

6465

# Fill and Return

FORM B-1

No. A 6465

## 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 JEFFERSON 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? Florence Als Barry  
Give your first name, your middle initial and your surname.
2. What is your post office address? Comanche, Oklahoma
3. What is your street, route or box number? General Delivery
4. Are you an actual resident of the State of Oklahoma? Yes Of what county? now in Stephens
5. How long have you lived in the State of Oklahoma continuously? Since 1914
6. Where were you born? Mo Nutt, Mississippi What is your age? 64
7. Have you ever applied for a pension anywhere? No Where? When?
8. If so, were you granted a pension? If not, why not?
9. Do you receive any income, annuity, pension, salary, wages, fees, money or other means of support, from any source whatever? No. If so, state in detail the source and amount thereof.

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.) Own no property

11. If so, give value of said property over and above all encumbrance

12. What is your physical condition? do light work Are you able to work? Not

13. What occupation are you engaged in? housekeeping general work

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? Columbus Marion Barry

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? 1890 Where? Weatherford, Texas

20. When did he die? December 31, 1926 Where? Waurika, Okla

21. Did he ever draw a pension? Yes State fully when and where F-65

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.

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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

.....  
.....

*Florence A. Berry*

Applicant sign here, first name, middle initial and surname.

Subscribed and sworn to before me this 15th day of

January A. D. 1927

*Robert R. Pruet*

Signature and title of officer.

Notary Public

My Commission expires Jan 9, 1931 ~~1927~~

(SEAL)

Waurika

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

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

STATE OF OKLAHOMA, COUNTY OF Jefferson ss:  
Before me Notary Public in and for said county and state, on this 15th day of January 1927, personally appeared C.H. Price whose address is Comanche Okla, and Gay Green whose address is Waurika, 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 five 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 15th DAY OF January A. D. 1927  
Robert R. Pruet Notary Public  
In and for said County and State. (SEAL)  
C. H. Price  
Gay Green  
SIGNATURES OF TWO WITNESSES  
My commission expires Jan 9, 1931 192

~~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 \_\_\_\_\_ Reigment 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 6465

Application for Pension for Widow of Confederate  
Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

FLORENCE A BERRY

COMANCHE

P. O.

GEN. DEL.

Filed in Pension Office 1-17-1927

Disallowed

Allowed 1-17-1927 No. P. 5277

Allowed from 1-1-1927 Amt. \$

per month.

Class

Reconsidered and allowed

From Amt. \$ No. P.

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 15 day of June 1927

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

(SEAL)

County Judge.

County Judge Must Approve

D. J. S. Gray, for reference  
H. R. Gray, son at Kingston  
Being transferred to  
medical service Rheum  
atrum crumpe in  
muscles & constipation  
83 yrs old. admitted  
Nov. 5, 1927, Confederate  
Veteran, I do not know  
Comp from State but  
discharge three fir, has  
lived in Okla. 20 years  
I doubt has been wounded  
in whiskey my. at Decatur  
five towns living, wife  
deceased.

~~enlisted~~ <sup>Army</sup> promoted from <sup>1st</sup> major  
Junior Co, 11 March California  
State Troops. ~~Enlisted~~  
Discharged from 37 Reg.  
Junior Co - 11th M.A.

See Mr Stewart  
about Pension

In Uni. Hospital  
Inquiry by  
Mr. Dollard  
of Legion

Sent for War Rec 1-12-27

Dr. J. S. Gray  
(Dollardville)

awaiting +  
read near of

Florence A. Berry. P-5271

Teen address.

R<sup>v</sup>. En<sup>v</sup> 600 S. E. 20<sup>th</sup>

Okla. City

called. 12-31-29

P-5271

2-24-30

Florence A. Berry called personally and ordered her  
mail sent to her, at all times, at Comanche, Gen. Del.

*R ✓ CC ✓*

P-5271

Okla city, Okla,  
March 9, 1929.

Pension Dept,  
Okla, city.

Dear Sir,

Am now living  
in Okla city and  
wish to have my  
pension sent to  
the address below  
Yours very Truly

Florence A. Berry

201 East "A"  
Okla city,  
Okla.

R<sup>v</sup> Term

808 cedar Duncan Okla.  
this ~~the~~ 1-22-1932

P. 5271

Kind Friend as I have a  
little home in Duncan I have  
decided to ~~at~~ my little home in  
Duncan so please send my  
pension there instead of  
Comanche many thanks for  
what you have done for me I  
still remain a friend

Florence A Berry  
808 cedar avenue

Duncan  
Okla.

RECEIVED  
R JAN 23 1932 D

CONFEDERATE PENSIONS

P-5271

February 8, 1937

P-5271

Florence A. Berry  
808 Cedar  
Duncan, Oklahoma

Dear Mrs. Berry:

We have not received your claim for the quarter ending March 31, 1937. If you have just neglected to send it in, please do so at once. If it has been lost please let us hear from you, and we will send you a duplicate claim to sign.

Yours truly,

JOHN W. HARRIS, COMMISSIONER.

BY:

CLERK.

Pension Department

STATE OF OKLAHOMA

Oklahoma City



UNCLASIFIED  
From Duncan, Okla.

MAR 1 - 1937

MAR 16 1937

B-5271 Florence A. Berry  
Route 4  
Duncan, Oklahoma

hat pt 808 Cedar

not 83

9146

9146



# Pension Department

STATE OF OKLAHOMA

Oklahoma City

February 8, 1937



P-5271

Florence A. Berry  
808 Cedar  
Duncan, Oklahoma

Dear Mrs. Berry:

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Yours truly,

JOHN W. HARRIS, COMMISSIONER.

BY:

*Lena Beard*

CLERK.