## REPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES

	The state of the s
180 agres land	Endorsements Hereon for comptroller's Use Exclusively.
aved Hilly	FORM No. 2.
Pir s Cont	CONFEDERATE PENSION APPLICATION
126 vere land	Name of Applicant,  Mus. E. J. Curle
	Post Office Milfird, 1400.
	Comptroller's File No.
	I have carefully examined the within application for
COiv1PTROLLEil'S 01'FICt:  IRE CEIVED,  'VIAII, W HI"\;  1~~~err1Od to ===-~	pension, together with the proof in support thereof, and  I recompleted that the application be this
COMPT¥\OLLER'S' OFFICE,  ~ECEIVE'D' DEe -Sal 1699 Referred 'to No.	Pension Clerk.  Pension Clerk.  Thereby of the within application for pension, this day of
	A. D. G. GOO

No Application Rejected by County JUlige or County Commissioners Should be Forwarded to Countroller.

MAYERICK-CLARKE LITHO CO., SAN ANTONIO

## FORM No. 2.

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

THE	<b>STATE</b>	OF TE	XAS,}
COUNTY	OF.R-	-d~	

$T_{0}$	o tlte Honorable CountyJudge OI~~J!!7.~ounty, ————————————————————————————————————	3
	You: .petiH~:"', W. 1~.~c::/"	ully "p""n"— hat
she	~;;: 7 Cliff I"ir':::'~r\Z	it she is the widow
01	decmed, who w'' a Coofedemte of	
'at-	application fo, the pmpo", of obt.,omg a pen"on "! the widow of "id~	/
	deceased, under the act passed by the Twenty-sixth Legisl	
Tex	cas, and approved May 12, A. D. 1899, the same being an act entitled "An act to carry into el	
	the Constitution of the Slate of Texas, providing that aid may be granted to disabled and de	
	diers, sailors, and their widows under certain conditions, and to make an appropriation therefor,	
	ear that the answers I have given to the following questions are true.	and I do solemny
	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 be written out plainly in ink.	answers must
Q.		
Q.	································/	
Q.		
Q.		
~		
Q.		
~	when and where. Answer~	
Q.	What is your occupation if able to engage in one?	
Q.	Whati, youe phy,ical condition? An'w"g~	
Q.	What was the name of your deceased husband? -k\-nswer	~
	anterior to March 1, 1866? If so, on what date were you marrie	ed.
	marsied Jan 3 dt 1863	
L	th? Answer Died any, 27th 18	
0	Are you unmarried, and have you so remained unmarried since the death of your said husband	_
Q.	you claim a pension? Answer	
Q.	State in what company and regiment yo~eCeased husband for whose services you claim a p	
Q.	Confede" a A may and the time of his "Vice throin?" A "Tru" Combattle"	-/ 17: 41
	Confede", e A, my, and the time of hi, "Vice thmin? A"'w" Correspond of 1400~ ~ r/d~-f:7u4	t~~
Q.	If you~eaSed husband served in the Confederate Navy, state when and where, and the	
z.	Answer	
		<u> </u>
Q.	State whether or not you have received any pension or veteran donation land certificate under	er any previous law,
	and if you answer in the affirmative state what pension or veteran donation land certificate y	you have so r~ceived.
	Answer	

## REPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES What real and personal property do you now own, and what is the present value of s-? such property and value. $\sim i7Ft.\sim$ What property, and what was the value thereof have you sold or conveyed within two years prior to the date of this application? Answer ..... 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 subsisproperty.....~~~\_\_ 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 Q. Did your deceased husband for whose services you claim a pension, ever desert the Confederacy? Answer....~ Have you been continuously since he first day of January, 1880, a bona fide resident citizen of this State? Wherefore your petitioner prays the her application for pension be approved and that such other proceedings be had in the premises as are required by law. (Signo',," f Appti""t.,. Swomto and,.b"ribed Moce",e tbi,~S:-~ay (SEAL) AFFIDAVIT OF WITNESSES. (Note-There must be at least two credible witnesses.) THE STATE OF TEXAS. Before me, W. A. Gerleman COUNTY OF MEMCLESON County Judge of Almalia, County, State of Texas, on this day personally appeared & who are personally known to me to be credible citizens, who being by me duly sworn on oath, state that they personally know deo 'ased i, in "oth .od f", the widowof the ~id ..7b' M/...~-.... d; 'h,' 'hey p.rnonoly koow th., ,h. "dd deceased, enlisted in the service of the Confederacy, and f'a soldier (~r sailor) as claimed by his said widow in the above and foregoing application, and that they further -b (;r(rff/\_\_\_\_\_\_\_ ...J?i, rJ1t deco=d, ~ on.bl. "p"th'~lf \_ by I.bo, of a01'0rt. ~~4.p-d£ Swomto .od ,0Menb.d b.fore m.'bi'~t;:~:~~;=;==~L~Z? (SEAL) County-JUr1g\$Z.~(~!.. ..?.:fJ!.J~county,

## REPRODUCED FROM THE HOLDINGS OF THE TEXAS STATE ARCHIVES

CERTIFICATE OF COUNTY JUDGE.

	e state of texas, DRci3~.	l,pt:J:r/Li	1.8.1/!~	~~,
doyOf	D'fbvutu		fmL; when	th, appll~tioof n-IfL*
State, appro	ved May 12, A. D. 1899; that the answers o	of said applicant to the questions propo		
a	::'~:::~:0:: a:::i::t:::,t~::::	: a::~:::~m;::1:~ir:;;Od:b'fo~	~,a,.'::	
ofthp.~	din hadeforn, «lotiveth, ~"	app~katilonp,.,ioobyth, ~i"N	[""]~'	,
	find the said applicant is lawfully entitled to			· / N /
h",byapp	o,ovedapPlioatio:it,"yhaadood daYOL~A	/	7	(
	(SEAL)	V 1({£.~  County Judge OYen	clesser con	nty, State of Texas.
	and the second s	• · · · · · · · · · · · · · · · · · · ·		
TH COUNTY	E STATE OF TEXAS,	We, the undersigned	members of the Comm	nissioners Court of
together wit	widow	eby certify that the foregoing application	of Mrs	-,d,fo'a p'O'ioo,
County Judg	ge of this.p~~~e	Commissioners Cou		Lusa
	a regular term t~ereof on the./.J~		A. N. U.fi?/:and	after a careful
	nd we hereby approve said application.	is almany custom to the pension provi	ica for by the confeder	Acc Pension Haw of
	Witness our hands and s	seal of office at g~.	thi	s/t,6.~
*	~ayOf./~~	$J, \hat{a}$ .	);~	$\tilde{7}$
	(Signatures of Con	mmissioners.) ~.t ~~.t ~~.	/~	
	(SEAL)	J-/7'Y	Zf~	