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*R. G. Erickson*

COMPTROLLER'S OFFICE  
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DEAD FORM NO. 1. 6200

CONFEDERATE PENSION APPLICATION.

Name of Applicant

*H. D. Sumner*

*Anderson* County

Post Office *Palsham*

Comptroller's File No. *6200*

I have carefully examined the within application for pension, together with the supporting affidavits, and I recommend that the application be

approved  
this *14* day of *February*  
A. D. *1900*

*W. H. Brown*  
Pension Clerk

I hereby approve the within application for pension this \_\_\_\_\_ day of \_\_\_\_\_

*W. H. Brown*  
Comptroller

An application rejected by County Judge or County Commissioner should be forwarded to Comptroller.

APPLICATION of Indigent Soldier or Sailor of the late Confederacy for pension under the Act of May 12, 1899.

THE STATE OF TEXAS, }

COUNTY OF Anderson }

To the Honorable County Judge of Anderson County, Texas.

Your petitioner, G. A. Freeman respectfully represents that he is a resident citizen of Anderson County, in the State of Texas, and that he makes this application for the purpose of obtaining a pension under the act passed by the Twenty-sixth Legislature of the State of Texas, and approved May 12, A. D. 1899, the same being an act entitled "An act to carry into effect the amendment to the Constitution of the State of Texas, providing that aid may be granted to disabled and dependent Confederate soldiers, sailors, and their widows under certain conditions, and to make an appropriation therefor," and I do solemnly swear that the answers I have given to the following questions are true.

NOTE—Applicant must make answer to all of the following questions, and such answers must be written out plainly in ink.

- Q. What is your name? Answer G. A. Freeman
- Q. What is your age? Answer 68 years
- Q. In what County do you reside? Answer Anderson County
- Q. How long have you resided in said County and what is your post office address? Answer 29 years  
P. O. Dorchu Texas
- Q. Have you applied for a pension under the Confederate Pension Law heretofore, and been rejected? If so state when and where. Answer No.
- Q. What is your occupation if able to engage in one? Answer Farming
- Q. What is your physical condition? Answer Feeble from age, Rheumatism and  
lame eye with impairment
- Q. If your physical condition is such that you are unable by your own labor to earn a support, state what caused such disability. Answer Age and Rheumatism
- Q. State in what company and regiment you enlisted in the Confederate army, and the time of your service? Answer Company "G" 13th Texas Cavalry (Mounted) little over 3 years
- Q. If you served in the Confederate navy state when and where, and the time of your service. Answer No.
- Q. State whether or not you have received any pension or veteran donation land certificate under any previous law, and if you answer in the affirmative state what pension or veteran donation land certificate you have received. Answer None
- Q. What real and personal property do you now own, and what is the present value of such property? Give list of such property and value. Answer Two houses of the value of thirty dollars  
Two cows their calves of value \$15.00 a piece = \$30.00



Q. What property, and what was the value thereof have you sold or conveyed within two years prior to the date of this application? Answer None

Q. What income, if any, do you receive? Answer None

Q. Are you in indigent circumstances; that is, are you in actual want, and destitute of property and means of subsistence? Answer I am

Q. Are you unable by your labor to earn a support? Answer I am

Q. Have you transferred to others any property of value of any kind for the purpose of becoming a beneficiary under this law? Answer No

Q. Did you ever desert the Confederacy? Answer No

Q. Have you been continuously since the first day of January, 1880, a bona fide resident citizen of this State? Answer Yes

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

(Signature of Applicant) Z. A. Freeman

Sworn to and subscribed before me this 25<sup>th</sup> day of July A. D. 1899

(SEAL) G. M. Anderson  
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, G. M. Anderson

County Judge of Anderson County, State of Texas, on this day personally appeared J. H. Noble

who are personally known to me to be credible citizens, who being by me duly sworn on oath, state that they personally know Z. A. Freeman the above named applicant for a pension, and that they personally know that the said Z. A. Freeman enlisted in the service of the Confederacy, and performed the duties of a soldier (or sailor) as claimed by him in the above and foregoing application, and that they further know that he, the said applicant, is unable to support himself by labor of any sort.

(Signature of Witness) J. H. Noble

(Signature of Witness) John Campbell

(Signature of Witness) \_\_\_\_\_

(Signature of Witness) \_\_\_\_\_

Sworn to and subscribed before me this 12 day of August A. D. 1899

(SEAL) G. M. Anderson  
County Judge Anderson County, Texas.

