

9

*Handwritten notes and signatures at the top of the page, including a large signature that appears to be 'W. B. ...'.*

212278-

FORM A

Soldier's Application for Pension

The Commissioner of Pensions reserves the right to call for additional testimony if he deems it necessary.

*Handwritten signature: J. B. ...*

Name of Applicant

*Handwritten name: Jas. S. ...*

*Handwritten name: Anderson* County.

Postoffice *Handwritten name: ...*

Filed *Handwritten date: July 5<sup>th</sup> 1911*

Approved *Handwritten date: Dec. 12<sup>th</sup> 1912*

Pension allowed from *Handwritten date: 9 March 1913*

Rejected *Handwritten signature: ...*

*Handwritten signature: ...*  
Commissioner of Pensions.

VON BOECKMANN-JONES CO., PRINTERS, AUSTIN

FORM A

For Use of Soldiers, Who are in Indigent Circumstances

THE STATE OF TEXAS }

County of Anderson }

I, John Sawyer, do hereby make application to the Commissioner of Pensions for a pension to be granted me under the Act passed by the Thirty-first Legislature of the State of Texas, and approved March 26, A. D. 1909, on the following grounds:

I enlisted and served in the military service of the Confederate States during the war between the States of the United States, and that I did not desert the Confederate service, but during said war I was loyal and true to my duty, and never at any time voluntarily abandoned my post of duty in the said service; that I was honorably discharged or surrendered We were disbanded near Houston Harris Co. at the close of war in the summer of 1865 I cant give date of month  
(Give date and cause.)

that I have been a bona fide citizen of this State since prior to January 1, A. D. 1880, and have been continuously since a citizen of the State of Texas. I do further state that I do not hold any national, State, city or county office which pays me in salary or fees one hundred and fifty dollars per annum, nor have I an income from any other employment or other source whatever which amounts to one hundred and fifty dollars per annum, nor do I receive from any source whatever money or other means of support amounting in value to the sum of one hundred and fifty dollars per annum, nor do I own in my own right, nor does any one hold in trust for my benefit or use, nor does my wife own, nor does any one hold in trust for my wife, estate or property, either real, personal or mixed, either in fee or for life, of the assessed value of over one thousand dollars; nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and that I am not an inmate of the Confederate Home, and I do further state that the answers given to the following questions are true:

1. What is your age? About 85 years do not know exactly
2. Where were you born? In Ireland
3. How long have you resided in Texas? 55 years
4. In what county do you reside? Anderson
5. How long have you resided in said county and what is your postoffice address. 25 years P.O. Belknap Texas
6. Have you applied for a pension under the Confederate pension law and been rejected? If rejected, state when and where. No
7. What is your occupation, if able to engage in one? Farmer
8. In what State was the command in which you served organized? Texas
9. How long did you serve? Give, if possible, the date of enlistment and discharge. About 4 years dont know
10. What was the letter of your company, number or name of battalion, regiment or battery? Co. E. 26 Texas Cavalry 1st Reg
11. If transferred from one command to another, give time of transfer, name of command and time of service. Never transferred
12. What branch of the service did you enlist in - infantry, cavalry, artillery or navy? Cavalry



13. If commissioned direct by the President, what was your rank and line of duty?

*Was not Commissioned, was a Private*

14. If detailed for special service, under the law of conscription, what was the nature of your service and how long did you serve?

*Was not detailed*

15. Have you transferred to others any property of any kind for the purpose of becoming a beneficiary under this law?

*No*

Wherefore your petitioner prays that his application for pension be approved and such other proceedings be had in the premises as are required by law

(Signature of Applicant)

*John Sawyer*

Sworn to and subscribed before me, this *20* day of *Nov* - A. D. 19*12*.

*E. V. Smith*

[SEAL.]

County Judge *Anderson* County, Texas.

AFFIDAVIT OF WITNESSES

[NOTE.—There must be at least two credible witnesses.]

THE STATE OF TEXAS

County of *Anderson*

Before me

*H. O. Tyler*

*Notary Public*

County Judge of *Anderson* County,

State of Texas, on this day personally appeared *H. O. Tyler*, who are personally

known to me to be credible citizens, who, being by me duly sworn, on oath state that they personally know

*John Sawyer*

the above named applicant for a pension, and that they personally know that the said

*John Sawyer*

has been a bona fide resident citizen of the State of Texas since prior to January 1, A. D. 1880, and that they have no interest in this claim.

