

Application of Indigent Soldier or Sailor of the Confederacy 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 Choctaw....., ss:

I, the undersigned, 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? William Allen
Give your first name, your middle initial and your surname.
- 2. What is your post office address Port. Towson, 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? Choctaw
- 5. How long have you lived in the State of Oklahoma continuously? 6 years.
- 6. Where were you born? Blunt Co., A. la. 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, your wife or both of you, own 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? Broken down in health..... Are you able to work? very little.
- 13. What occupation are you engaged in? Farming.
- 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. Did you serve in infantry, cavalry, artillery or navy? Infantry
- 17. In what state was your command organized or from what state did you enlist? Arkansas
- 18. When did you enlist? Nov. 1863..... Where? Mount Ida, Ark. You served how long? 1 Month
- 19. What was the name or letter of your company, battery or ship? Co. A
- 20. State the name and number of your regiment or battalion. 2nd Reg. as I remember.
- 21. To what other commands if any were you transferred? None, wounded and sent home.
- 22. State the names and rank of your officers. Capt. William Cunningham
- 23. How were you released from the Confederate service? (Captured, paroled or honorably discharged.) Wounded and discharged, bones broken in leg and not fit for Army Service..... When? 1863
Where?
- 24. Were you ever wounded in battle? Yes.....
- 25. Were you a commissioned officer by the President of the Confederate States? No..... State rank and date of commission.
- 26. Were you detailed for special service in any armory or shop for the maintenance of the army or navy? No..... 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 never deserted, or abandoned my post of duty while in the service of the Confederacy or any of the states thereof, but served honorably until released 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
.....
My commission expires Jan. 9th, 19124
(SEAL)

William Allen
Applicant sign here, first name, middle initial and surname
Subscribed and sworn to before me this 16th day of July A. D., 19121.
Hattie Wilson
Signature and title of officer.
H. Wilson..... 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 acknowledgements or oaths required herein. See that all questions are answered. If applicant cannot write he must sign by mark, show the mark between the words "his" and "mark," and have two witnesses thereto sign on the lines for that purpose.

AFFIDAVIT NO. 1. RESIDENCE AND CITIZENSHIP. BY TWO CITIZENS WHO KNOW THE APPLICANT HAS RESIDED IN THE STATE OF OKLAHOMA.

STATE OF OKLAHOMA, COUNTY OF Choctaw. Before me a notary public in and for said county and state, on this 16th day of July 1912, personally appeared J. P. Warren whose address is Fort Towson, Okla., and Dr. A. Peters whose address is Fort Towson, Okla., and 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 six years next preceding this date; that he personally knows that said applicant's habit's 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 16th day of July A. D., 1912. Hattie Wilson, Notary Public. In and for said County and State. (SEAL) My commission expires Jan. 9th, 1912.

J. P. Warren, Dr. A. Peters. SIGNATURES OF TWO WITNESSES

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 _____ 191____, 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 _____, the within named applicant for a pension, served in the Confederate army (navy) from _____ 186____, until _____ 186____, in Company (or Battery) _____ of the _____ Regiment of _____; 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 _____

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., 191____. _____ In and for said County and State. (SEAL) My commission expires _____ 191____.

(SIGNATURES OF TWO WITNESSES)

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.

Applicant has no way of getting Affidavits from any comrades, for the reason that all of his ~~comrades~~ comrades are dead, and he had never before that of applying for a pension, for the reason he thought he would be able to work and make a living until his death. He has been wounded as he described in his application, the bone in his right leg being badly broken up and I am sure he is telling it just as it occurred and feel that he is entitled to a pension, altho he is not now able to furnish proof by a comrade.

J. P. Warren

Subscribed and sworn to before me, this the 15th, day of July 1921. My Commission expires Jan 9th, 1924. Hattie Wilson, Notary Public.

Form A-1 No. A. 116713

Application for Pension for Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

William Allen
Tank Sawyer

P. O.

St., R., Bx. No.

Filed in Pension Office 1111 20 1921

Disallowed

Allowed **AUG. 19 1921** No. P. **3774**

Allowed from **7-1-11** Amt. \$..... per month.

Reconsidered and allowed

From Amt. \$..... No. P.....

R. J. Stevens
Chairman

THIS SPACE BELOW FOR USE OF COUNTY JUDGE ONLY.

State of Oklahoma, County of *Choctaw*

Filed in the office of the County Judge of said county and state this *19* day of *August* 1921

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

W. L. ...
County Judge

(SEAL)

THIS APPLICATION MUST BE FILED WITH AND APPROVED BY THE COUNTY JUDGE OF THE COUNTY WHEREIN THE APPLICANT RESIDES.

NS JUL 20 1921

O.R.D.
New

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, Aug 8. 1921

Respectfully returned to Pension Dept.
State of Oklahoma
Oklahoma City
Okla.

with the information that William
H. Allen. Pvt. Co A 2 ass
Sgt. also designated as
34 ass. Sgt. Co A. was
enlisted June 16. 1862 at
Daytonville and on must
roll for Jan 5 5th 1864. last
on file is shown Present
No capture, parole or
later record has been
found. Not found as William
Allen. Capt. Cunningham
not identified

P C Harris

The Adjutant General.

