FORM B-1

Fill and Return

5369

No. A

Application of Indigent Widow of Confederate Soldier or Salior, 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? Mrs S A Golding
   Give your first name, your middle initial and your surname.
2. What is your post office address? Oklahoma City
3. What is your street, route or box number? R-8
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? 17 yrs
6. Where were you born? Alabama 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 from any source whatever? No If so, state amount thereof
   Yes or no.
10. Do you own property of any kind, either real, personal or mixed (household goods and wearing apparel not included) 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? Very poor Are you able to work?
13. What occupation are you engaged in?
14. Are you an inmate of any public home or institution, charitable or otherwise?
15. Do you apply for a pension because you are indigent and unable to earn a livelihood by manual labor?
16. What was your husband's FULL NAME? Anthony Foster Golding
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? Yes (2nd husband Robt. Chambers has been dead about 16 yrs.) Did you abandon your husband and live separate from him until his death? No
19. When were you married to him? February, 1877 Where? Willis, Texas
20. When did he die? Sept. 8, 1886 Where? Willis, Texas
21. Did he ever draw a pension? No State fully when and where
22. Did he serve in the Confederate infantry, cavalry, artillery or navy? Infantry
23. In what state was his command organized or from what state did he enlist? Texas
24. When did he enlist? 1861 Where near Harrisburg How long did he serve? 4 yrs
25. What was the name or letter of his company, battery or ship? D 5th Texas Infantry
26. State the name and number of his regiment or battalion 5th Texas Infantry
27. To what other commands if any was he ever transferred? never 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?) paroled at Appotomax Court House, Va.
    When? April 9, 1865 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? 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 date 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

Hazel Ballard

Margaret Lewis

Mosa S. A. Goldring
her
mark

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

Subscribed and sworn to before me this 5th day of June A. D., 1923

F. D. Dalley
Notary Public

Signature and title of officer

My commission expires Jan 7, 1925

(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 acknowledgements 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 Oklahoma, ss:

Before me T. L. Kelley, in and for said county and state, on this 6
County Judge, Notary Public or Justice of the Peace.
day of June, 1923, personally appeared Lula Goldsing whose address is Okla City, and Vilma Morris whose address is Okla City, 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 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 5 years next preceding 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 6th DAY OF June A.D., 1923

T. L. Kelley
Notary Public

In and for said County and State.
(SEAL)

Lela Goldsing
Vilma Morris

SIGNATURES OF TWO WITNESSES

My commission expires Jan 7, 1925

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 _____ 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 or 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 B-1 No. A 5369

Application for Pension for Widow of Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

Mrs S A Golding

P. O. Okla City

St., R., Bx. No. R-8

Filed in Pension Office 6-6-23

Disallowed

Allowed 6-29-23 No. P 4415

Allowed from 7-1-23 Amt. $

per month. Class

Reconsidered and allowed

From Amt. $ No. P

Chas. J. 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 6 day of June 1923

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

Grant 7-1-23

O.R.D.
L.E.F.

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON. Apr.26,1922.

Respectfully returned to

Mrs S.A.Golding,
28 E.-E-3"St.
Oklahoma City, Okla.

with the information that Capt.A.P.Hill, is not found as of Co.C,5"Regt.Tex. Inf. C.S.A. One Capt.W.T.Hill,is found as Capt.of Co.D,5"Regt.Tex.Inf. C.S.A.

W.P.Powell,Pvt.& Sgt.Co.D,5" Regt.Tex.Inf. C.S.A.(not found as Surgeon)enlisted in Texas Mar.20, 1862. M.R.Jan & Feb 1863,shows him absent,wounded Battle.Manassas & sent to hospl.Aug.30,1862.

M.R.Nov & Dec 1863,shows him absent,detailed Actg Asst Surg.May 1/63.

M.R.Nov & Dec 1864,shows him present,Actg.Asst.Surg.since May 6,1864.

He was captured at Cashtown July 5,1863 and exchanged Mar.3,1864.at Point Lookout,Md. He was paroled at Appomattox Court House,Va. Apr.9,1865.

Anthony F.Golding,also shown as A.F. pvt Co.D,(not shown as Co.C) 5"Regt.Tex.Inf. C.S.A.enlisted Aug 20 1861 near Harrisburg.

M.R.July & Aug 1862 shows him as present,wounded in side at Battle Manassas.

M.R.for Nov & Dec 1864,shows him present.

He was paroled at Appomattox Court House,Va. Apr.9,1865.

Stamped envelope herewith returned

Robert C Davis
Actg. *The Adjutant General.*
Per

Form No. 160—A. G. O.
Ed. Dec. 9-21—5,000.

QUARTERLY CLAIM BLANK

COMMISSIONER OF PENSIONS
OKLAHOMA CITY, OKLAHOMA
DEPARTMENT NO. 69

Filed ----------

STATE OF OKLAHOMA

PENSION NO. 4415 MRS S A GOLDING

In Account with 35 W B ST

P. O. Address OKLAHOMA CITY OKLA

MAR 31 1927

For quarter ending ----------

Entered Home 1-7-27

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. Oklahoma City R.D. Cap Hill Sta

Route ---------- Box ----------

St. No. ----------

Mrs S A Golding

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 31st day of December 1926, personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim.

SIGNATURES OF TWO WITNESSES

Ethel Habegger Address 517 E. 27 Street South.

Mrs. Geo. A. Hinsh Address 536 E 27 St. South

DATE, SIGN AND RETURN AT ONCE

QUARTERLY CLAIM BLANK

COMMISSIONER OF PENSIONS
OKLAHOMA CITY, OKLAHOMA
DEPARTMENT NO. 69

Filed _____

STATE OF OKLAHOMA

PENSION NO.

In Account with 4415

P. O. Address

MRS S A GOLDING
CAPITOL HILL STATION
GEN DEL
OKLAHOMA CITY OKLA

Amt. Claimed

$75.00

For quarter ending DEC 31 1928

Re-Entered Honor 11-18-28

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. Oklahoma City

Route Cap. Hill Sta. Box P.O. Box 15

St. No. 512 E. 26 South

Mrs S A Goldings

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 3 day of October 1928, personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim.

SIGNATURES OF TWO WITNESSES

Mrs Katie Poore Address 508 E. 26 S.

Mrs Fitzgerald Address 504 E 26 So.

DATE, SIGN AND RETURN AT ONCE

Mrs

S A Golding

539

P-4415

W-7

Cap Hill

Make file

R

Cl

E

Tel. P- 4415

S A Golding

539 W. 7. St

35 W - B. St

Cap Hill

R✓ Pl✓ En✓

P-4415

Mrs. S. A. Golding

Withdrew 10-17-29

R Cd

Sent Dec Claim to Box 16 - Cap Hill Sta
(See next page) % W. T. Golding
Nov 2-1929

P-4415-

Sarah A. Golding

Phone call from son, 10-21-29
W. T. Golding, saying mother
had recently left the Con.
Home and we should send
her a Dec. 1929 claim
at Box 15, Cap. Hill Fla.
c/o W. T. Golding.

Do not send CC till get
Home Report