

Fill and Return

FORM B-1

No. A 6358

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 Bryan 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? Mrs. Maggie Farmer
Give your first name, your middle initial and your surname.
2. What is your post office address? Caddo, Oklahoma
3. What is your street, route or box number? _____
4. Are you an actual resident of the State of Oklahoma? yes Of what county? Bryan
5. How long have you lived in the State of Oklahoma continuously? Nine years.
6. Where were you born? Savannah, Oklahoma. What is your age? 43
7. Have you ever applied for a pension anywhere? no Where? X When? X
8. If so, were you granted a pension? X 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? Poor. bad health Are you able to work? no
13. What occupation are you engaged in? Household light 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? Burke P. Farmer
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? Dec. 3d 1919 Where? Caddo, Okla.
20. When did he die? May 31st 1926 Where? Caddo, Okla.
21. Did he ever draw a pension? Yes State fully when and where. P-1278
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

.....
.....

Mrs Maggie Farmer

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

Subscribed and sworn to before me this 14th day of
June A. D. 1926

A. R. Richey
Notary Public

Signature and title of officer

My Commission expires Nov. 21st 1929

(SEAL)

Caddo, Bryan 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

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 Bryan ss:
Before me A. E. Richey in and for said county and state, on this 14th
~~County Judge~~ Notary Public or ~~Justice of the Peace~~.
day of June 1926, personally appeared R. E. Zeigler whose ad-
dress is Caddo, Oklahoma, and M. L. Beck whose address
is Caddo, Oklahoma, 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 Nine 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 14th
DAY OF June A. D. 1926
A. E. Richey
Notary Public

R. E. Zeigler
M. L. Beck

SIGNATURES OF TWO WITNESSES

In and for said County and State.
(SEAL)

My commission expires November 21st 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 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 6358

Application for Pension for Widow of Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

MAGGIE FARMER

CADD0

P. O.

St. R., Bx. No. Filed in Pension Office 6-17-1926

Disallowed *Transferred to OAA*

8-1-48

Allowed 6-18-1926 No. P. 5169

Allowed from 7-1-1926 Amt. \$

per month. Class.

Reconsidered and allowed

From Amt. \$ No. P. Commissioner.

W. J. Stewart
Commissioner.

THIS SPACE BELOW FOR USE OF COUNTY JUDGE ONLY

State of Oklahoma, County of *Bevy*

Filed in the office of the County Judge of said county and state this *15* day of *June* 1926

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

[Signature]
County Judge.

County Judge Must Approve

43
24
17
60

65-111-1948

2-1-32

For our new pension schedule of ages for widows, please send us
at once the exact date of your birth. Thank you.

PENSION COMMISSIONER.

Maggie Farmer Bonded in 1883.

For our new Pension Schedule of ages for widows, please send us at once the exact date of your birth. Thank you.

PENSION COMMISSIONER.

which makes me ~~50~~ 50 years Old

P-5169

Receipt \$60⁰⁰ 1-1-1943