

Fill and Return

6313

FORM B-1

No. A 6313

Application of Indigent Widow of Confederate Soldier or Sailor, for a Pension Under the Laws of the State of Oklahoma

EVERY QUESTION MUST BE FULLY ANSWERED. WRITE THE ANSWERS CAREFULLY, USING INK. APPLICATION MUST BE SWORN TO BEFORE SOME OFFICER AUTHORIZED TO ADMINISTER OATHS, AND FILED WITH AND DULY APPROVED BY THE COUNTY JUDGE OF THE COUNTY WHEREIN THE APPLICANT LIVES. READ THE ENTIRE APPLICATION BEFORE BEGINNING. OBSERVE THE INSTRUCTIONS IN FINE PRINT UNDER THE LINES. MAKE YOUR ANSWERS EXPLICIT.

STATE OF OKLAHOMA, COUNTY OF MARSHALL ss:

I, the undersigned, the widow of a Confederate Soldier (or Sailor), do hereby make application for a pension, to be granted me according to the laws of the State of Oklahoma, and under oath I make answer to the following questions:

1. What is your FULL NAME? ICY ANN ABLES
Give your first name, your middle initial and your surname.
2. What is your post office address? MADILL, OKLAHOMA
3. What is your street, route or box number? BOX #386
4. Are you an actual resident of the State of Oklahoma? YES Of what county? MARSHALL
5. How long have you lived in the State of Oklahoma continuously? TWENTY FIVE YEARS
6. Where were you born? HOKESBLUFF, ALA What is your age? 78 YEARS
7. Have you ever applied for a pension anywhere? NO Where? NONE When? NONE
8. If so, were you granted a pension? NONE If not, why not? NONE
9. Do you receive any income, annuity, pension, salary, wages, fees, money or other means of support, from any source whatever? YES If so, state in detail the source and amount thereof.
I RECEIVE RENT FROM A SMALL RENT HOUSE, WHICH IS NOW RENTED FOR \$6.00, PER MONTH
10. Do you, your wife or both of you, own a home, or property of any kind, either real, personal or mixed (household goods and wearing apparel not included), either in fee simple, for life, or in your own right, or an interest therein, or does anyone hold in trust for your benefit or use, any such property? (Answer yes or no.) YES
11. If so, give value of said property over and above all encumbrance
A SMALL HOME VALUE AT \$500.00, WHICH IS UNENCUMBERED IN FEE SIMPLE
12. What is your physical condition? BAD Are you able to work? NO
13. What occupation are you engaged in? NONE
14. Are you an inmate of any public home or institution, charitable or otherwise? NO
15. Do you apply for a pension because you are indigent and unable to earn a livelihood by manual labor? YES

16. What is your husband's FULL NAME? ANDREW JACKSON ABLES
17. Is the man named in answer to question 16 above, the one upon whose military service you base this claim for a pension? YES
18. HAVE YOU REMARRIED SINCE HIS DEATH? NO Did you abandon your husband and live separate from him until his death? NO
19. When were you married to him? FEBRUARY 1st, 1866 Where? HOKESBLUFF, ALA
20. When did he die? FEBRUARY 9th, 1926 Where? MADILL, OKLAHOMA
21. Did he ever draw a pension? yes State fully when and where See P-3875
22. Did he serve in the Confederate infantry, cavalry, artillery or navy?
23. In what state was his command organized or from what state did he enlist?
24. When did he enlist? Where How long did he serve?
25. What was the name or letter of his company, battery or ship?
26. State the name and number of his regiment or battalion
27. To what other commands if any was he ever transferred?
28. If possible, state the names and rank of his officers
29. How was he released from the Confederate service? (Captured, paroled or honorably discharged?)
When? Where?
30. Was he a commissioned officer? State rank and date of his commission
31. Was he detailed for special service in an armory or shop for the maintenance of the army or navy? State fully.

13
I, the undersigned applicant, do solemnly swear that the foregoing answers are all true and complete, and I do further 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 time of his death and that I know of no reason why I am not entitled to receive a pension.

