was he prevented from going back to Command?
15. Was he captured by the enemy at any time? He was
16. If so, when and where captured and where held as a prisoner, and when and for what cause released? Captured in October 1864
17. When and where did your husband die? Jan 19th 1906
18. Were you residing together when he died? We was
19. If not, how long had you resided apart?
20. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1906? (State same by items.) I own a one eighth interest in 58 acres of land valued at \$365.00
21. What property of any kind have you sold or given away since Nov. 4, 1906? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.) Nothing

11. What property of any description of any value have you now? one fifth interest in 58 acres of land
Give list and cash value. \$365.00
12. What are your annual earnings or income from any source and their value? Nothing but a small rent from my land
13. Have you or your husband heretofore been paid a pension by the State? No
If so, when and for what cause were you or your husband placed on the Roll? In 1865, my husband was placed on the Roll, both before and after the war
Sworn to and subscribed before me this the 29 day of October, 1918
Margaret E. Eldred Ordinary
of DeKalb County.

Widow's Pension
UNDER ACT 1910
Name Mrs Margaret E. Eldred
County DeKalb
Widow of George W. Eldred
Q-3844 ya.
ENTERED ROSTER OFFICE 4/25/18
11/23/14
J. W. LINDSEY,
Commissioner of Pensions
Chas. F. Byrd, State Printer
10/24/1814

h. Was he captured by the enemy at any time?
i. If so, when and where captured and where held as a prisoner, and when and for what cause released? Captured in October 1864

j. When and where did your husband die? July 19th 1906
k. Were you residing together when he died? We was
l. If not, how long had you resided apart?
9. What property of any description did you own, hold or control for your use and its cash value, Nov. 4, 1906? (State same by items.) I own a one fifth interest in 88 acres of land valued at \$365.00
10. What property of any kind have you sold or given away since Nov. 4, 1906? What was received for it and what did you do with the proceeds thereof? (Give items and cash value.)
Nothing

11. What property of any description of any value have you now? one fifth interest in 88 acres of land
Give list and cash value. \$365.00
12. What are your annual earnings or income from any source and their value?
Nothing only a small rent from my land
13. Have you or your husband heretofore been paid a pension by the State?
If so, when and for what cause were you or your husband placed on the Roll? For 1864-1865
Interest in 88 acres of land valued at \$365.00
Sworn to and subscribed before me this the
29 day of October 1914
James R. George Ordinary,
of Dekalb County.

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

Dekalb County.
Personally before me comes D. A. Elin 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 Mrs Margaret E. Elin?
3. How long and since when has she continuously resided in this State? (Give date.)
all her life, all her life
4. When and to whom was she married? Robert E. Elin How do you know? was at the marriage
5. How long and since when did you know Robert E. Elin her husband? 5-6 years
6. When and where did Robert E. Elin the husband of Applicant die? July 19th 1906 Dekalb Co
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?
Were they divorced? No

9. When, where and in what Company and Regiment did Robert E. Elin enlist?
July 1861 in Dekalb Co Company 85 38th Regt
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from 1861 to April 1865
12. When and where did his Command surrender, and was discharged?
April 9th 1865
13. Were you personally present when it was surrendered? I was If not where were you? Present and how came you there? Present

14. Was the husband of applicant personally present at surrender? Present If not where was he? In Prison when, where and for what cause did he leave Command? (Give date.) Captured By whose authority did he leave his Command? Prisoner and how long was he granted leave? was present How do you know all this?

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? Was in Prison at Fort Pickens
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? in Prison

Sworn to and subscribed before me this the
29 day of October 1914
James R. George Ordinary,
of Dekalb County.

O F R I L D E R S.

STATE OF GEORGIA,

Dekalb County.
Personally before me comes Det. Elin & W. Y. Bolton who on oath says that they are freeholders of said County and that they know Mrs Margaret E. Elin of said County and know what property she owned on 4th Nov. 1906, and its cash value to be as set out by Schedule (A) as follows: one fifth interest in 88 acres of land
NO Personal property \$
Notes and accounts due \$
Total \$ 365.00

Schedule (B).
We know the property sold or given away since Nov. 4th 1906, 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, use and control to-wit:
one fifth interest in 88 acres of land \$ 365.00
NO Horses and Mules \$
NO Cows and Hogs \$
Other Property \$
Income and Earnings \$
Total Value of all property and effects \$ 365.00

