

7

32108

DEAD FORM B.

Widow's Application for a Pension

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

Dead

~~5-21-27~~

Name of Applicant.

*Mrs. M. E. Herrington
Anderson*

County.

Postoffice

*R # 2,
Frankston Texas*

061 22 1915

Filed

Approved

Oct 26 - 1915

Pension allowed from

March 1 - 1916

Rejected

J. C. Jones

Commissioner of Pensions.

For Use of Widows of Soldiers who are in Indigent Circumstances

THE STATE OF TEXAS

COUNTY OF Anderson

I, Mrs. Mary Elizabeth Herrington, do hereby make application to the Commissioner of Pensions for a pension, to be granted me under the Act passed by the Thirty-third Legislature of the State of Texas, and approved April 7, A. D. 1913, on the following grounds:

I am the widow of H. N. Herrington, deceased, who departed this life on the 15th day of August, A. D. 1915, in the county of Anderson, in the State of Texas

I have not remarried since the death of my said husband, and I do solemnly swear that I was never divorced from my said husband, and that I never voluntarily abandoned him during his life, but remained his true, faithful and lawful wife up to the date of his death. I was married to him on the 6th day of Dec, A. D. 1866, in the county of Anderson, in the State of Texas

My husband, the said H. N. Herrington, enlisted and served in the military service of the Confederate States during the war between the States of the United States, and that he did not desert the Confederate Service. I have been a resident of the State of Texas since prior to January 1, A. D. 1900, and have been continuously since a citizen of the State of Texas. I do further state that I do not receive from any source, whatever money or other means of support amounting in value to the sum of \$300.00 per annum, nor do I own in my own right, nor does anyone hold in trust for my benefit or use, estate or property, either real, personal or mixed, either in fee or for life, of the value of one thousand dollars, exclusive of the home of the value of not over \$1,000.00; nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and I do further state that the answers given to the following questions are true:

- 1. What is your age? 65 years of age
2. Where were you born? Newton County, Miss.
3. How long have you resided in the State of Texas? Since 1849 - continuously
4. How long have you resided in the county of your present residence? And what is your postoffice address? Since 1863 - P. O. or R. # 2 - Frankston, Texas
5. Did your husband draw a pension? If so, give his file number. Yes, # 23,987
6. What was your husband's full name? William Newton Herrington
7. What was the date of his death? Aug 15 - 1915
8. In what State was your husband's command originally organized? Texas
9. How long did your husband serve? If known to you give date of enlistment and discharge. Enlisted served about 4 years.
10. What was the name or letter of the company, or number of the battalion, regiment or battery of artillery in which your husband served? If he was transferred from one branch of service to another, give time of transfer, description of command and time of service.

See proof in No 23,987 Anderson Co.

11. Name branch of service in which your husband served, whether infantry, cavalry, artillery or the navy, or if commissioned as an officer by the President, his rank and line of duty, or if detailed for special service, under the law of conscription, the nature of such service, and time of service.

See No 23,987 Anderson County TX

12. 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 her application for a pension may be approved and such other proceedings be had in the premises as are required by law.

(Signature of Applicant) Mrs. M. E. Herrington

Sworn to and subscribed before me, this 14 day of Oct, A. D. 1915

E. V. Swift

[Seal.] County Judge Anderson County, Texas

AFFIDAVIT OF WITNESSES

[Note.—There must be at least two creditable witnesses.]

THE STATE OF TEXAS,)

COUNTY OF Anderson }

Before me, E. V. Swift County Judge of Anderson County,

State of Texas, on this day personally appeared M. W. Hardman + W. H. Gore, who are personally

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

Mrs. M. E. Herington applicant for a pension as the widow of W. H. Herington

deceased, is in truth and fact the widow of W. H. Herington deceased; that they personally

know that she has not remarried since the death of her husband, for whose service in the army she claims a pension,

and that they have no interest in this claim.

(Signature of Witness) M. W. Hardman

(Signature of Witness) W. H. Gore

Sworn to and subscribed before me, this 14 day of Oct, A. D. 1915

E. V. Swift

County Judge Anderson County, Texas.

[Seal.]

AFFIDAVIT OF WITNESSES

[Note.—There must be at least two creditable witnesses.]

THE STATE OF TEXAS,)

COUNTY OF Anderson }

Before me, E. V. Swift County Judge of Anderson County,

State of Texas, on this day personally appeared W. H. Gore + M. W. Hardman, who are personally

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

above named applicant for pension, and that they personally know that the said Mrs. M. E. Herington

has been a bona fide resident citizen of the State of Texas since prior to January 1, A. D. 1900, and that they have

no interest in this claim.

(Signature of Witness) W. H. Gore

(Signature of Witness) M. W. Hardman

Sworn to and subscribed before me, this 14 day of Oct, A. D. 1915

E. V. Swift

County Judge Anderson County, Texas.

[Seal.]

AFFIDAVIT OF WITNESSES

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

THE STATE OF TEXAS, }
COUNTY OF..... }

Before me,....., County Judge of..... County, State of Texas, on this day personally appeared....., who personally known to me to be creditable 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 her application are correct and true, to the best of their knowledge and belief, and that they have no interest in this claim. And further make oath to the following facts touching the service of the applicant's husband in the Confederate Army; (State fully your source of knowledge):

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(Signature of Witness).....

(Signature of Witness).....

Sworn to and subscribed before me, this..... day of....., A. D. 191.....

