

Application of Indigent Soldier or Sailor of the Confederacy for Pension under the Act of February 25th, 1915

THE STATE OF OKLAHOMA, }
County of Seminole }

I, G. W. Luther

do hereby make application to the Board of Pension Commissioners for a pension to be granted me under the Act passed by the Fifth Legislature of the State of Oklahoma, and approved February, 25, 1915, 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 Surrendered in 1865

(Give date and cause)

and I have been a bona fide citizen of this State for over twelve months prior to the passage and approval of the Pension Act, approved February 25, 1915. I do further state that I do not hold any National, State, city or county office which pays me a salary or fees of \$180.00 per annum, nor have I an income from any other employment, nor do I receive from any source whatsoever, money or other means of support amounting in value to the sum of \$180.00 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, household goods and wearing apparel excluded, nor do I receive any aid or pension from any other State or from any other source, and that I am not an inmate of the Confederate Home, or any other benevolent or penal institution, and I do further state that the answers given to the following questions are true:

1. What is your age? 75 years old
2. Where were you born? Clay County Ind.
3. How long have you resided in Oklahoma? 20 years
4. In what county do you reside? Seminole
5. What is your postoffice address? Sasakwa, Oklahoma.

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? Farming
8. What is your physical condition? Fairly good
9. In what State was the command in which you served organized? Arkansas
10. How long did you serve; give, if possible, the date of enlistment and discharge Enlisted in May 1861 and served until May 1865
11. What was the letter of your Company, number of Regiment, Battalion or Battery 14th Arkl Regiment. Company "I".
12. If transferred from one command to another, give time of transfer, name of command and time of service. No
13. What branch of the service did you enlist in, infantry, cavalry, artillery or navy? Cavalry
14. If commissioned direct by the President, what was your rank and line of duty? Private
15. If detailed for special service, under the law of conscription, what was the nature of your service and how long did you serve? No.
16. What is the assessed value of your home, if you own a home? None
17. What is the assessed value of your other property? \$600.00
18. Have you ever transferred your property to anyone with the understanding that you were to be cared for during your life time? no
19. Have you transferred to others any property of any kind for the purpose of becoming beneficiary under this law? no

AFFIDAVIT OF WITNESSES

NOTE—There must be at least two credible witnesses.

THE STATE OF OKLAHOMA, }

County of Seminole

Before me

A. S. Norrell

(County Judge, Notary Public, Justice of Peace)

of Seminole County, State of Oklahoma, on this day personally appeared W. M. Cummings and

J. A. Fleet known to me to be credible citizens, (who, being by me duly sworn, on oath state that they personally know G. W. Luther

the above named applicant for a pension, and that they personally know that the said G. W. Luther has been a bona fide resident citizen of the State of Oklahoma, twelve months prior to

February 25, 1915, and that they have no interest in his claim.

(Signature of Witness) *W. M. Cunningham*

(Signature of Witness) *W. H. Street*

Sworn to and subscribed before me this *1st* day of *Sept* A. D. 191*5*

G. S. Howell
(County Judge, Notary Public, or Justice of Peace)

(SEAL)

AFFIDAVIT OF WITNESSES

NOTE—There must be at least two credible witnesses.

THE STATE OF ~~OKLAHOMA~~, }
Arkansas }
County of Baxter

W. W. Schoggen

Before me, Notary Public Baxter County, State of Arkansas, on this day personally appeared Jacob H. Wolf and J. M. Martin

known to me to be credible citizens, who, being by me duly sworn, on oath state that they are personally acquainted with the said G. W. Luther

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 his claim, and said applicant's habits are good and free from dishonor. And further make oath to the following facts touching the applicant's service in the Confederate Army (state fully your source of knowledge):

Service with the above said G. W. Luther ~~from~~ from about
May 1861 to close of war. May 1865

(Signature of Witness) *J. H. Wolf*

(Signature of Witness) *J. M. Martin*

Sworn to and subscribed before me this 1st day of Oct. A. D. 1915

W. W. Schoggen
Notary Public, County Judge,

Baxter County, Ark. ~~County, OKLA.~~

My commission expires Nov. 7th. 1915

(SEAL)

*Noted and approved
Oct 7/15
A. S. Norrell
Judge*

Form A No. **3911**

The Commissioners of Pension re-
serve the right to call for additional
testimony if they deem it necessary.

