

6520

# Fill and Return

FORM B-1

No. A. 6520

## 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? Dicie E. McCalib  
Give your first name, your middle initial and your surname.
2. What is your post office address? Utica 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? Bryan
5. How long have you lived in the State of Oklahoma continuously? 23 years
6. Where were you born? Franklin County Ark What is your age? 72 years
7. Have you ever applied for a pension anywhere? no Where? \_\_\_\_\_ When? \_\_\_\_\_
8. If so, were you granted a pension? no If not, why not? never have applied for one
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? no Very good 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? John W. McCalib
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? 1870 Where? Charlton Ark
20. When did he die? March 18<sup>th</sup> 1927 Where? Utica Okla
21. Did he ever draw a pension? yes State fully when and where P-565
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. \_\_\_\_\_

0522

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

*Lucile B. Caldwell*

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

Subscribed and sworn to before me this 15 day of

April A. D. 1927

*W. D. McSawyer*  
Signature and title of officer *Notary Public*

My Commission expires March 24 1928

(SEAL)

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 <sup>Five</sup> ~~One~~ Year and That She is Now a Widow.

STATE OF OKLAHOMA, COUNTY OF Bryan ss:  
Before me W. D. McGowan in and for said county and state, on this 15  
County Judge, Notary Public or Justice of the Peace.  
day of April 1927, personally appeared J. T. Patton whose ad-  
dress is Puttea Onda, and G. W. Calhoun whose address  
is Puttea Onda, 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 ap-  
plication 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 2 1/2 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.....  
DAY OF April 15 A. D. 1927.  
W. D. McGowan  
Notary Public  
In and for said County and State.  
(SEAL)

J. T. Patton  
G. W. Calhoun  
SIGNATURES OF TWO WITNESSES  
My commission expires March 24 1928

## 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 offi-  
cer authorized to administer oaths, which officer must express his title and affix his seal. Signatures by mark must be wit-  
nessed 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 6520

Application for Pension for Widow of Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

**DICIE E. MCCALIB**

**UTICA**

P. O. ....

Se., R., Bx. No. ....

Filed in Pension Office 4-19-1927

Disallowed .....

Allowed 5-4-1927 No. P. 5312

Allowed from 4-1-1927 Amt. \$ ..... Class .....

per month.

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

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

Commissioner.

THIS SPACE BELOW FOR USE OF COUNTY JUDGE ONLY

State of Oklahoma, County of Barrow

Filed in the office of the County Judge of said county and state this 10th day of April 1927

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

(SEAL) W. H. P. ...  
County Judge.

County Judge Must Approve

43  
27  
16  
72  
98

See P 565



PENSION DEPT., OKLAHOMA CITY, OKLA.,

5-18-'33

P. 5312 (NAME)

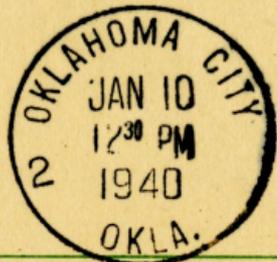
Winnie E. McCalib

We have not received pension claim of above named pensioner for quarter ended June 30. '33 and pension warrant cannot be issued until this is returned.

If the pensioner is dead, the family should advise us EXACT DATE OF DEATH so that we may close our records in this case.

~~Warrant for preceding quarter has been returned to us and family is entitled to receive this warrant.~~ PLEASE ANSWER AT ONCE, ALSO RETURN THIS CARD WITH YOUR REPLY.

Lutie H. Walcott  
Secretary.



THIS SIDE OF CARD IS FOR ADDRESS

Miss E. M. Cole  
Atoka, Oklahoma

*Confederate*  
PENSION DEPT., OKLAHOMA CITY, OKLA., *Jan. 10, 1940*  
P. *5312*; (NAME) *Wm E. M. Cole*

We have not received pension claim of above named pensioner for quarter ended *March 31, 1940* and pension warrant cannot be issued until this is returned.

If the pensioner is dead, the family should advise us EXACT DATE OF DEATH so that we may close our records in this case.

~~Warrant for preceding quarter has been returned to us and family is entitled to receive this warrant.~~ PLEASE ANSWER AT ONCE, ALSO RETURN THIS CARD WITH YOUR REPLY.

*Myrtle J. Cook*  
Secretary.

Q-5312

Jan 12

1940

Confederate pension  
Department.

Dear Sir.

The pension claim  
no 5312. Sicie E M. Calib  
has been sent in  
to the Department  
I want delay any  
more. yours truly

Sicie E M. Calib-