Sworn and subscribed before me this the
29 day of Oct 1914
James R. George Ordinary,
of Dekalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Dekalb County.
I, James R. George Ordinary of said County do certify that I know Mrs Margaret E. Elin 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 Nov. 1906.
That I also know D. A. Elin the witness who swears to the service of husband, and Det. Elin & W. Y. Bolton 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 Mrs. M. E. Elin Returned for Tax is for 1908 11.95 for 1910 11.95 for 1911 11.95 for 1912 11.95 for 1913 11.95 1914, 1915
Sworn under my hand and official seal of office this 30 day of October 1914
(SEAL.) James R. George 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. All affidavits must be made before the Ordinary.
4. Only widows who married prior to first January 1870, are entitled.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some persons, or by general reputation.

Sworn and subscribed before me this the
 29 day of Oct 1914
 James R. George
 of DeKalb County.

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? from 1861 to April 1865

12. When and where did his Command surrender, and was discharged? April 9th 1865

13. Were you personally present when it was surrendered? I was If not where were you Present and how came you there? He was

14. Was the husband of applicant personally present at surrender? Present If not where was he? In Prison when, where and for what cause did he leave Command? (Give date.) Captured By whose authority did he leave his Command? Prisoner and how long was he granted leave? was present How do you know all this?

15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? was in Prison at Fort Lindsay

16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? In Prison

Sworn to and subscribed before me this the
 29 day of Oct 1914
 James R. George Ordinary.
 of DeKalb County.

Sworn and subscribed before me this the
 29 day of Oct 1914
 James R. George
 of DeKalb County.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,
 DeKalb County.

I, James R. George Ordinary of said County do certify that, I know Mrs. Margaret E. Eidson 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 Nov. 1908.

That I also know Robert Eidson the witness who swears to the service of husband, and David Chesnut 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 Mrs. Margaret E. Eidson Returned for Tax is for 1908 was for 1910 \$ 100.00 for 1911 \$ 100.00 for 1912 \$ 100.00 for 1913 \$ 110.00 1914, 1915.

Sworn under my hand and official seal of office this 30th day of Oct 1914.

(SEAL) Ordinary,
 County.

(SEAL)

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

State of Georgia,
 DeKalb County. } To any Minister of the Gospel, Judge or Superior Court, Justice of Inferior Court or Justice of the Peace to Celebrate:

You are hereby authorized and permitted to join in the Honorable State of Matrimony Robert Eidson and Margaret E. Chesnut, 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.

Given under my hand and seal this 1st day of January 1867.

J. B. Wilson, Ordinary (L.S.)

I hereby certify that Robert Eidson and Margaret E. Chesnut were joined together in the Holy Bonds of Matrimony on the 10th day of January 1867 by me.

David Chesnut J.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said county, do hereby certify that the above and foregoing copy of marriage license and certificate of marriage, is a true, correct and complete copy of marriage license and certificate of marriage of Robert Eidson and Margaret E. Chesnut, as the same appears of record in my office, in Book "B", Record of Marriages, Page 208.

In Testimony Whereof, I have hereunto set my hand and affixed the Seal of said Court of Ordinary at Decatur, Georgia, this 23rd day of October, 1914.

James R. George
 Ordinary DeKalb County, Georgia.

your sufficient License.
Given under my hand and seal this 1st day of January 1887.
J. B. Wilson, Ordinary (L.S.)

I hereby certify that Robert Eidson and Margaret E. Chesnut were
joined together in the Holy Bonds of Matrimony on the 10th day of
January 1887 by me.

David Chesnut J.

Georgia, DeKalb County.

I, James R. George, Ordinary in and for said county,
do hereby certify that the above and foregoing copy of marriage
license and certificate of marriage, is a true, correct and complete
copy of marriage license and certificate of marriage of Robert Eidson
and Margaret E. Chesnut, as the same appears of record in my office,
in Book "B", Record of Marriages, Page 208.
In Testimony Whereof, I have hereunto set my hand and affixed the Seal of
said Court of Ordinary at Decatur, Georgia, this 23rd day of October, 1914.

James R. George
Ordinary DeKalb County, Georgia.

OK. *affidavit*
Wrote Edison *3/6/1899*
Oct 24th October, 1897.
Edison Robert
De Kalb Co.