Name of Applicant

A. W. Swartzler

Seminole County

Postoffice *Swartzburg*

Filed *OCT 7* 1915

Approved *JUL 8* 1916

Amt. of Pension allowed *2.50* 1916

Pension allowed from *JUL 1 - 1916*

Rejected *JAN 3 - 1916*

Chairman.

PENSION 1698



WARDEN COMPANY, OKLAHOMA CITY

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

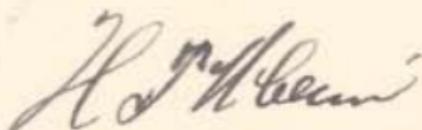
WASHINGTON, Nov. 23, 1915.

Respectfully returned to the

Chairman,

Oklahoma Board of
Pension Commissioners,
Oklahoma City.

The records show that G. W. Luther, private, Company I, 14th (Powers) Arkansas Infantry (no record found of 14th Arkansas Cavalry), Confederate States Army, enlisted July 29, 1861, and was paroled and released at Port Hudson July --, 1863. No later record of him has been found..



The Adjutant General.

OFFICE OF

Board of Pension Commissioners

H. P. McCAIN, Oklahoma City, 11/5/15 1911
Adjutant General,
Washington, D. C.

DEAR SIR:

No. 3911

G. W. Luther

who is an applicant for a Pension to the Board of Pension
Commissioners of the State of Oklahoma, claims to have been a
member of Company I, 14th Ark Cav

Regiment _____

Vol. C. S. A., and to have been _____

Please give us the record of this soldier.

Respectfully,

Wm. D. Matthews

Chairman

ATTEST:

Secretary

P. 1698

G. M. COMBEST

PHYSICIAN

DEALER IN COTTON

Class A sent
7/16-20

Lamar, Oklahoma, 7/15 1920

Pension Commissioner
Oklahoma Okla.

This is to Certify that
I am a ~~Practicing~~ Physician
and have been G. W. Luther
Regular Physician for 4 or 5
years.

That he G. W. Luther is now
88 years old and is not
able to work has been in
bed for some time
and doubtful if he will
ever be able to work again
I consider he should be
placed in Class A.

According to article 31
act of Legislature of Okla

Sin
G. M. Combest M.D.

Lamar Okla.

READ THE INSTRUCTIONS ON THE BACK HEREOF

QUARTERLY CLAIM BLANK

Oklahoma City, Okla., _____
STATE OF OKLAHOMA

BOARD OF PENSION COMMISSIONERS

Oklahoma City, Oklahoma

DEPARTMENT No. 69

Filed _____

In Account with G. W. LUTHER, _____

P O. Address SASAKWA, _____

To Pension No. 1698--duplicate

Amt. Claimed

For the quarter embracing the months of July, August & September, 1916

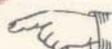
\$750

At the rate of \$2.50 per month, as allowed by the Board of Pension Commissioners, pursuant to the provisions of Chapter 54, S. L. 1915.

The State Auditor is hereby authorized to deliver warrant issued in payment of this claim to the Board of Pension Commissioners, and such Board is authorized to mail said warrant to claimant at address hereinafter stated.

I, the undersigned claimant, upon oath, do depose and say that I am the identical person to whom the pension hereinabove claimed was granted; that I am a resident of the State of Oklahoma, and have not been absent therefrom for a period of more than six consecutive months, last past; that the conditions existing at the time of making my application and upon which the pension was originally granted, still exist; that I have full knowledge of the above and foregoing accounts that the same is just, correct, due and according to law, and that the amount claimed, after allowing all just credits, is now due and wholly unpaid, so help me God.

My permanent address is, P. O. Lawson, Okla., St. R. F. D. or Box General Delivery

 **PENSIONER MUST SIGN NAME EXACTLY AS IT IS WRITTEN ABOVE, USING INK.** 
READ THE INSTRUCTIONS ON THE BACK HEREOF.

Jurat No. 1. If Pensioner makes his own signature, use the Form below.

