6607

Fill and Return

FORM B-1 No. A 6607

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 Okmulgee 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? A. M. Duncan Katie M Duncan
   Give your first name, your middle initial and your surname.
2. What is your post office address? Dallas, Okla.
3. What is your street, route or box number?
4. Are you an actual resident of the State of Oklahoma? Yes Of what county? Okmulgee
5. How long have you lived in the State of Oklahoma continuously? 17 years
6. Where were you born? Tennessee (Meigs County) What is your age? 58
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? 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.) No
11. If so, give value of said property over and above all encumbrance
12. What is your physical condition? Fair 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? L. F. Duncan
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? Oct. 22-1899 Where? Arkansas
20. When did he die? Sept. 21-1927 Where? Dallas, Okla.
21. Did he ever draw a pension? Yes State fully when and where P-1265
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.

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.

Ella M Duncan
Applicant sign here, first name, middle initial and surname.

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

.....

.....

Subscribed and sworn to before me this..... day of .....A. D. 192.....

J M Bonnell Notary Public
Signature and title of officer.

My Commission expires Dec. 1st 1929

(SEAL) .....Bartlesville.....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~~ Five Year and That She is Now a Widow.

STATE OF OKLAHOMA, COUNTY OF Pegmoyh ss:

Before me a Notary Public in and for said county and state, on this 3 County Judge, Notary Public or Justice of the Peace. day of October 1927, personally appeared Floyd Green whose address is Ballman Okla, and W. B. Rhodes whose address is Ballman Okla, who are personally known to me to be credible citizens, who by me being duly sworn, each for himself deposeth and saith:

That he is personally acquainted with the within named aplicant 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 17 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 3 DAY OF October A. D. 1927

J. M. Bonnell
Notary Public
In and for said County and State.
(SEAL)

Floyd Green
W. B. Rhodes
SIGNATURES OF TWO WITNESSES

My commission expires Dec. 11 1929

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 deposeth and saith:

That he knows personally that ....., deceased husband of the within named applicant
Give his full name.
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 6607

Application for Pension for Widow of Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

DUNCAN, KATIE M

P. O. Sallisaw, Okla.

St., R., Bx. No.

Filed in Pension Office 10-3-27

Disallowed

Allowed 10-11-27 No. P 5371

Allowed from 10-1-27 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 Sequoyah

Filed in the office of the County Judge of said county and state this 6th day of Oct. 1927

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

W. S. Moore
(SEAL) County Judge.

County Judge Must Approve

Rec'd $81.00 4-1-1939

Sallisaw, Oklo.
May 16, 1933

Pension Commissioner.
Capitol Building, Room 343
Oklohoma City Oklo.

P. 5371

Sir:

my age is sixty four (64) years.

I think I should have just the same amount of money as others. I am not able to do my own house work my husband fought just as long and suffered hardships that the others did. Why should I not have the same amount of money?

Mrs Kate M. Duncan
Sallisaw Oklo.

May 18, 1933.

P-5371

Mrs. Katie M. Duncan,
Sallisaw, Oklahoma.

Dear Mrs. Duncan:

The letter written for you giving your age, and saying in addition that you believe you should receive the highest amount given any pensioner, received. In reply beg to advise that our Department must comply with this new law with reference to pension payments, and that we could send you the $81.00 paymants if you were more than seventy years old, but since the new age schedule provides but $60.00 per quarter for widows between the ages of sixty and seventy there is nothing else for us to do but to send you the $60.00. We would very much enjoy, personally, continuing to send to all pensioners the $120.00 payments they formerly received.

Yours very truly,

PENSION COMMISSIONER.

P-5371

Katie M. Duncan

Deceased June 16-1939

R P T Cd Cl Lt Age

Susie Duncan Harris (Daughter)
Box 306 - Weeletka, Okla

July 3, 1939

Mrs. Susie Duncan Harris
Box-306
Weleetka, Oklahoma

RE: P-5371
Katie M. Duncan

Dear Madam:

In regard to the death of your mother, Katie M. Duncan, I have checked through our books and find that her warrant for quarter ending June 30, 1939 was sent to Gallisaw, Oklahoma.

If we had known about this before we mailed the warrants we would have sent instructions as how to endorse and cash. If you are the one who took care of the burial expense, you are entitled to apply the warrant on same. Just endorse the warrant with your mother's name, by you as daughter, in the presence of two witnesses who know you, and the bank will cash it for you.

Yours very truly,

W. L. McConnell, Commissioner.