IF APPLICANT SIGNS BY MARK HAVE TWO
WITNESSES TO MARK SIGN HERE

My Ann Ables
Applicant sign here, first name, middle initial and surname.
Subscribed and sworn to before me this 17th day of
FEBRUARY A. D. 192 6
Walter P. Tucker
Signature and title of officer.

My Commission expires APRIL 24th, 192 8.

(SEAL)

MADILL,

Oklahoma.

NOTE: It is unlawful for anyone to charge or receive a fee, either directly or indirectly, for the procuring of a pension, or for taking the acknowledgments or oaths required herein. See that all the questions are answered. If applicant cannot write she must sign by mark, show the mark between the words "her" and "mark," and have two witnesses thereto sign on the lines for that purpose.

Fill Affidavit No. 1

Affidavit No. 1. Residence and Widowhood. By Two Citizens Who Know the Applicant Has Resided in the State of Oklahoma More Than One Year and That She is Now a Widow.

STATE OF OKLAHOMA, COUNTY OF MARSHALL ss:
Before me A NOTARY PUBLIC in and for said county and state, on this 17th day of MARCH 1926, personally appeared JOE HANNAN whose address is MADILL, OKLA., and J. J. MONTGOMERY whose address is MADILL, OKLA., who are personally known to me to be credible citizens, who by me being duly sworn, each for himself depose and saith:

That he is personally acquainted with the within named applicant for pension; that he has read the within and foregoing application and to the best of his knowledge and belief the statements therein contained are true; that to his knowledge said applicant is now and has been a bona fide resident and citizen of the State of Oklahoma for FIFTEEN years next preceeding this date; that said applicant is in truth and in fact the widow of the man named in this application upon whose military service she bases this claim for pension; that she has not remarried since his death; that the applicant's habits are good and free from dishonor; and that he knows of no reason why said applicant should not be granted a pension under the laws of Oklahoma; and further, that he has no interest whatever in this claim for a pension.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 17 DAY OF MARCH A. D. 1926
[Signature]
Notary Public
In and for said County and State.
(SEAL)

[Signature]
[Signature]
SIGNATURES OF TWO WITNESSES
My commission expires April 24th, 1928

AFFIDAVIT NO. 2. PROOF OF SERVICE IN THE CONFEDERATE ARMY OR NAVY—BY TWO COMRADES IF POSSIBLE

STATE OF _____, COUNTY OF _____ ss:
Before me _____, a _____ in and for said county and state, on this _____ day of _____ 192____, personally appeared _____ whose address is _____, and _____, whose address is _____, both known to me to be credible citizens, and after being duly sworn by me, each for himself depose and saith:

That he knows personally that _____, deceased husband of the within named applicant served in the Confederate army (navy) from _____ 186____, until _____ 186____, in Company (or Battery) _____, of the _____ Regiment of _____; Letter. Give number and name. _____ Infantry, Cavalry or Artillery. that his officers were _____; that he served honorably and did not desert at any time, but remained true to his colors, that he was released from service on the _____ day of _____, 186____, at _____ by reason of _____

State fully why and by what method—honorable discharge, capture, parole, etc., and by what authority.

Affiants further state that they know these statements to be true because of having served themselves in the Confederate Army (Navy).

_____, affiant first above named, states that he served in Company _____ of _____ Regiment of _____, from _____ 186____ until _____ 186____

_____, affiant last above named, states that he served in Company _____ of _____ Regiment of _____, from _____ 186____ until _____ 186____

Affiants declare that they have no interest in this claim for a pension, and further state: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ A. D. 192____

In and for said County and State.
(SEAL)

(SIGNATURES OF TWO COMRADES)
My commission expires _____ 192____

NOTE: There must be two witnesses to each of the affidavits above. Both affidavits must be acknowledged before some officer authorized to administer oaths, which officer must express his title and affix his seal. Signatures by mark must be witnessed by two persons. If additional affidavits are needed, or it is necessary to send to distant points to secure proof of service, copies of Affidavit No. 2 may be made on separate sheets, and when executed, attached to the application proper. If applicant has a parole, discharge or other documentary evidence, it should be attached to the application, which, when completed, SHOULD BE SENT TO THE COUNTY JUDGE of the county wherein the applicant lives.