Residence 4/27/1897
See physician certificate
Rich. Johnson
Comptroller

INVALID
SOLDIER'S PENSION.
1897.

Name *Robert Edison*
County *De Kalb.*
Disability *Disease*
Amount, \$ *50*
1897.

RICHARD JOHNSON,
Commissioner of Pensions.

Warrant Handed to

POWER OF ATTORNEY.
STATE OF GEORGIA,
COUNTY, }

I, _____ hereby authorize _____
to receive and receipt for the pension allowed and
payable to me by the _____
at _____
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this _____
day of _____, 1897.
_____ [L. S.]
Executed in the presence of _____

3/16/97

Disability Disease
Amount, \$ 50
1897.
RICHARD JOHNSON,
Commissioner of Pensions.
Warrant Handed to
GEO. W. HARRISON, STATE PRINTER, ATLANTA

3/16/97

FORNEY.

Form No. 1.

POWER OF ATTORNEY.

Form No. 2.

STATE OF GEORGIA,
COUNTY.

I, Robert Edson hereby authorize
of De Kalb to receive and receipt for the pension allowed and
request that he remit same to at
by at
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this
day of May 1897.

Executed in the presence of

[L. S.]

For Use of Applicants Who have Not Heretofore Drawn.

Form No. 1.

STATE OF GEORGIA,

De Kalb COUNTY.

PERSONALLY appears Robert Edson of De Kalb
County, State of Georgia, who being duly sworn says on oath that he was born on the 30th
day of May 1830, that he is a bona fide citizen and resident of Georgia, and
has been continuously since the 30 day of May 1830,
that he enlisted in the military service of the Confederate States (or the State of

Georgia) during the war between the States, and served as a
in Company A of 38th Regiment
of Volunteers Gordon's Brigade; that whilst engaged in
such military service, and in line of duty in the State of Virginia,
day of December 1861, he was disabled or wounded as follows:

He had a severe attack of Rheumatism and
nervous prostration, was confined in
hospital for two months, was taken
prisoner on the 19th of Sept 1864 at the
Winchester battle and carried to point
Lookout, Md. While in prison suffered
from the disease up to his discharge from
prison after the surrender. After the
war was so diseased and broken down
in health that he never was well
suffered all the while from nervous prostration.
For over a year he has been unable to do
anything as all but a greater portion of his time
has been confined to his bed from the disease.

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 thereunder,
ending October 26th, 1897.

Sworn to and subscribed before me, this the

11th day of March 1897.

Post Office,

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 did not disable.
Note.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

INVALID SOLDIER'S PENSION.

1897.

Name Robert Edson

County De Kalb

Disability Disease

Amount, \$ 50

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

Warrant Handed to

GEO. W. HARRISON, STATE PRINTER, ATLANTA

3/16/97

4/2/98

Approved 4/2/98
Su. Physician and Private
Rich. Edson
Comp. Gen.
4/2/98

ok. 1
Wrote E. Nelson
3/6/1899
net 24th October, 1897.
Bridgwater, Rodent
1 The Kalk C.

INVALID
SOLDIER'S PENSION.

1897.

Name Robert Edison
County DeKalb
Disability Disease
Amount, \$ 50

_____, 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

Warrant Handed to

GEORGE W. HARRISON, STATE PRINTER, ATLANTA

3/16/97

The Instructions are set out

from me and all my friends and all of my
prison after the surrender. After the
war was so diseased and broken down
in health that he never was well
suffered all the while from nervous prostration.
For over a year he has been unable to do
anything at all but a greater portion of his time
has been confined to his bed from the disease.

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 thereunder, ending October 26th, 1897.

Sworn to and subscribed before me, this the
17th day of March 1897. } ^{hus} Coleman & Eidson
Wm Ragsdale } mark Service, Ga.
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 did not disable.

Note.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

Affidavit for Three Witnesses.

Form No. 2.

