

The Applicant must read, or have read to her, every word in this Application.

PENSIONERS now on the ROLL are NOT required to make new application, but must file annual certificate.

THIS APPLICATION must be filed with the Clerk of the Corporation or Circuit Court of Your City or County

(No application will be entertained not on the printed form.)

FORM No. 5

APPLICATION of a widow of a Soldier, Sailor, or Marine of the Late Confederacy Under Act Approved February 28, 1912, as Amended by Act Approved March 16, 1920.

I do hereby certify that I am a widow of the State of Virginia, and that I have been an actual resident of the said State for two years next preceding the date of this application, and that I am the widow of

who was a soldier (sailor or marine) in the service of the Confederate States in the year between the States, and that, to the best of my knowledge during the said year my husband was loyal and true to his country, and never, at any time during his presence or voluntary absence from the said service, and 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 loyal wife up to the day of his death, and that I am a widow at the date of making this application, and that I am entitled to receive a pension under the provisions of said act. And I do further swear that I do not hold any position or office under Federal, State, city or county, which may be in violation of any law of the United States; nor have I, or anyone from any other source, received any money or other thing of value in the last twelve months; nor do I own in my own right, nor does any one hold in trust for my benefit or on estate or property, either real, personal, or mixed, in fee or for life, of the annual value of five hundred (\$500.00) dollars per annum; nor do I receive any pension from any other State, or from the United States, or from any other source, and that I am without necessary means of support from any source and I do further swear that the answers given to the following questions are true:

All questions must be answered fully. Widows married after May 1, 1876, are not entitled to pensions.

1. What is your name? Emily R. Applwhite
2. What is your age? 76 years
3. Where were you born? Sauchoampton Co.
4. How long have you resided in Virginia? her life
5. How long have you resided in the City or County of your present residence? 76 years
6. Where do you reside? If in a city, give street address.
Postoffice La Grange
County of Sauchoampton Virginia
7. With whom do you reside? Dr. J. N. Applwhite
8. What was your husband's full name? Berry Franklin Applwhite
9. When, where and by whom were you married?
When? 1870
Where? Sauchoampton Co.
By whom? James M. Arnold
10. When and where did your husband die? 1904 - Sauchoampton Co.
11. What was the cause of his death?
12. Give name and address of physician who attended your husband at the time of his death. (See Certificate "D.")
Name Dr. J. N. Applwhite
Address Capron Va.
13. Have you married since the death of your husband? If yes, give full particulars. No
14. In what branch of the army did your husband serve?
3rd 74 Infantry Regiment.
(D) Company

15. Who were his immediate superior officers?
Colonel W. H. Magrath
Captain Frank D. Dwyer
16. Give the names and addresses of two comrades who served in the same command with your husband during the war.
(See Certificate "B.")
Name Wm. J. Cole
Address Capron Va.
Name N. R. Williams
Address La Grange
17. Give the names and addresses of two persons who are familiar with the circumstances of your husband's service and death.
(See Certificate "C.")
Name Dr. J. N. Applwhite
Address Capron Va.
Name Wm. J. Cole
Address Capron Va.
18. What assistance do you receive, and what income have you from all sources? No income.

NOTE—By income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and other sources valued in dollars.

19. How much property do you own?
Real Estate \$ None
Personal Property \$ None
20. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed? Yes, Sauchoampton Co.
21. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time? No
22. Is there a camp of Confederate Veterans in your city or county? Yes
23. Give here any other information you may possess relating to the service of your husband or the cause of his death which will support the justice of your claim.

A signature made by a mark is not valid unless attested by a witness.

WITNESS

Wm. J. Cole Notary Public, in and for the County

I, Wm. J. Cole, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally appeared before me in my County aforesaid, having the aforesaid application read to her and fully explained, as well as the statements and answers herein made, the said applicant made oath before me that the said statements and answers are true.

Given under my hand this 7 day of Oct, 1921

Signature of Officer.