

Fill and Return

5499

FORM A-1

No. A

Application of Indigent Soldier or Sailor of the Confederacy 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 Washita, ss:

I, the undersigned, 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? Eliza M. B. Cannon
Give your first name, your middle initial and your surname
2. What is your post office address? Post Office
3. What is your street, route or box number? Route 3 Box
4. Are you an actual resident of the State of Oklahoma? yes Of what county? Washita
5. How long have you lived in the State of Oklahoma continuously? Twenty nine years
6. Where were you born? Tuscaloosa Ala What is your age? 85 years
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 from any source whatever? yes If so, state amount thereof none this year only part rents from a farm
Yes or no.
10. Do you, your wife or both of you, own 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 farm valued at something near 2,000.00
12. What is your physical condition? very poor Are you able to work? no
13. What occupation are you engaged in? none for several years
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. Did you serve in infantry, cavalry, artillery or navy? Infantry
17. In what state was your command organized or from what state did you enlist? Alabama
18. When did you enlist? March 1864 Where? Tuscaloosa Ala How long? 2 years
19. What was the name or letter of your company, battery or ship? Company G
20. State the name and number of your regiment or battalion. 22nd Alabama Reg
21. To what other commands if any were you transferred? no
22. State the names and rank of your officers. Capt Pratt, Maj Hart as well as I remember
23. How were you released from the Confederate service? (Captured, paroled or honorably discharged.) Paroled and Released 1864
Where? Columbus Mississippi
24. Were you ever wounded in battle? no
25. Were you a commissioned officer by the President of the Confederate States? no State rank and date of commission.
26. Were you detailed for special service in any armory or shop for the maintenance of the army or navy? no State fully.

I, the undersigned applicant, do solemnly swear that the foregoing answers are all true and complete, and I do further swear that I never deserted, or abandoned my post of duty while in the service of the Confederacy or any of the states thereof, but served honorably until released and that I know no reason why I am not entitled to receive a pension.

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

Eliza M. B. Cannon
Applicant sign here, first name, middle initial and surname.

Subscribed and sworn to before me this 27 day of

August A. D. 1903
James C. Leary
Signature and title of officer

My commission expires March 29 1904
(SEAL) Washita County, 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 acknowledgements or oaths required herein.

See that all the questions are answered. If applicant cannot write he must sign by mark, show the mark between the words "his" and "mark," and have two witnesses thereto sign on the lines for that purpose

Fill Affidavit No. 1

AFFIDAVIT NO. 1. RESIDENCE AND CITIZENSHIP BY TWO CITIZENS WHO KNOW THE APPLICANT HAS RESIDED IN THE STATE OF OKLAHOMA.

STATE OF OKLAHOMA, COUNTY OF Washita, ss:

Before me James D. Camp a Notary Public and for said county and state, on this 27 day of August 1923, personally appeared W. F. Gatliff whose address is Rocky, and T. S. Patterson whose address is Rocky 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 10 20 years next preceding this date; that he personally knows that said 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 27 DAY OF August A. D., 1923

James D. Camp
Justice of the Peace
In and for said County and State.
(SEAL)

W. F. Gatliff
T. S. Patterson
SIGNATURES OF TWO WITNESSES
My commission expires 3/29 1924

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 _____, the within named applicant for a pension, served in the Confederate army (navy) from _____ 186____, until _____ 186____, in Company (or Battery) _____, of the _____ Regiment of _____; 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 WITNESSES)
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 A-1

No. A 3499

Application for Pension for Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

Elihu W. Cannon

P. O. *Rocky*

St. R. Bx. No. *R-31 B-7*

Filed in Pension Office *8-31-23*

Disallowed

Allowed from *Sept. 23 1865* No. P *5044*

per month. *7-1-1925* Amt. \$ Class

Reconsidered and allowed From Amt. \$ No. P

E. L. Stewart,
Commissioner

THIS SPACE BELOW FOR USE OF COUNTY JUDGE ONLY.

State of Oklahoma, County of *Washita*

Filed in the office of the County Judge of said county and state this *28* day of *Aug* 1923

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

(SEAL) *A. B. Hubbard*
County Judge

County Judge Must Approve

Grant 7-1-25

PENSION DEPARTMENT

Oklahoma City, 6-6-1925

The Adjutant General,
War Department,
Washington, D. C.