AFFIDAVIT OF PHYSICIAN.

THE STATE OF TEXAS,

COUNTY OF Anderson } Before me G. W. Henderson  
County Judge of Anderson County, State of Texas, on this day personally appeared

....., who is a reputable practicing physician of this County, who being by me duly sworn on oath, states that he has carefully and thoroughly examined

applicant for a pension, and finds him laboring under the following disabilities which render him unable to labor at any work or calling sufficient to earn a support for himself: Chronic conjunctivitis with drooping of lower eyelids and pharyngitis with slight fibrillar heart trouble. also general debility from over strain & age.

(Signature of Physician) J. C. McLaughry.

Sworn to and subscribed before me this 22 day of July A. D. 1899

(SEAL)

G. W. Henderson  
County Judge Anderson County, State of Texas.

CERTIFICATE OF COUNTY JUDGE.

THE STATE OF TEXAS,

COUNTY OF Anderson } I, G. W. Henderson  
County Judge of Anderson County, State of Texas, do hereby certify that on the 19<sup>th</sup>  
day of Feb A. D. 1900

before me came on to be heard the application of G. A. Freeman for a pension under the Confederate Pension Law of this State, approved May 12, A. D. 1899; that the answers of said applicant to the questions propounded were made under oath as the same appear in writing in the foregoing application; that the affidavits of the witnesses who are credible citizens were made before me as the same hereinbefore appear, and that the foregoing affidavit of Doctor J. C. McLaughry who is a reputable practicing physician of this County, was made before me. I also certify that the said applicant

G. A. Freeman is not an inmate of the Texas Confederate Home, nor otherwise disqualified under the provision of Section 12, of the Confederate Pension Law. I further certify that after considering all the proceedings had before me relative to the said application for a pension by the said G. A. Freeman I find the said applicant is lawfully entitled to the pension provided by the Confederate Pension Law of this State, and I hereby approve said application.

Witness my hand and seal of office at Palestine Texas this 13<sup>th</sup>  
day of February A. D. 1900

(SEAL)

G. W. Henderson  
County Judge Anderson County, State of Texas.

CERTIFICATE OF COUNTY COMMISSIONERS.

THE STATE OF TEXAS,

COUNTY OF Anderson } We, the undersigned members of the Commissioners Court of  
Anderson County, Texas, hereby certify that the foregoing application of G. A. Freeman

for a pension, together with the proof in support thereof, was duly submitted by Hon. G. W. Henderson County Judge of this Anderson County, to the Commissioners Court of this Anderson County, at a regular term thereof on the 13<sup>th</sup>  
day of February A. D. 1900, and after a careful consideration of the same we find the said applicant is lawfully entitled to the pension provided for by the Confederate Pension Law of this State, and we hereby approve said application.

Witness our hands and seal of office at Palestine Texas this 13<sup>th</sup>  
day of February A. D. 1900

(Signatures of Commissioners.)

(SEAL)

Wm. B. Roylis.  
B. G. Farley  
Geo. L. Simmons  
J. E. Fitzgerald,



APPLICATION FOR MORTUARY WARRANT

THE STATE OF TEXAS,

County of McLennan } I, C. M. Freeman

do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late Z. A. Freeman, who was a pensioner of the State of Texas, and whose file number was 6200 and whose original county was Anderson

The said pensioner Z. A. Freeman, died on the 30 day of April, 1927, in the town of Mar- County of McLennan Texas.

The pensioner died in the home of Mrs Mary Ford 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 Z. A. Freeman

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) son that my postoffice address is Mar-

City

Street or R. F. D.

State

Signed C. M. Freeman

Sworn to before me this 16 day of May, 1927.

Notary Public in and for McLennan State of Texas.

CERTIFICATE OF UNDERTAKER

I, C. J. Russell, do certify that I am undertaker in the town of Mar- County of McLennan, State of Texas, that I had charge of the body of Z. A. Freeman who died in the town of Mar- County of McLennan, State of Texas on the 30 day of April 1927. That said body was prepared for burial by me on the 30 day of April 1927, and that I am of the opinion that warrant herein applied for should be issued to the said C. M. Freeman who makes the foregoing application.

Signed C. J. Russell Undertaker.

CERTIFICATE OF PHYSICIAN

I, M. L. Langford, M.D., do certify that I am a practicing physician, and that I attended Z. A. Freeman in his last illness, and am of the opinion that his ailments were

severely complicated by influenza.

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 M. L. Langford M.D.

Physician's Address Mark, Texas

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

