

6530

Fill and Return

FORM B-1

No. A 65-30

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 Oklahoma 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? Ella Roggett
Give your first name, your middle initial and your surname
2. What is your post office address? 1919 West 10th St - Oklahoma City
3. What is your street, route or box number? 1919 W 10 St
4. Are you an actual resident of the State of Oklahoma? yes Of what county? Oklahoma
5. How long have you lived in the State of Oklahoma continuously? 31 years
6. Where were you born? Wright City Mo What is your age? 84
7. Have you ever applied for a pension anywhere? no Where? _____ When? _____
8. If so, were you granted a pension? no 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? none 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.) None

11. If so, give value of said property over and above all encumbrance none

12. What is your physical condition? not good 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? Deceased - Robert E. Roggett

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? March 10 1869 Where? Wright City Mo

20. When did he die? March 20 - 1927 Where? Oklahoma City Okla

21. Did he ever draw a pension? Yes State fully when and where P-4634

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

Ella J. J. Smith

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

Subscribed and sworn to before me this 20th day of

April A. D. 1927

J. Holiner
Signature and title of officer.

My Commission expires Dec. 12, 1927

(SEAL)

Oklahoma 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 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

6530

Affidavit No. 1. Residence and Widowhood. By Two Citizens Who Know the Applicant Has Resided in the State of Oklahoma More Than ~~One~~⁵ Year and That She is Now a Widow.

STATE OF OKLAHOMA COUNTY OF Oklahoma ss:
 Before me Joe Holman in and for said county and state, on this 20th
 day of April 1927, personally appeared H. H. Armstrong Jr whose ad-
 dress is 1976 W 101 - Okla City, and Chas L Mondie whose address
 is 2030 W 10 - Okla City, 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 ap-
 plication 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 5 years
 next preeding 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 20th H. H. Armstrong Jr
 DAY OF April A. D. 1927 Chas L Mondie
Joe Holman
 In and for said County and State.
 (SEAL) My commission expires Dec. 12, 1927

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) My commission expires _____ 192____

NOTE: There must be two witnesses to each of the affidavits above. Both affidavits must be acknowledged before some offi-
 cer authorized to administer oaths, which officer must express his title and affix his seal. Signatures by mark must be wit-
 nessed 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. 6530

Application for Pension for Widow of Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

MIA DOGGERTT

P. O. Oklahoma City

St. R. Bx. No. 1919 W. 10th

Filed in Pension Office 4-21-1927

Disallowed

Allowed 4-21-1927 No. P. 5300

Allowed from 4-1-1927 Amt. \$ per month. Class.

Reconsidered and allowed

From Amt. \$ No. P.

E. S. Stewart Commissioner

THIS SPACE BELOW FOR USE OF COUNTY JUDGE ONLY

State of Oklahoma, County of Oklahoma

Filed in the office of the County Judge of said county and state this 20th day of April 1927

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

C. G. Whitson County Judge

(SEAL)

County Judge Must Approve

July 5, 1928.

P-5300

Honorable R. A. Sneed,
State Treasurer,
C A P I T O L.

Dear Sir:

On July 5th, 1928 Mr. Doggett, the son of Mrs. Ella Doggett, Pensioner No. 5300, telephoned the Pension Department that he had lost State Warrant No. 84537 and covering quarter ended June 30th, 1928, and asked us to have payment stopped on same, and requested a duplicate warrant.

Mr. Doggett was advised to wait a week or two, and in case the warrant was not found blank bond would be forwarded to his mother.

Very truly yours,

Clerk.

Stopped payments 7-5-28

Sent bond ~~at once~~ 7-10-28

P. 5300. Ella Doggett saw
in Oklahoma. Died May 24-'32

R. Pl. cd. @. Listⁱⁿ

QUARTERLY CLAIM BLANK

STATE OF OKLAHOMA

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

PENSION NO.
In Account With
P. O. Address

5300

ELLA DOGGETT
1919 W 10TH
OKLAHOMA CITY OKLA

For quarter ending SEP 30 1932

Decayed

Amt. Claimed
\$120.00

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..... 193....., 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