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FORM No. 1.

APPLICATION of Indigent Soldier or Sailor of the late Confederacy for pension under the Act of May 12, 1899.

THE STATE OF TEXAS,

10	Your petitioner, County Juage of Least County, Texas. Your petitioner, respectfully represents that
h,	at sident citizen of Hall 9 County, in the State of Texas, and that he makes this
	lication for the purpose of obtaining a pension under the act passed by the Twenty-sixth Legislature of the State of
~ ~	ras, and approved May 12, A. D. 1899, the same being an act entitled "An act to carry into effect the amendment
	he Constitution of the State of Texas, providing that aid may be granted to disabled and dependent Confederate
	liers, sailors, and their widows under certain conditions, and to make an appropriation therefor," and I do solemnly
swe	ear that the answers I have given to the following questions are true.
	NOTE—Applicant must make answer to all of the following questions, and such answers must be written out plainly in ink.
Q.	What is your name? Answer 16. 3. Johnson
Q.	What is your age? Answer.
Q.	In what County do you reside? Answer
Q.	How long have you resided in said County and what is your post office address? Answer.
.,	"Since it was organized, Pot Office Longween to
Q.	Have you applied for a pension under the Confederate Pension Law heretofore, and been rejected? If so state
	when and where. Answer
Q.	What is your occupation if able to engage in one? Answer not oble 6 worth
Q.	What is your physical condition? Answer
Q.	If your physical condition is such that you are unable by your own labor to earn a support, state what caused such
	disability. Answer Premuona Some Seneral years ago
Q.	State in what company and regiment you enlisted in the Confederate army, and the time of your service?
\sim	Answer Co. "C" 2 2 md Tupos Inft. Hubbard Commanding - ward from March 1862 until Close of war — If you served in the Confederate navy state when and where, and the time of your service. Answer
Q.	If you served in the Confederate navy state when and where, and the time of your service. Answer
Q.	State whether or not you have received any pension or veteran donation land certificate under any previous law,
	and if you answer in the affirmative state what pension or veteran donation land certificate you have received.
	Answer
Q.	What real and personal property do you now own, and what is the present value of such property? Give list of
	such property and value. Answer
	House and lot in Longview men
	House and lot in Longview Two Value \$400.00

What property, and what was the value thereof have you sold or conveyed within two years prior to the date of this application? Answer... none What income, if any, do you receive? Answer..... Are you in indigent circumstances; that is, are you in actual want, and destitute of property and means of subsis-Are you unable by your labor to earn a support? Answer.... Have you transferred to others any property of value of any kind for the purpose of becoming a beneficiary under MO this law? no Did you ever desert the Confederacy? Answer..... Have you been continuously since the first day of January, 1880, a bona fide resident citizen of this State? Wherefore your petitioner prays that his application for pension be approved and that such other proceedings be had in the premises as are required by law. day of Sworn to and subscribed before me this (SEAL) County, Texas. AFFIDAVIT OF WITNESSES. (Note-There must be at least two credible witnesses.) THE STATE OF TEXAS, V. M. Cam COUNTY OF County, State of Texas, on this day personally appeared County Judge of who are personally known to me to be credible citizens, who being by me duly sworn on oath, state that they personally know the above named applicant for a pension, and that they personally know that the said ... enlisted in the service of the Confederacy, and performed the duties of a soldier (or sailor) as claimed by him in the above and foregoing application, and that they further know that he, the said applicant, is unable to support himself by labor of any sort-(Signature of Witness). (Signature of Witness). Sworn to and subscribed before me this (SEAL)

County Judge

AFFIDAVIT OF PHYSICIAN. THE STATE OF TEXAS,County, State of Texas, of this day personally appeared., who is a reputable practicing physician of this County, who being by applicant for a pension, and finds him laboring under the following disabilities which render him wable to labor at any sufficient to earn a support for himself: _____ haw__ Tue day of Sworn to and subscribed before me this (SEAL) CERTIFICATE OF COUNTY JUDGE. THE STATE OF TEXAS. COUNTY OF County Judge of State of Texas, do hereby certify that on the before me came on to be heard the application of ...for a pension under the Confederate Pension Law of this State, approved May 12, A. D. 1899; that the answers of said applicant to the questions propounded were made under oath as the same appear in writing in the foregoing application; that the affidavits of the witnesses who are credible citizens were made before me as the ىكىل ، دى who is a reputable practicing physician of this County, was made before me. I also certify that the said applicant 💥 , is not an inmate of the Texas Confederate Home, nor otherwise disqualified under the provision of Section 12, of the Confederate Pension Law, I further certify that after considering all the proceedings had before applicant is lawfully entitled to the pension provided by the Confederate Pension Law of this State, and I hereby approve said application. Witness my hand and seal of office at ... (SEAL) County Judge County, State of Texas. CERTIFICATE OF COUNTY COMMISSIONERS. THE STATE OF TEXAS, We, the undersigned members of the Commissioners Court of County, Texas, hereby certify that the foregoing application of for a pension, together with the proof in support thereof, was duly submitted County Judge of thisCounty, at a regular term thereof on the A. D. 189 9 and after a careful consideration of the same we find the said applicant is lawfully entitled to the pension provided for by the Confederate Pension I this State, and we hereby approve said application Witness our hands and seal of office at

(Signatures of Commissioners.)