STATE OF GEORGIA,
De Kalb County. }

PERSONALLY appears before me, the undersigned, Ordinary in and for said County, _____
John H. Cawley
 and *John H. Cawley* _____ personally known to me to be trustworthy citizens,
 each of whom, being duly sworn according to law, severally say, under oath, that they are personally well
 acquainted with *Robert E. Cawley*

whose application is herewith presented for a pension, that he has resided in this State continuously since the 30th day of March 1880, that he served in Company A of the 38th Regiment of Indiana Brigade, and from our personal knowledge he was injured by the service as follows: *(give full statement, and tell in your own language when and how the injury happened, and how badly applicant is disabled from work. If he does any labor, or can do any, state what.)*

labor, or can do any, state what)
He had one attack of Chlorationism and
nervous prostration while in service, in
1862. He was taken prisoner at the battle
of Antietam and carried to Mary's Hook where
he was kept till the surrender.
Apparently he has recovered entirely since
the war as I find him being able to go
about his work. For the past year he
has been suffering from a nervous
affection so that he has been unable to
do any thing being confined to his
room a great part of the time. He is
unable to do any work at all as yet
before from the disease he contracted while in the
army. We were with him in the army and have known him ever

WE personally know above stated facts. We were with him in the army, and have known him ever since. He was honorably discharged or retired from the service on _____ day of _____ 186____. Applicant is permanently disabled as stated, and has been so to our certain knowledge ever since 1862. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this 11th day of March 1897.

Wm. Rapadec }
Ordinary. W. R. Harrocks
D. A. Chessnut
W. H. Ball

Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are legally qualified to the same.
2.—Witnesses are asked to make their statements full and explicit.
3.—All blank spaces must be filled when signed.
4.—Three witnesses are required.

PHYSICIANS' AFFIDAVIT.

Form No. 3.

STATE OF GEORGIA,
De Kalb County.

PERSONALLY comes before me W. M. Ragsdale Ordinary of said County,
Geo. N. Flowers and E. J. Miller M.D., both known to
me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully
examined Robert Edson and after such personal examination, say
that the present condition of applicant is as follows:

Suffering from nervous prostration
(and has been for a number of years)
rendering him wholly unable to do
any kind of labor. Has tended ~~himself~~
for the last six years. D.S. Miller, M.D.
and that the condition is permanent.

We further say that said condition arises from the following facts:

Geo. W. Powers further says that he began treating Applicant (R. Eiders) Medically in the year 1890. He turned the treatment down says for Nervous Prostration & General Break down of his System - which rendered him unable to labor.

We have treated applicant professionally for _____ years, and his condition, as above.

stated, does _____ arise from hereditary or congenital causes, or from vicious or
intemperate habits. *Geo. W. Flowers M.D.*

Sworn to and subscribed before me this the }
11th day of March 1897. }
Wm. Pagslee,
ORDINARY.

Note 1.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

Note 2.—If claim is for disability resulting from disease, state how the disease is known to result from the service as a soldier. 3.—State how long physicians have known and treated applicant.

Note 3.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA, }
DeKalb County. }

I, W. M. Rogers, Ordinary of said County,
do certify that I am well acquainted with Robert Eidson 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, to-wit: M. R. Warrick, J. A. Schuman, and W. M. Bae
are persons of respectability, that their statements are worthy of full credit and belief, and that the full
text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this 13th day of March 1897.
M. M. Repidau,
 Ordinary D. C. Koch County.

He was at times unable to go
upon his work for the past year he
has been suffering from a nervous
debility so that he has been unable to
do anything being confined to his
room a great part of the time he is
unable to do any work at all as we
begin from the disease he contracted while in the army

We personally know above stated facts. We were with him in the army, and have known him ever
since. He was honorably discharged or retired from the service on _____ day
of _____ 188____. Applicant is permanently disabled as stated, and has been so
to our certain knowledge ever since 188____. We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me this

11th day of March 1897.
W. R. Karmock
D. A. Chesnut
W. M. Regadec
Ordinary. W. C. B. Ball

Note 1.—The Ordinary will see that the full text of the Affidavit is understood by the witnesses, and that they are
legally qualified to the same.
2.—Witnesses are asked to make their statements full and explicit.
3.—All blank spaces must be filled when signed.
4.—Three witnesses are required.

Sworn to and subscribed before me this the

11th day of March 1897.
W. M. Regadec
Ordinary.

Note 1.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability
resulting therefrom.
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.
Note 3.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

De Kalb County.

I, W. M. Regadec, Ordinary of said County,

do certify that I am well acquainted with Robert Eidson 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, to-wit:
W. R. Karmock, D. A. Chesnut, and W. C. B. Ball
are persons of respectability, that their statements are worthy of full credit and belief, and that the full
text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal this 13th day of March 1897.