Sir:

To complete a record of this Department, I have the honor to request that you furnish this office with whatever record you may have of, -

ELIGA W B CANNONCo., I, 22ndRegt. of Ala InfantryHis Captain was KnottHis Major was B. Hart

His Colonel was _____

Enlisted from the State of

Ala in March 1862,and was paroled 1865.at COLUMBUS, MISS.

RECEIVED

JUN 23 1925

OLD RECORDS DIVN.

17 received A. G. O. JUN 23 1925

Yours respectfully,

E. J. Stewart

Commissioner.

O. R. D.

Address: "The Adjutant General,

War Department, Washington, D. C."

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON, June 25, 1925.

Respectfully returned to

Pension Dept., State of Oklahoma,
Oklahoma City, Okla.

There are no rolls on file in this office of Co. I, 22nd. Regt. Ala. Inf., C.S. A., and no record has been found of the enlistment, service, capture or parole of Eliga W. B. Cannon as of that orgn.

Robert C. Denis

Major General,
The Adjutant General,

By *W. W.*

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

STATE OF Alabama COUNTY OF Tuscaloosa ss:

Before me W. F. Dawson, a Justice of Peace in and for said county and state, on this 5 day of September, 1925, personally appeared J. F. Gilliam whose address is Berryala R #4, and J. D. Watkins, whose address is Berryala R #4, 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 Elijah Wiley Barbe Cannon, the within named applicant for a pension, Give full name of applicant.

served in the Confederate army (Navy) from March 1863, until Sept 6th, 1863, in Company (or Battery) I of the 22nd Alabama Regiment of Infantry (Johnston Div.); Letter. Give number and name. Infantry, Cavalry or Artillery.

that his officers were Brig. General Day; Colonel Marrass; And Capt. Knott;; 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 6th day of September, 1863, at Atlanta Ga. by reason of sickness, Was discharged from Hospital, At Atlanta, Ga. Honorable Discharge. 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).

J. F. Gilliam, affiant first above named, states that he served in Company "I" of 22nd Alabama Regiment of Infantry (Johnston Div.), from 1863 186 until 1865.

J. D. Watkins, affiant last above named, states that he served in Company A of 9th Regiment of Cavalry, from 1863 until 1865.

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

SUBSCRIBED AND SWORN TO BEFORE ME THIS 5

PAY OF September A. D. 1925

W. F. Dawson
Justice Peace
In and for said County and State.
(SEAL)

J. F. Gilliam
J. D. Watkins
(SIGNATURES OF TWO COMRADES)

My commission expires October Nov 1927

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.

66499

H. C. HUBBARD

COUNTY JUDGE
Washita County
STATE OF OKLAHOMA

A-5499

CORDELL, OKLAHOMA

September 19th, 1925.

The Commissioner of Pensions,
Oklahoma City, Oklahoma.

Dear Sir:-

Several months ago Mr. Elijah Wiley Barbe Cannon had a letter from you in which you stated that he would have to have proof of service from two of his comrades in the C. S. A. before you could act favorably on his application for a pension, which has been on file in your office for two or three years. I am enclosing herewith affidavits which we, after considerable correspondence, have been successful in getting from two of his comrades in Alabama. Mr. Cannon is 87 years old and whatever is to be done for him should be done with as little delay as possible. I will appreciate it very much if you will investigate at once and advise me if there is anything further that should be done in the matter of his proof of service.

Yours very truly,

H. C. Hubbard,
County Judge

JAMES S. CAMP, F. A. G. S.,

CONSULTING GEOLOGIST.

ROCKY, OKLAHOMA.

August the 28th, 1923.

The Commissioner of Pensions,
Oklahoma City, Oklahoma.

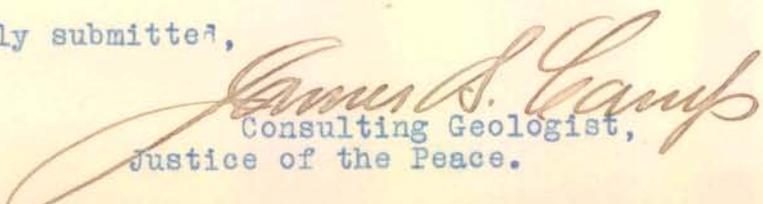
My Dear Commissioner:

In submitting the application of Mr. Eliga W. B. Cannon for a Confederate Pension under Senate Bill No. 23, Chapter 14 of the Session Laws of Oklahoma for 1923, I beg to call your attention to the Affidavit No. 2 on the said application which is incomplete on account of as far as the applicant knows only one person now living that was with him in service and he lives in Alabama.

