	FORM No. 1. 36	1
CONFEDI	ERATE PENSION APPLICAT	10
Qa	Name of Applicant,	0
	Drint Pindale 1	oui
Post Office	s File No. 360	-
I have ca	arefully examined the within applicat	ion
tivo	ther with the proof in support thereo	of, a
1/1/	Moord	•••••
is 5	. day of / / / /	• • • • • • • • • • • • • • • • • • • •
D. / 8	day of C	/
nis 7	aday of Control of Pension Cle	rk.
I hereby	Pension Cle	·
I hereby	Pension Cle	cati

FORM No. 1.

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 DOWN	
To the Honorable County Judge of County, Texas.	,
Casolla A De	
Your petitioner, respectfully represents that	
he is a resident citizen of 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 Confederat	
soldiers, sailors, and their widows under certain conditions, and to make an appropriation therefor," and I do solemnl swear that the answers I have given to the following questions are true.	y
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.	
	Maria Maria
Q. What is your name? Answer	1
Q. What is your age? Answer 60 years old - Meh 1-18	39
Q. In what County do you reside? Answer	. / -
Q. How long have you resided in said County and what is your post office address? Answer.	
Q. Have you applied for a pension under the Confederate Pension Law heretofore, and been rejected? If so state	e
when and where. Answer	•
Q. What is your occupation if able to engage in one? Answer # # # # # # # # # # # # # # # # # # #	
Q What is your physical condition? Answer than Kidney to suble hemon	and
Q. If your physical condition is such that you are unable by your own labor to earn a support, state what caused such	
B. J. T. J. J.	1
disability. Answer many frank a Cliff high fram warmen in	nor
Q. State in what company and regiment you enlisted in the Confederate army, and the time of your service	~ ~
Answer Hand Of Cala, High mofor	my.
Q. If you served in the Confederate navy state when and where, and the time of your service. Answer	
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	•
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 to the such property and value.	M
estate, nor any summer	_
horning salest	

	Q.	REFRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ABOHIVES What property, and what was the value thereof have you sold or conveyed within two years prior to the date of						
		this application? Answer						
	Q.	What income, if any, do you receive? Answer						
	Q.	Are you in indigent circumstances; that is, are you in actual want, and destitute of property and means of subsis-						
	. 1	tence? Answer						
•	Q.	Are you unable by your labor to earn a support? Answer.						
	Q.	Have you transferred to others any property of value of any kind for the purpose of becoming a beneficiary under						
		this law? Answer Aout						
ARTON SER	Q.	Did you ever desert the Confederacy? Answer.						
	Q.	Have you been continuously since the first day of January, 1880, a bona fide resident citizen of this State?						
	7	Answer						
r		Wherefore your petitioner prays that his application for pension be approved and that such other proceedings						
	he 1	had in the premises as are required by law.						
	DC 1	(Signature of Applicant) Sulfil Loal						
		1890						
		Sworn to and subscribed before me this day of A. D.						
4	e seguid	The state of the s						
	11.	(SEAL) County Judge County, Texas.						
Ŋĸ.								
	. *	AFFIDAVIT OF WITNESSES.						
		AFFIDAVIT OF WITNESSES.						
	(No	TE—There must be at least two credible witnesses.)						
	•	THE STATE OF TEXAS,						
· · · · · · · · · · · · · · · · · · ·	, Cc	DUNTY OF Before me, John Common						
,		nty Judge of County, State of Texas, on this day personally appeared						
	, y, a (**)	M. B. Gardrangt & LU Inches						
Cago •	who	are personally known to me to be credible citizens, who being by me duly sworn on oath, state that they personally know						
. a. %.		the above named applicant for a pension, and that they						
*	pers	sonally know that the said oseful Aall enlisted in the service of the						
	- ·	afederacy, and performed the daties of a soldier (or sailor) as claimed by him in the above and foregoing application, and that they						
		her know that he, the said applicant, is unable to support himself by labor of any sort.						
		(Signature of Witness) M. B. Yarlwordh						
,		(Signature of Witness)						
		(Signature of Witness) Auchies						
	4	(Signature of Witness)						
*.	* ***	(Signature of Witness)						
	* *	31 (Jacks 1899)						
		Sworn to and subscribed before me this day of A. D. A. D.						
		o ejj. Jr. cross						
		(SEAL)						

AFFIDAVIT OF PHYSICIAN.