W. M. Regadec
Ordinary. De Kalb County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, Robert Eidson hereby authorize R. A. Eidson
of De Kalb

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 8th
day of March 1899.

Robert Eidson [L. S.]
mark

Executed in presence of

W. M. Regadec
Ordinary.

POWER OF ATTORNEY.

STATE OF GEORGIA,

De Kalb County.

I, Robert Eidson hereby authorize R. A. Eidson
of De Kalb

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 15th
day of March 1900.

Robert Eidson [L. S.]
mark

Executed in presence of

L. G. Brown
W. M. Regadec
Ordinary.

Eidson Robert
De Kalb Co

COPIES SECTION 126A
(For Those Already Enrolled.)

No. 3366

INVALID

SOLDIER'S PENSION.

1899.

Name Robert Eidson
County De Kalb
Disability Disease
Amount, \$ 50.
3/9 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDLED TO

R. A. Eidson
GEO. W. JAMMISON, STATE PRINTER, ATLANTA

Noted

Eidson Robert
De Kalb Co
COPIES SECTION 126A
(For Those Already Enrolled.)

No. 3398

INVALID

SOLDIER'S PENSION.

1900.

Name Robert Eidson
County De Kalb
Disability Disease
Amount, \$ 50.
Warrant issued March 18 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO

Robert Eidson
GEO. W. JAMMISON, STATE PRINTER, ATLANTA

Noted

Eidson Robert
De Kalb Co

COURT SECTION 126.
(For Those Already Enrolled.)

No. *3366*

INVALID
SOLDIER'S PENSION.
1899.

Name *Robert Eidson*
County *De Kalb*
Disability *Disease*
Amount, \$ *50.*
3/9 1899.

RICHARD JOHNSON,
Commissioner of Pensions.

WARRANT HANDED TO
R. A. Eidson
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Wdlets

Eidson Robert
De Kalb County

COURT SECTION 126.
(For Those Already Enrolled.)

No. *3397*

INVALID
SOLDIER'S PENSION.
1900.

Name *Robert Eidson*
County *De Kalb*
Disability *Disease*
Amount, \$ *50.*
Warrant issued *April 14* 1900.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO
Robert Eidson
GEO. W. HARRISON, STATE PRINTER, ATLANTA.

Wdlets

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *Robert Eidson 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 *May* 18*30*; 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 *Sergeant* in Company *A* of *38*th Regiment of *Ga* Volunteers, *Gordon*'s Brigade; that whilst engaged in such military service in the State of *Ga* at *Quincy, Georgia* on the day of *Dec* 1862, he was wounded, injured or diseased as follows:

was afflicted with nervous rheumatism from which he has never recovered. He is confined to his bed nearly all the time is unable to make a support or do any kind of work

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1899. I have heretofore under said law as a resident of *De Kalb* County been allowed an invalid pension of *Sixty* Dollars, for the year 189*9*.

Sworn to and subscribed before me, this, *Robert X Eidson* 8th day of *March* 1899. POST OFFICE *Marion, Georgia*

W. M. Ragsdale, Ordinary
Notar—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, *W. M. Ragsdale*, Ordinary of said County, do certify that I am well acquainted with *Robert Eidson* 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 *March* 1899.

W. M. Ragsdale
Ordinary *De Kalb* County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

De Kalb County.

Personally appears *Robert Eidson 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 *20* day of *May* 18*30*; 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 *Sergeant* in Company *A* of *38*th Regiment of *Ga* Volunteers, *Gordon*'s Brigade; that whilst engaged in such military service in the State of *Ga* on the day of *Dec* 1862, he was wounded, injured or diseased as follows:

contracted nervous rheumatism at Quincy Station, Ga, and now so affected as to be unable to do any kind of work, confined to bed nearly all the time,

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 *Sixty* Dollars, for the year 189*9*.

Sworn to and subscribed before me, this, *Robert X Eidson* 18th day of *Jan* 1900. POST OFFICE *Marion, Georgia*

W. M. Ragsdale, Ordinary
Notar—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, *W. M. Ragsdale*, Ordinary of said County, do certify that I am well acquainted with *Robert Eidson* 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 *Jan* 1900.

W. M. Ragsdale
Ordinary *De Kalb* County.