(SEAL)



The State of Begon ? County of Hordemon? M. B. Johnson do Rolemny Swear that I am now residing about 4 miles South of Luanah, in Hardemay County, Lesas, with my nephew I. M. McWharter and that I halve so resided since the 13th Lay of teb, 170%, That I moved from Longbiew, Peros, to This place, I do further sinear That I have never show away from Trans, and that I have lived in Totas Continuesly Since 1858. I have never mould to Oklahama and have never kined there, I went to mangum, Okla, Some time in the Spring of this year to Visit my son, I nephero, and was absent from Texas first Nine days, that I had no intention as nation of residing in Oklohoma at that hims lar any other time, and that I am now a bona fike citizen of bear and home been luery since 1888. R B Johnson Subscribed and Swam to by M. B. Jahnson before me This the 10th day of July 1908, I Hardeman county frede J. T. McWharter do Salemnly Scaea hat P. B. Johnson has been hains which me sing feet, 13 x 1909, and that he was fliving with me at he time he was visiting in mangum. Okla and that he did not mane to chela, but only went an a visit. IM Me wharter Subscribedond Swam to before me This The 10th day of Judy 1909,

Mrs. Sam E. Johnson 2519 Harris Boulevard Austin, Texas

Dear Mrs. Johnson:

E. B. Johnson, Deceased Confederate Soldier. Pension File No. 1669 Gregg County. Confederate Home No. 281

The records of this office show R. B. Johnson of Longview, Gregg County, Texas, executed an application for Confederate Pension on July 12, 1899. At that time he gave his age as 61 years-exact date of birth is not given. The application for pension was approved under Pension File No. 1669 and also under No. 281. He was a resident at one time of the Men's Confederate Home at Austin, Texas.

Mr. R. B. Johnson stated he was a member of Company "C", 22nd Texas Infantry, Hubbard's Command. He served from March 1862 until the close of the war in 1865.

The application for pension of Mr. Johnson was approved on the affidavits of witnesses who stated they had personal knowledge of the service.

Mr. Johnson drew a Confederate Pension from the State of Texas until his death on August 5, 1927 at the time he was a resident of the Texas Confederate Home.

The records also show a Mortuary payment to help defray the burial of Mr. Johnson was issued to a friend, Mrs. Hope Bledsoe, 502 West Avenue, Austin, Texas, the amount of which was \$65.00.

Very truly yours,

TX

Robert S. Calvert Comptroller of Public Accounts

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APPLICATION FOR MORTUARY WARRANT

THE STATE OF TEXAS,)		er d s.
County of Travis	<u> </u>	I, Mrs. Hope Bledso	9
do hereby certify that I am the person to whom		,	
the late R. B. Johnson			
State of Texas, and whose file number was H-2			
The said pensioner			died on the
5th day of August , 192 7		Austin	
County of Travis,			
The pensioner died in the home of Texa			
who was related to the pensioner as			
That the warrant, which application is he			
funeral expenses incurred by the said pensioner			
I further certify that the warrant for the c	urrent quarter ha	s not been cashed by th	e pensioner, to the
best of my knowledge and belief.	The sand		
I am related to the penioner as (Friend)	est Avenue		
that my postoffice address is 502 W Austin	St	reet or R. F. D.	

Sworn to before me this to the day Notary	Signed	ms. Hope R	ledsoe
Sworn to before me this 6 th day	of Augu	et / 192	7.
•	Thr	EB Tale	ን
	**********	TT .	
Notary	Public in and for	· I Navio	State of Texas.
town of Austin County o that I had charge of the body of R. B. Jol	hnson		, who died in the
town of Austin County of			
on the 5th day of August on the 5th day of August			-
warrant herein applied for should be issued to			of the opinion that
who makes the foregoing application.			
who makes the foregoing application.	Signed (Mass Coo	
	lon	The form	Undertaker.
			12-
•			
CERTIF	ICATE OF PHYS	[CIAN	
I, Dr. W. C. Hairston		, do certify tha	t I am a practicing
physician, and that I attendedR. B. Joh	nson	in	his last illness, and
am of the opinion that his ailments were	Exhaustion		
I further certify that I am of the opinion			
in the name of the aforementioned applicant,			
and approved March 2, 1923.		6. Maisotom	. M. W.
	Signed	Custus 9	(
Physician's	Address		
		Must retu	n before
		I	

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40 days expires from date of Pensioners' death