

6327

Fill and Return

FORM B-1

No. A. 6327

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 TILLMAN 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? Rebecca J. McDaniel
Give your first name, your middle initial and your surname.
2. What is your post office address? Frederick, Oklahoma
3. What is your street, route or box number? Route B Box 39
4. Are you an actual resident of the State of Oklahoma? yes Of what county? Tillman
5. How long have you lived in the State of Oklahoma continuously? twenty-five years
6. Where were you born? Anderson County, Texas What is your age? 73
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.) no
11. If so, give value of said property over and above all encumbrance _____

12. What is your physical condition? poor 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? Thomas Harrison McDaniel
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? April 16, 1872 Where? Robison County, Texas
20. When did he die? March 28, 1926 Where? Frederick, Oklahoma
21. Did he ever draw a pension? yes State fully when and where Last two years - " "
22. Did he serve in the Confederate infantry, cavalry, artillery or navy? Cavalry See P-3726
23. In what state was his command organized or from what state did he enlist? Weatherford, Parker Co., Tex
24. When did he enlist? 1861 Where? Weatherford, Tex How long did he serve? four years 18 mo
25. What was the name or letter of his company, battery or ship? Company B
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 Gen. Geno,
29. How was he released from the Confederate service? (Captured, paroled or honorably discharged?) discharged
When? _____ Where? _____
30. Was he a commissioned officer? no 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? no 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

Cecilia Anderson
Lewis Hart

Rebecca J. McDaniel

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

Subscribed and sworn to before me this 12th day of April A. D. 1922

P. J. Birch
County Judge

My Commission expires 1922

(SEAL) 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.

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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 TILLMAN ss:

Before me P. V. Ruch, County Judge, ~~Notary Public of Justice of the Peace~~ in and for said county and state, on this 17th day of April 1926, personally appeared W. S. Heasley whose address is Fredrick, Okla. and A. T. Schrimsher whose address is Fredrick, 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 two 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 17 DAY OF April A. D. 192 6.
P. V. Ruch
County Judge.
In and for said County and State.
(SEAL)

W. S. Heasley
A. T. Schrimsher
SIGNATURES OF TWO WITNESSES
My commission expires.....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. 6327

Application for Pension for Widow of Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

REBECCA J MCDANIEL

FREDERICK

P. O. R-B B-39

St., R. Bx. No. 4-19-1926

Filed in Pension Office 4-19-1926

Disallowed

Allowed 4-19-1926 No. P. 5145

Allowed from 4-1-1926 Amt. \$ per month. Class

Reconsidered and allowed

Amt. \$ No. P.
[Signature]
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 17th day of April 1926

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

[Signature]

(SEAL) County Judge.

County Judge Must Approve

Frederick Okla.
Jan 19th 1937

Confederate Pen. Dept.
Oklahoma City, Okla.

Dear Sir:

In reply to the claim

P 5145 Rebecca & M^{rs} Daniel
Frederick, Oklahoma Route B. Box 49.
Passed away Oct. 31, 1936 with
Paralysis at the home of her
daughter's, Mrs Frances Anderson

Signed

Mrs Frances Anderson

✓
R P1 C1 L1 age

QUARTERLY CLAIM BLANK

STATE OF OKLAHOMA

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

PENSION NO.

5145

REBECCA J McDANIEL
R-B B-49
FREDERICK OKLA

In Account With

P. O. Address

For quarter ending..... MAR 31 1937

Amt. Claimed

\$81.00

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. Frederick Okla
Route B Box 49
St. No.

Deceased

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 10 day of Jan 1937, personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim.

SIGNATURES
OF TWO
WITNESSES

note ch. for date of death 1-15-37
Mr. Francis Anderson Address Frederick Okla.
Mrs. Cecelia Merritt Address Frederick Okla.

DATE, SIGN AND RETURN AT ONCE