Mr. Cannon has lived in the state of Oklahoma for nearly 25 years of this time I have personally known him about seven years, and I know him to be in very poor health, not being out of bed much of the time for the past year and the rental returns of his small farm is not enough to keep him and his aged wife. I personally know that Mr. Cannon is in need of this help, and feel sure that you will see like wise.

I am in no way related to Mr. Cannon or to Mr. Cook whos application I am sending you by todays mail, nor have no interest whatever in the pension only to help two men who have trodden down the path of life, and have nearly reach the end without sufficient means to care for them in their remaining days. Two men who faithfully carried forward the stars and bars for a cause that was lost.

Respectfully submitted,


Consulting Geologist,
Justice of the Peace.

July 11, 1923.

A-5499

Mr. Eliga W. B. Cannon,
R-5 B-7,
Rocky, Okla.

Dear Mr. Cannon:

We are very sorry indeed to advise that it will be impossible for us to grant you a pension unless you can obtain good affidavits from at least two comrades who served in the C. S. A. with you.

As you know, we must have absolute proof of service, and since there is no record on file in the War Department in your case, we are dependent entirely upon affidavits. We hope that you can get these affidavits.

With kind wishes to you, and trusting that your health has improved, we are

Yours very truly,

COMPENSATION PENSION DEPARTMENT

COMMISSIONER



(OUR HOME)

WE MAKE FARM LOANS

86-616

P-5044

THE STATE BANK OF ROCKY

CAPITAL AND SURPLUS \$ 30,000.00

INDIVIDUAL RESPONSIBILITY OVER HALF MILLION DOLLARS

ROCKY, OKLAHOMA.

November 26th, 1928

Pension Department
State of Oklahoma
Oklahoma City, Oklahoma

Gentlemen:

Re: 5044 Eliga W. B. Cannon
R. 3, Box 70
Rocky, Oklahoma

Mr. Cannon is now deceased and necessary blanks to permit his widow to draw his pension, when forwarded to this bank will be executed and returned immediately. We will thank you to get them out to us at your earliest possible convenience.

Yours very truly,

[Handwritten Signature]
Assistant Cashier
FB:S

P ✓ Pl ✓ Cd ✓ List ✓ Claim in ✓
widow goes on in March 1929



Pension Department

STATE OF OKLAHOMA

Oklahoma City



C. B. HOGG
C. B. STEWART
COMMISSIONER
LOLA WATSON EIKNER
SECRETARY
MABELLE ETTER
CLERK

P-5044 Eliga W. B. Cannon died November 10-1928

*Re placed
list
claims*

November 27, 1928.

P-5044

Fred Bunch (?),
Mr. -----,
Assistant Cashier,
State Bank of Rocky,
Rocky, Oklahoma.

Dear Sir:

Your letter advising us of the death of Mr. Eliga W. B. Cannon just received. Will you please ~~express~~ our deep sympathy to the widow and others of Mr. Cannon's family?

You will find enclosed the proper form of blank on which the widow may make application for the pension. We will be glad to have it properly executed and returned to us at an early date. However, the pension warrant for this present quarter will be issued in Mr. Cannon's name and sent to the widow and she can cash it and apply the money on funeral expenses. In the following quarter Mrs. Cannon's name will be placed on our roll - providing she is in every way eligible to this pension, and no doubt she is - and the warrants hereafter will be issued in her own name.

Will you kindly advise us the exact date of Mr. Cannon's death, as we need this information for our records.

Thanking you for writing us, I am

Very truly yours,

Clerk.

Encl.

QUARTERLY CLAIM BLANK

STATE OF OKLAHOMA

**COMMISSIONER OF PENSIONS
OKLAHOMA CITY, OKLAHOMA
DEPARTMENT NO. 69**

Filed -----

PENSION NO. 5044

In Account with

P. O. Address

ELIGA W B CANNON
R 3 B 70
ROCKY OKLA

For quarter ending MAR 31 1929 -----

Deceased

Amt. Claimed

\$75.00

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. -----

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