Per H B

STATE OF OKLAHOMA.
Pension Dept.

Okla. City, Okla.

JUL 20 1921

Dear Sir:

I have the honor to request the official C. S. A. record of:-

William, Allen

who claims to have served in

Co. A 2nd Ark

Regt. of Infly

His Captain was Cunningham

His Major was _____

His Colonel was _____

Enlisted in 1863 and was

Wounded 1863 and
Disabled for service

Yours respectfully,

R. A. Greed

RECEIVED Commissioner.

JUL 25 1921

OLD RECORDS DIV.

1 1921 JUL 25

JUL 25

25

OFFICE OF
CHOICE D. HOLDEN
COUNTY JUDGE
CHOCTAW COUNTY
HUGO, OKLA.

July 16, 1921.

State Pension Commissioner,
Oklahoma City, Okla.

Dear Sir:

I am enclosing herewith application of William Allen of Fort Towson, Oklahoma, for State pension by reason of his service as Confederate soldier. Also enclosing herewith letter from Mr. J.P. Warren, a gentleman of high standing in the Fort Towson community which is self-explanatory.

Of course, the application is very incomplete and I do not know whether or not it would be possible for this matter to be approved in this shape, although I personally feel that the old gentleman is undoubtedly entitled to the benefit of the State pension fund and I would appreciate your giving the matter your most careful attention and making whatever suggestion you deem of benefit in the matter.

Yours truly,

Choice D. Holden
COUNTY JUDGE.

CDH:EFA

HARRY H. CLUTIA, Vice Pres't & Treas.
C. B. G. GAILLARD, Secretary.

OTTO. E. SCHAEFER, President.
GEORGE R. CRAWFORD, Chairman.

GEO. B. CRAWFORD, Asst. Secy.
ALLISON B. ROOME, Asst. Secy.

Established 1837.

Westchester Fire Insurance Co.

J. P. WARREN
Resident Agent
FORT TOWSON, OKLA.

New York,

July 16, 1921.

Hon. Choice D. Holden,
Hugo, Okla.

Dear Judge:-

I am enclosing application of William Allen an ex-confederate soldier for pension.

Mr. Allen, having waited so long to apply for a pension, thinking that he would always be able to make a living, is now unable to furnish proof by comrades, all of his comrades being dead.

I do not know whether you can pass this for him or not, but I know he is entitled to the pension, for I have heard him discuss the War and the services he rendered a number of times and I know he is wounded, his right leg being badly shot up and he has always said that he received it in the War.

Anything that you might be able to do for Mr. Allen will be greatly appreciated by him and his many friends.

Yours very truly,

J. P. Warren

Fort Towson Drug Co.

The Nyal Store

Phone 20

FORT TOWSON, OKLA.

April 3rd 1925

Pension Department
Oklahoma City Okla.
Dear Sirs: _

@-3774

All of my children are at present living in Texas. My wife and I are both too feeble to do much for ourselves and I was wondering if it would in any way conflict with my pension for us to go over there where they could look after us. They are not able to keep us up but they could at least come and wait on us when we are sick. Look this up and give me the law on this as I can not afford to make the move if it will in any way conflict. I am not able to do a days work and would be up against it.

Please answer at the verry earliest convenience.

Yours verry truly.
Willima Allen.

William Allen,
Ft Towson
Okla.

April 7, 1925.

P-3774

Mr. William Allen,
Ft. Towson, Okla.

Dear Mr. Allen:

We have your letter of April 3rd and in reply would advise that the pension law provides for an absence of only six months from the state without forfeiture of pension. So it will not be well for you to arrange to make your home in Texas, unless you feel able to give up your pension. We feel sorry to tell you this, when you would like to live among your children, but you know we must be governed by the law.

Perhaps you could arrange to make a visit of six months to your children. In case you should do this, be sure to advise us so that your warrant can be mailed to the right place.

With kind wishes to yourself and wife, we are

Yours very truly,

CONFEDERATE PENSION DEPARTMENT

COMMISSIONER
By

9-3774

The Fort Towson News

A. G. Hardin & Sons Publishers

"The Paper With a Proven Pulling Power"

Fort Towson, Okla. August 29th., 1925

Pension Department
State of Oklahoma
Oklahoma City, Okla.
Gentlemen:

Beq to advise that William Allen of Fort Towson, Okla.,
Confederate Pensioner, No. 3774, died at his home here on Tuesday
August 25th.

His widow, Elizabeth Allen, 67 years of age desires to
know what steps will be necessary for her to take ~~and~~ that she may
draw the money coming to the deceased William Allen.

Please communicate with Mrs. Elizabeth Allen at Fort
Towson, Okla.

Very Respt. Yours,

Mrs. Elizabeth Allen.

By

A. G. Hardin

✓
✓
✓
R P L En

✓
applicable to widow

QUARTERLY CLAIM BLANK

STATE OF OKLAHOMA

COMMISSIONER OF PENSIONS
 OKLAHOMA CITY, OKLAHOMA
 DEPARTMENT NO. 69

Filed -----

PENSION NO.

In Account with **3774 WILLIAM ALLEN**
FT TOWSON OKLAHOMA

P. O. Address

DEC 31 1925

For quarter ending -----

Deceased

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.

Widow

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 ----- 192-----, 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