Jurat No. 2. If Pensioner signs "by mark" use this Form. Have two witnesses to signature.

G. W. Luther
(Sign name as above written) CLAIMANT

{ his mark }
{ her }
(Sign name as above written) CLAIMANT.

Subscribed and sworn to before me this

Witnesses to signature by } _____ Address _____
mark. } _____ Address _____

16th day of Oct
1916.

Subscribed by mark in my presence, and in the presence of _____ and _____

EE Estes
Notary Public---County Judge---Court Clerk

as witnesses, and sworn to before me this _____ day of _____ 1916.

My commission expires Jan 3--1920
(SEAL)

Notary Public---County Judge---Court Clerk.
(SEAL) My commission expires _____

(NOTE: See instructions on reverse side hereof.)

OCT 17 Recd

IMPORTANT---READ THIS

INSTRUCTIONS

- 1 Claimant must give *permanent* post office address, street, route or box number, in the space provided therefor.
- 2 Claimant must sign his or her name exactly as it is typewritten at the top of this Claim, omitting or adding nothing.
- 3 This Claim must be made out and signed with ink.
- 4 If Claimant makes signature with his or her own hand (and not by mark) use Jurat No. 1.
- 5 If Claimant makes signature by "mark," use Jurat No. 2, showing the mark, and signatures and addresses of two witnesses (other than the officer taking the acknowledgment), in whose presence the Claim has been signed, and the officer before whom Claim is signed, must certify the names of the witnesses, as provided in Jurat No. 2.
- 6 The Claim must be properly dated.
- 7 The officer before whom claim is signed, must express his title and affix his seal, and if a Notary Public, state the date of the expiration of his commission.
- 8 This Claim must be signed before one of the following enumerated officers. District or County Judge, Court Clerk, County Clerk, Clerk of Supreme Court, Notary Public or Justice of the Peace.
- 9 Claims not properly made out will be rejected.
- 10 This Claim must be filed with the Board at least ten days (but not more than twenty days) before the next quarterly meeting of said Board.
- 11 Section 10 of the Pension Law provides: "No fees shall be charged by the County Judge, nor by any officer taking the necessary acknowledgments or oaths as required by the provisions of this act."
- 12 It requires ten days from the date the Board meets, after the claim is received, to issue warrants. Please do not ask about your warrant unless you fail to hear of it within two weeks from that date.
- 13 In writing this office, always mention your pension number.

STATE BOARD OF PENSION COMMISSIONERS

Oklahoma City, Okla.

P1698

This office has not yet received your Quarterly Claim for pension, which claim blank was sent you several weeks ago, to be signed and sworn to by you before some officer authorized to administer oaths.

Warrant in payment of your pension for the past quarter cannot be issued until you have properly executed and filed this claim with this Board.

If you wish to draw this money, it will be necessary for you to sign and swear to this Claim AT ONCE, and mail it to this office WITHOUT DELAY. Kindly attend to this matter immediately.

If you have failed to receive said claim blank, kindly advise us IMMEDIATELY, giving your pension number and post office address, and we will send you a duplicate claim.

If you do not wish your name to remain on the Pension Roll, please write us to this effect, returning the papers, for there are many needy persons waiting for a vacancy on the Rolls.

We will hold the matter open for you until you have had sufficient time to reply to this letter or file your claim, but we expect to hear from you at once.

Respectfully,

(Cir. W)

STATE BOARD OF PENSION COMMISSIONERS

Have now received a Blank Claim
Please send me one and I will
fill it up and return at once
Sent Resp 9/9/16
G. W. [unclear] - 6 - 16
[unclear]

STATE OF OKLAHOMA

OFFICE OF

PENSION COMMISSIONER

OKLAHOMA CITY

RETURN IN 10 DAYS IF NOT CALLED FOR

Returns Dead

11/18

72

G. W. LUTHER.

TAMAR.,

OKLA.

TAMAR.
OCT 5
1920
OKLA.



OKLAHOMA STATE

October 11, 1920

Family of G. W. Luther,
Lamar, Okla.

