4474

FORM A-1 No. A.....

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 Oklahoma, 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? James F Miller
   (Give your first name, your middle ini[tial] and your surname.)
2. What is your post office address Oklahoma City
3. What is your street, route or box number? 1457 So Walker
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? 4 yrs
6. Where were you born? DeSoto County, Miss What is your age? 76
7. Have you ever applied for a pension anywhere? Yes Where? Texas When? 6 yrs ago
8. If so, were you granted a pension? No If not, why not? Didn't live there long enough
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? 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. Did you serve in infantry, cavalry, artillery or navy? Infantry and Cavalry
17. In what state was your command organized or from what state did you enlist? Mississippi
18. When did you enlist? 1861 Where? Senatobia Miss You served how long? Through the war
19. What was the name or letter of your company, battery or ship? Company D
20. State the name and number of your regiment or battalion. 9th Miss
21. To what other commands if any were you transferred? 1st Miss State Troops
22. State the names and rank of your officers. Col Thalmese of 9th and Lieutenant Col Autry and Major Bowdry
23. How were you released from the Confederate service? (Captured, paroled or honorably discharged.) Disbanded
    When? 1865
    Where? At Demopolis
24. Were you ever wounded in battle? No
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

.....
.....

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

Subscribed and sworn to before me this 16 day of Feb A. D., 1921

.....
Signature and title of officer

My commission expires .....191....

(SEAL)

My Com Exp Jan 7 1925 Oklahoma 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 Oklahoma, ss:

Before me F. L. Kelley in and for said county and state, on this 11th
County Judge, Notary Public or Justice of the Peace.
day of Feb 1921, personally appeared B. M. Tanner whose address is 16 So. Rob. Okla City, and E. B. Strain whose address is " " " " ", and 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 4 yrs 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 11th DAY OF Feb A. D., 1921

F. L. Kelley
Notary Public
In and for said County and State.
(SEAL) my Com Exp Jan 7, 1925

x B. M. Tanner
x E. B. Strain
SIGNATURES OF TWO WITNESSES

My commission expires .....191....

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 deposeth and saith:

That he knows personally that ....., the within named applicant for a pension,
Give full name of 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., 191.....

In and for said County and State.
(SEAL)

(SIGNATURES OF TWO WITNESSES)

My commission expires .....191.....

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 A-1 No. A 44474

Application for Pension for Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

James P Miller

P. O. 1407 So Walker Okla City

St., R., Bx. No. 0

Filed in Pension Office 2-10-21

Disallowed .....

.....

Allowed MAR 4 1921 No. P 3629

Allowed from 1-1-11 Amt. $..... per month.

Reconsidered .....and .....allowed

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

Commissioner of Pensions

R A Green

.....Chairman.

.. 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 9 day of Feb 1921

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

Granted—refused

M R Tarpley

(SEAL) County Judge.

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

U.S. FEB 10 1921

Dow
104

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON. Feb. 21, 1921.

Respectfully returned to

Pension Department
Oklahoma City
Okla.

with the information that

James P. Miller, pvt (old) Co. I 9 Regt. Miss. Inf. C.S.A. was enlisted June 20, 1861, and was reported present on roll for Nov. & Dec. 1861, last on file. The name J. P. Miller, pvt Co. I, 9 Regt Miss - appears as pvt on a Register of Payments to Discharged Soldiers which shows: Date of discharge: Mch 31/62, Date of payment: Nov. 18, 1863 By whom: L. P. Cooper. Not identified as of any other Miss. C.S.A. organization

P. C. Harris

The Adjutant General.

Per

Form No. 100—A. G. O.
Ed. Nov. 8-19—10,000.

921

FEB 14 192

STATE OF OKLAHOMA.
Pension Dept.
Oklahoma City - Okla.

The Adjutant General,
War Department,
Washington, D. C.

Dear Sir: FEB 10 1921

I have the honor to request the official C. S. A. record of- James P. Miller.

who claims to have served in

Co. D, _____

Regt. 9th Miss. Inft.

His Captain was West.

His Major was Brady.

His Colonel was Childers

Enlisted in 1861, and was

_____ 1865.

disbanded in Cenatobia - Miss - after surrender 3 weeks.

also belonged to 1st Miss. State Troops - Blythe - Major - and at close of war belonged to Klick Davis' Co. Car. Scouts.

Yours respectfully,

R. A. SNEED

Commissioner.

RECD O. A. D.

FEB 15 1921

FEB 14 1921

Wav sent to

P-3629 406 S Walker

changed to

419- W Pott

R Pl

Wav 83484 lost

QUARTERLY CLAIM BLANK

COMMISSIONER OF PENSIONS
OKLAHOMA CITY, OKLAHOMA
DEPARTMENT NO. 69

Filed ----------

STATE OF OKLAHOMA

PENSION NO.

In Account with 3629 JAMES P MILLER
208 W POTT
P. O. Address OKLAHOMA CITY OKLA

For quarter ending DEC 31 1925

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
Route ---------- Box ----------
St. No. 230 West Chickasaw

James P Miller

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 1st day of October 1925, personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim.

SIGNATURES OF TWO WITNESSES

Mrs J C Lewis Address 214 W. Reno Okla. City
Merrell D. Spivey Address 921 S. 9 Okla. City

DATE, SIGN AND RETURN AT ONCE

Sept. 22, 1927.

P-3629

Mr. James P. Miller,
414 W. Elm,
Oklahoma City, Okla.

Dear Mr. Miller:

You did not send us your claim for this present quarter and therefore a warrant cannot be issued for payment. You should always sign up and return your claim blanks immediately upon their receipt or you will have trouble getting your money.

Sign this duplicate blank enclosed, have your signature witnesses by two persons and return it to us at once. It may even now be too late to have your warrant issued at the regular time, but we will do our best for you. Do not neglect to return your claims as soon as you receive them.

Yours very truly,

Clerk.

P. 3629

James P Miller

Daughter Mrs Weaver

Send warrant to

old Ad

414 N. Elm

R

P-3629

James P. Miller
Deceased. Feb-14-1929

K pt cd List
Glaum in

QUARTERLY CLAIM BLANK

COMMISSIONER OF PENSIONS
OKLAHOMA CITY, OKLAHOMA
DEPARTMENT NO. 69

Filed ----------

STATE OF OKLAHOMA

PENSION NO. 3629

In Account with

P. O. Address

JAMES P MILLER
414 W ELM
OKLAHOMA CCITY OKLA

For quarter ending JUN 30 1929

Received

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. ----------

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