Form B-1 No. A. 6313

Application for Pension for Widow of Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

ICY ANN ABLES

MADILL

P. O. Box 386

St., R., Bx. No. 3-22-1926

Filed in Pension Office 3-22-1926

Disallowed

Allowed 3-22-1926 No. P. 5133

Allowed from 4-1-1926 Amt. \$
per month. Class

Reconsidered and allowed

From Amt. \$ No. P.
E. J. Stewart
Commissioner.

THIS SPACE BELOW FOR USE OF COUNTY JUDGE ONLY

State of Oklahoma, County of

Filed in the office of the County Judge of said county and state this day of 192

It is hereby recommended that the within named applicant for pension be granted a pension, if found eligible by Commissioner.

(SEAL) [Signature]
County Judge.

County Judge Must Approve

See P-3875

NO. 5404

THE FIRST NATIONAL BANK

OF MADILL

D. B. TALIAFERRO, PRESIDENT
CHAS. S. CANNADY, VICE-PRESIDENT
JOE HANNAN, CASHIER
FELIX SIMMONS, ASST. CASHIER

CAPITAL AND SURPLUS \$60,000.00

MADILL, OKLAHOMA

P-5133

May 29, 1926.

Pension Department,
State of Oklahoma
Oklahoma City, Okla.

Gentlemen:-

In reply to yours of the 27th, with
reference to the claim of Mrs. Icy Ann Ables,
#5133, for the period ending June 30th.

At her request, we wish to advise
that she states she has never received the blank
for the quarter in question. So we would appreciate
it if you would mail us a blank claim for her sig-
nature.

A self addressed envelope is enclosed
for your convenience in this matter.

Yours very truly,


Ass't. Cashier.

3875-
7
Madill

June 1, 1926.

P-5133

Mr. Felix Simmons,
Ass't Cashier, 1st Nat'l Bank,
Madill, Okla.

Dear Sir:

Replying to yours of May 29th relative to the pension claim of Mrs. Icy Ann Ables wish to advise that we sent this lady a claim blank for quarter ending June 30, 1926 when we sent her Mr. Ables' last warrant. She did not return this blank, so later we sent her another and this she signed and had witnesses by yourself and a Mr. Vandervert and it is now on file.

Yours very truly,

CONFEDERATE PENSION DEPARTMENT

CLERK.

Make File

QUARTERLY CLAIM BLANK

STATE OF OKLAHOMA

COMMISSIONER OF PENSIONS
OKLAHOMA CITY, OKLAHOMA
DEPARTMENT NO. 69

PENSION NO. 5133

ICY ANN ABLES
B-386
MADILL OKLA

In Account with

P. O. Address

Filed _____

Amt. Claimed

For quarter ending SEP 30 1928

\$75.00

THIS PARTY DIED ON JUNE 15th, 1928.

Deceased

The State Auditor is hereby authorized to deliver warrant issued in payment of this claim to the Commissioner of Pensions, who is authorized to mail said warrant to claimant at address hereinafter stated.

I, the undersigned claimant, hereby declare 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 account; 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.

Petitioner Must Sign Name Exactly As It Is Written Above, Using Ink

GIVE YOUR PERMANENT ADDRESS:

P. O. _____

Route _____ Box _____

St. No. _____

See Note above.

Pensioner sign on this line as above written. Must be signed in the presence of two citizens who must also sign the claim as witnesses.

On this _____ day of _____ 192____, personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim.

SIGNATURES
OF TWO
WITNESSES

_____ Address _____

_____ Address _____

DATE, SIGN AND RETURN AT ONCE



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