(Signature of Witness)

*H. O. Tyler*

(Signature of Witness)

*W. D. Hawthorn*

Sworn to and subscribed before me, this *15th* day of *June*, A. D. 19*11*.

*H. O. Tyler*  
*Notary Public*  
County Judge *Anderson* County, Texas.

[SEAL.]

AFFIDAVIT OF WITNESSES

(If possible, the two witnesses should have served with the applicant in the army, and, if so, let them, or either, state it in their oath, their source of knowledge; also any information regarding applicant's army service.)

THE STATE OF TEXAS

County of *Montgomery*

Before me

*J. G. Goodson*

*Notary Public*

County Judge of *Montgomery* County,

State of Texas, on this day personally appeared *F. G. Dupree*

who are personally known to me to be credible citizens, who, being by me sworn, on oath state that they are personally acquainted with the foregoing applicant, and that the facts set forth and statements made in his application are correct

and true, to the best of their knowledge and belief, and that they have no interest in this claim, and said applicant's habits are good and free from dishonor. And S further make oath to the following facts

touching the applicant's service in the Confederate Army: (State fully your source of knowledge.)

*I am By Personal knowledge that the applicant served as a Private Soldier about 4 years in Co. E, 26. Texas Cavalry Debrays Regiment. and was never transferred and my recollection is that he was a true and faithful soldier always at his post and never deserted*

(Signature of Witness)

*H. J. DeSpain*

(Signature of Witness)

Sworn to and subscribed before me, this the 20 day of June A. D. 1911

*H. Goodson Notary Public*  
County Judge Montgomery County, Texas.

[SEAL.]

CERTIFICATE OF THE STATE AND COUNTY ASSESSOR

I, O. B. Rogers, State and County Assessor in the County of Anderson

State of Texas, do certify that Joe Lawler nor his wife, nor any  
Trustee for either or his wife, or his trustee, or trustee for his  
wife, whose name is signed to the foregoing application for a pension, under the Act of the Thirty-first Legislature, ap-

proved March 26, A. D. 1909, is charged on the land and personal property rolls of said county with estate, real, per-  
sonal and mixed, at the assessed value of None dollars.

Given under my hand, this 20 day of Nov, A. D. 1912

*O. B. Rogers*  
State and County Assessor.



THE E. L. STECK CO., AUSTIN

Form 109b-S-444-321-1M

MORTUARY WARRANT ACCOUNT

Galvestone Texas, Oct 17 1921

STATE OF TEXAS

To Mrs Amanda Elizabeth Lawler Dr.

WRITE ADDRESS PLAINLY Elkhart Texas

Account of Death of Pensioner No. 21273, County Anderson

Pensioner's Name in full Joseph Lawler

Account must be itemized, but Mortuary Warrant will not be issued for more than Thirty Dollars.

9/20/21.	1	Castet	60 <sup>00</sup>
✓	1	Suit Underwear	2,25
✓	1	Suit Clothes	15.00
✓	1	Shirt	2.50
✓	1	pr shoes	5.00
✓	1	Hose	50
			<u>\$85.25</u>



The above account for Eighty Five & 25/100 Dollars is just, due and unpaid. M.A. Weatherford

Sworn to and subscribed before me this 17 day of October 1921

Notary Public, Anderson County, Texas



E. A. BUFORD, Commissioner

OFFICE OF  
**Commissioner of Pensions**  
State of Texas  
Austin

To the Adjutant General,  
War Department,  
Washington, D. C.

Dear Sir:

I have the honor to request the military record  
of Joe Hamler who is reported to have enlisted in  
Company "E", Regiment 26<sup>th</sup> Texas Cavalry  
W. Pray Reg.  
in the service of the Confederate States Army.

Purpose: The..... person above named is an applicant  
for a Confederate pension granted by this State, and I desire to verify  
his proof of service.

Very respectfully,

E. A. Buford  
Commissioner of Pensions.

WAR DEPARTMENT  
JUL 10 1911

Address: "The Adjutant General,  
War Department, Washington, D. C."

**WAR DEPARTMENT,**  
1803466

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, July 10, 1911.

*Respectfully returned to the*

Commissioner of Pensions,  
State of Texas,  
Austin.

The records show that J. B. Lawler  
(name Joe Lawler not found), private,  
Company E, 26th Texas Cavalry, Con-  
federate States Army, enlisted October  
5, 1861. On the muster roll of the  
company for February, 1864, last on  
file, he is reported present. No lat-  
er record of him has been found.



The Adjutant General.