Dear Sirs:

I am in receipt of warrant No. 8297 for \$45.00, made in favor of G. W. Luther, which has been returned to this office by the postmaster at Lamar, marked "Deceased".

Will you kindly advise exact date of death of this pensioner, so that we may close our records covering his case?

If this pensioner died during the quarter ended September 30th, 1920, the family would be entitled to use this warrant in assisting to pay his funeral expenses, provided he left no widow. If he did leave a widow, she should make application for the pension in her own name.

Please advise date of death, and if you are entitled to use of the warrant above, it will be returned to you. You should indorse the warrant with the pensioner's name, by some member of the family (whoever is entitled to its use), and you should have two witnesses to the signature. Any bank would then cash the warrant, and if they hesitate you should show them this letter.

When we have heard from you as to the date of death (provided the pensioner died during quarter just ended) the warrant will be mailed to you.

Respectfully,

Secretary.

NO. 586

Bank of Lamar

CAPITAL \$15,000.00
SURPLUS \$5,000.00

Lamar, Okla.

L. T. SAMMONS, PRESIDENT
I. S. WHITE, CASHIER

P-1698

October, 14th, 1920.

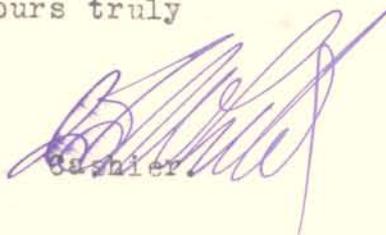
Pension Department.

Washington, D. C.

Gentlemen:-

Replying to your letter of the 11th, written to the G. W. Luther family, will say that Mr Luther died on the 14th day of August 1920. He did not leave a widow but has some children and they handed us this letter for answer. You can mail them a check for this last payment and we will cash it for them. Mr J. F. Whisenant has this in hand and he will perhaps endorse the check.

Yours truly


Cashier

To Hon. Commissioner of Pensions,
State of Oklahoma.

Lamar Okla.
July 21 1920.

Dear Sir:

I am now receiving a Confederate Pension from the State of Oklahoma under the laws of said State, my Pension number being

P. 1698.

I am 88 years old, and owing to my advanced age and physical condition am unable to earn a living by manual labor, that such disability is from natural causes incident to age.

Therefore, I respectfully request that I be placed in Class "A", under Senate Bill No. 37, passed by the 7th Legislature and approved March 25th, 1919. I herewith file Physician's certificate.

G. W. Luther
(Sign here)

Witnesses:

G. W. Fisher
J. W. Whinnant

State of Oklahoma
County of Hughes

Lamar Okla.
July 1920.

I, G. M. Bombardier, a duly registered and practicing physician in the County of Hughes, Okla., do hereby certify that I am personally and well acquainted with G. W. Luther, who is an applicant for an increase of pension under the Statutes of Oklahoma.

That at his request I have made an examination of him physical condition and find that he is suffering from Hypertosis and Sclerosis of the Liver which in my judgement incapacitates him from performing manual labor of any kind.

This 21 day of July 1920

G. M. Bombardier M. D.

To Hon. Commissioner of Pensions,
State of Oklahoma.

Office _____
Date _____

Dear Sir:

I am now receiving a Confederate Pension from the State of

Oklahoma under the laws of said State, my Pension number being

_____ I am _____ years old, and owing to my advanced age and physical condition am unable to earn a living by manual labor, that which disability is from natural causes, incident to age. I respectfully request that I be placed in Class _____ under Senate Bill No. 37, passed by the Legislature and approved March 22nd, 1919. I herewith file physician's certificate _____

Handwritten: 28 yrs

Handwritten: B. M. Tucker

Handwritten: P 1698

Filed

Witnessed:

State of Oklahoma
County of _____

Office _____
Date _____

_____ who is an applicant for an increase of pension under the statutes of Oklahoma. I am personally and well acquainted with _____ who is a duly registered and practicing physician in the County of _____, Okla., and hereby certify that I am personally and well acquainted with _____

_____ that at _____ request I have made an examination of _____ physical condition and find that _____ is suffering from _____

_____ in my judgment incapacitated _____ from performing manual labor of any kind.

Date _____ day of _____ 19____