THE STATE	OF TEXAS,				
COUNTY OF	my	Before me	Gov.	M. C.	eore
County Judge of	Smit o	ounty, State of Texas	0	ly appeared	
1.7	Head		eputable practicing p		
me duly sworn on oath, stat	es that he has carefully an		/)	fh s	spall
applicant for a pension, and	finds him laboring under t	he following disabiliti	es which render him	unable to labor at a	ny work or calling
sufficient to earn a support fo	or himself:	hip bro	Ten an	Josisher	a way
Cousea?	my faling	of a for	K /861. 1	eg sliff f	your shums
and one	inge to	rysomes	4 genero	el Algun	dism.
Victor o	Alla to	Lunes	-/	seehim !	oun com
- gymwry					
u	(Sig	nature of Physician)		Year!	\mathcal{M}
Sworn to and subscrib	ped before me this	day of	July	A_D. /	899.
			Lan II	2	122-
(SEAL)	· 4				
		County Jud	lge 233	Cou	inty, State of Texas.
	CERTIF	CATE OF COU	TY JUDGE.		•
				_	v
THE STATE	OF TEXAS,		,		
COUNTY OF	min	\ t ~	m. K	7 0	222
County Judge of	mist	County.	tate of Texas, do here	by certify that on the	3/
day of	er,	1000	2, before me came	•	
O (Ja	sefh s		for a pension unde		
State, approved May 12, A.	D. 1899; that the answers o		_	•	
appear in writing in the fore	egoing application; that the	affidavits of the with	esses who are credib	le citizens were/made	e before me as the
same hereinbefore appear, a	nd that the foregoing affid	avit of Doctor	L //. X	rad	
who is a reputable practicin	g physician of this County,	was made before me.	I also certify that the	ne said applicant	
Josep	M- Hall	, is not an inm	ate of the Texas Conf	ederate Home, nor otl	ıerwise disqualified
under the provision of Secti	on 12, of the Confederate P	ension Law. I furth	er certify that after co	nsidering all the proc	eedings had before
me relative to the said applic			sign /	tall	I find the said
applicant is lawfully entitled		-	sion Law of this State	e, and I hereby appro	ve said application.
4,	Witness my hand and se	eal of office at	y	this	37
r	day of	-rug	A. D. /		
			w. D.		022
(SEAL)	",		. Im		
		County Ju	age	Cour	ty, State of Texas.
	CERTIFICATE	OF COUNTY	COMMISSIONER	s.	
THE STATE	OF TEXAS,	1			
	OF THATS,				
COUNTRY OF	not) We,	the undersigned me	embers of the Comm	issioners Court of
Smy	County, Texas, here	by certify that the fo	regoing application o	for	th Hall
	(n-1)	for a pension,	together with the pro	of in support thereof,	was duly submitted
by Hon.	. 17. 02	22 2 co	unty Judge of this	Ls	ist.
County, to the Commissione	ers Court of this	me	County, at a reg	gular term thereof on	the <u>6</u>
day of	7 · A. D.	and after a ca	reful consideration of	f the same we find th	ne said applicant is
lawfully entitled to the pens	sion provided for by the Co	onfederate Pension L	aw of this State, and	we hereby approve sa	, _ , ,
	Witness our hands and se	eal of office at	Jeffen	this	/6
1 4	day of	yvy.	A. D. 10	ne,	(TX)
	·		"Uill	: Hair	grove
		•	ls :	AN3_	
•	(Signatures of Com	missioners.\		0,1	w
	(Signatures of Com		05/	appen	son
(SEAL)				10 1 1 1	
Committee		*		4. 4	Middle .