(A.G. 072-1)

Per

Received A.G.O. JUL 8 1911

APPLICATION FOR MORTUARY WARRANT

STATE OF TEXAS,

County of Anderson } I, Mrs Amanda Elizabeth Lawler

do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late Joseph Lawler, who was a pensioner of the State of Texas, and whose file number is 21273 and whose original county is Anderson

The said pensioner, Joseph Lawler, died on the 20 day of Sept, 1921, in the town of Elkhart County of Anderson, Texas.

The pensioner died in the home of himself & wife who was related to the pensioner as

That the warrant, which application is hereby made for, shall be applied to paying all or part of the expenses incurred by the said pensioner Joseph Lawler

I further certify that the warrant for the current quarter has not been cashed by the pensioner, to the best of my knowledge and belief.

I am related to the pensioner as (Friend) wife and that my home is in the town of Elkhart, County of Anderson State of Texas, that my postoffice address is Elkhart Texas

Signed Mrs. Amanda Elizabeth Lawler

Before me Chas R Stewart County Judge in and for the County of Anderson, State of Texas, personally appeared Mrs Amanda Elizabeth Lawler, who being by me duly sworn did certify to, and sign the foregoing statement.

(Seal of Office)

Chas R Stewart County Judge in and for Anderson Co., Texas.

CERTIFICATE OF UNDERTAKER.

I, W. A. Weatherford, do certify that I am undertaker in the town of Elkhart, County of Anderson, State of Texas that I had charge of the body of Joseph Lawler, who died in the town of Elkhart, County of Anderson, State of Texas on the 20 day of September 1921. That said body was prepared for burial by me on the 20 day of September, 1921. That said body was buried in the Elkhart Cemetery, which is located in the County of Anderson State of Texas, and that I am of the opinion that warrant herein applied for should be issued to the said Mrs Amanda Elizabeth Lawler, who makes the foregoing application.

Signed W. A. Weatherford Undertaker.

CERTIFICATE OF PHYSICIAN.



I, Joseph Lawler, do certify that I am a practicing physician, and that I attended Joseph Lawler in his last illness, and am of the opinion that his ailments were Simply old age

I further certify that I am of the opinion that the Mortuary Warrant above requested should be issued in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislature, and approved March 2, 1917.

Signed J. P. Pardo Physician.

Physician's Address Elkhart Tex

O.H.

APPLICATION FOR MORTUARY WARRANT

STATE OF TEXAS

I, *[Signature]*, County of *[County]* do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late *[Name]*, who was a pensioner of the State of Texas, and whose original county is *[County]* and whose original county is *[County]* and who died on the *[Date]* day of *[Month]*, 19*[Year]*, in the town of *[Town]*, County of *[County]*, State of Texas.

RECEIVED  
MORTUARY OFFICE  
NOV 19 1921

The pensioner died in the home of *[Address]* also was related to the pensioner as *[Relationship]*. That the amount, which application is hereby made for, shall be applied to the extent of the amount incurred by the said pensioner. I further certify that the warrant for the current quarter has not been issued by the pensioner, to the best of my knowledge and belief.

I am related to the pensioner as (Grand) *[Relationship]* and that he resides in the town of *[Town]*, County of *[County]*, State of *[State]*, that my postoffice address is *[Address]*.

Signed *[Signature]*  
in and for *[Name]*, Texas.

CERTIFICATE OF UNDERTAKER

I, *[Signature]*, County of *[County]*, State of *[State]* do certify that I am undertaker in the town of *[Town]*, County of *[County]*, State of *[State]* and that I had charge of the body of *[Name]*, County of *[County]*, State of *[State]* who died in the town of *[Town]*, County of *[County]*, State of *[State]* on the *[Date]* day of *[Month]*, 19*[Year]*. That said body was prepared for burial by me on the *[Date]* day of *[Month]*, 19*[Year]*. That said body was buried in the *[Location]* Cemetery, which is located in the County of *[County]*, State of *[State]* and that I am of the opinion that warrant herein applied for should be issued to the said *[Name]*, who makes the foregoing application.

Signed *[Signature]*  
Undertaker

CERTIFICATE OF PHYSICIAN

I, *[Signature]*, do certify that I am a practicing physician and that I attended *[Name]* in his last illness, and am of the opinion that his ailments were *[Diagnosis]*. I further certify that I am of the opinion that the mortuary warrant above requested should be issued in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-fifth Legislature, and approved March 2, 1917.

Signed *[Signature]*  
Physician's Address *[Address]*