[Seal.]

County Judge..... County, Texas.

CERTIFICATE OF STATE AND COUNTY ASSESSOR

I, R.R. Sadler, State and County Assessor in the County of Anderson, State of Texas, do certify that Mrs. M. E. Harrington whose name is signed to the foregoing application for a pension, under the Act of the Thirty-third Legislature, approved April 7, 1913, is charged on the tax rolls of said county with a homestead of the value of \$ 950.00 Dollars, and of other property, real or personal, or both, of the value of \$ 410.00 Dollars.

Given under my hand, this 14 day of Oct, A. D. 1915

R.R. Sadler

State and County Assessor.



AFFIDAVIT

995-515-22M

Return this affidavit to J. C. Jones, Commissioner of Pensions, Austin, Texas, on or before October 15, 1915.

ADDERSON

STATE OF TEXAS,

ORIGINAL COUNTY _____
APPLICATION NO. 23987

County of _____ }
This is to certify that I am the identical person to whom a pension has been granted under Articles 6267-6285, R. S., 1911, an Act ap-
proved April 7, 1913.

I also certify that the county in which my application was originally made and the file number of said application, according to the records
in the office of the Commissioner of Pensions, are the same as given in the upper right-hand corner of this affidavit.

I further certify that the same conditions exist as did at the time my application for pension was made, that I do not own real or
personal property to the value of One Thousand Dollars, exclusive of my homestead, the value of which does not exceed One Thousand Dollars;
that my annual income, not including my pension, does not exceed Three Hundred Dollars; that I am a bona fide resident of the State of
Texas, and that I am not an inmate of the Confederate Home.

Signature of Pensioner.

I hereby certify that I am personally acquainted with the pensioner whose signature appears above and that the statements made by
_____ are true and correct.

Witness

Before me, the undersigned authority, personally appeared the above-named parties, well known to me, who state under oath that the
statements herein contained are true and correct.
Sworn to and subscribed before me this _____ day of _____ A. D. 1911

(SEAL) _____ in and for _____ County, Texas.

*This is to certify that the undersigned, _____, are disinterested, credible witnesses and are in no wise related to the applicant whose signature
is affixed to the above statement; that the applicant resides in _____ County, Texas, P. O. _____
that the applicant is the identical person to whom a pension has been granted, and that the conditions which existed at the time of making said
application and on which the pension was originally granted still exist; that the applicant signed the above statement in my presence.
Witness my hand this _____ day of _____ A. D. 1911

Witnesses {

Before me, the undersigned authority, on this day personally appeared _____
known to me to be one of the witnesses who signed the foregoing certificate, and on oath states that the statement of the pensioner above set
out was made and signed in _____ presence, and that the statements contained therein are within the knowledge of affiant true and correct.
Affiant.

Sworn to and subscribed this _____ day of _____ A. D. 1911
(SEAL) _____ in and for _____ County, Texas.

*To be filled out and executed in case applicant cannot go before an officer to make affidavit.
PENSIONER'S NAME AND ADDRESS. _____ Approved for \$ _____

Commissioner of Pensions.

APPLICATION FOR MORTUARY WARRANT

THE STATE OF TEXAS,

County of Anderson } I, Mrs Lotus L. Wherry

do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late Mrs Mary E Herrington, who was a pensioner of the State of Texas, and whose file number was 32108 and whose original county was Anderson

The said pensioner Mrs Mary E Herrington, died on the 12 day of May, 1927, in the town of Neches County of Anderson, State of Texas.

The pensioner died in the home of Mrs Lotus L Wherry who was related to the pensioner as daughter

That the warrant, which application is hereby made for, shall be applied to paying all or part of the funeral expenses incurred by the said pensioner Mrs Mary E Herrington

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) daughter that my postoffice address is Neches Texas Box 72 Street or R. F. D. Neches City State

Signed Mrs Lotus L. Wherry

Sworn to before me this 23 day of May, 1927

C W Dorn

Notary Public in and for Anderson County State of Texas.

CERTIFICATE OF UNDERTAKER

I, do certify that I am undertaker in the town of County of State of that I had charge of the body of who died in the town of County of State of on the day of 1927 That said body was prepared for burial by me on the day of 1927, and that I am of the opinion that warrant herein applied for should be issued to the said who makes the foregoing application.

Signed Undertaker.

CERTIFICATE OF PHYSICIAN

I, Bethune F. McDonald do certify that I am a practicing physician, and that I attended Mrs Mary E Herrington in his last illness, and am of the opinion that his ailments were Valvular Heart Disease

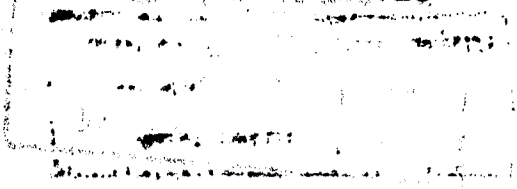
(IX)

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-eighth Legislature and approved March 2, 1923.

Signed Bethune F. McDonald M.D.

Physician's Address Palestine, Tex

Must return before 40 days expires from date of pensioners' death



Handwritten notes or signatures at the top of the page, including the word "RECEIVED" and other illegible characters.

A large, faint handwritten signature or name across the middle of the page, possibly "J. H. ...".

COMPTROLLERS OFFICE
RECEIVED
MAY 26 1897
Delivered To _____
No. _____

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