

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

FORM No. 7

APPLICATION of a widow of a Soldier, Sailor, or Marine of the late Confederacy under acts approved March 26, 1928, and March 10, 1928, as amended by an act approved March 24, 1930.

(See note below) and to the best of my knowledge and belief during the said war my husband was loyal and true to his duty, and never at any time deserted his command or voluntarily abandoned his post of duty in 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 lawful wife up to the time of his death, and that I am a widow at the date of making this application, and that I am now entitled to receive a pension under the provisions of said act. I do further swear that I do not hold a

NOTE—Widows seventy-five years old or over can receive pension regardless of date of marriage. Widows under seventy-five years old are required to have been married prior to January 1st, 1890.

1. What is your name? Mary I. Arthur
2. What is your age? 78
3. Where were you born? Victoria, Texas
4. How long have you resided in Virginia? 59 years
5. How long have you resided in the City or County of your present residence? 27 years.
6. Where do you reside? If in a city, give street address.
Post office Franklin
County of Southampton Virginia.
7. With whom do you reside?
W. H. Arthur, son
8. What was your husband's full name?
Francis Marion Arthur
9. When, where and by whom were you married?
When? 1872
Where? Gates Co., N. C.
By whom? Rev. W. P. Wright
10. When and where did your husband die?
Nansemond Co., Feb. 1902
11. What was the cause of his death?
Cancer of mouth
12. Have you married since the death of your husband? If yes, give full particulars.
No
13. In what branch of the army did your husband serve?
Co. I, 9th. Va. Inf Regiment.
Company.

14. Who were his immediate superior officers?
Je S. C. Phillips, Col
- Captain Frank Crocker**
15. Give the names and addresses of two comrades who served in the same command with your husband during the war if living. (Not necessary if your husband was a pensioner.)
- Name **Jos. T. Duke**
 Address **Portsmouth, Va.**
 Name **None other living**
 Address _____
16. Name source of income, and what income have you from all sources?
A few hundred dollars interest
- NOTE**—By income is meant the total gross receipts derived by you from all sources (whether sold or used), wages and all other sources valued in dollars.
17. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed?
No
18. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?
No
19. Is there a camp of Confederate Veterans in your city or county?
Yes
20. Give here any other information you may possess relating to the service of your husband which will support the justice of your claim.
He was member Tom Smith Camp C.V. Suffolk, Va. My son has his cross of honor conferred by James Lee Chapter U.D.C. Franklin Va

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

WITNESS

I, Annina Mary Logan, Notary Public in and for the County of Southampton, 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 therein made, the said applicant made oath before me that the said statements and answers are true.

Given under our hand this 14th day of Sept., 1931

my Comm. expires Sept. 4, 1954

Swi in and for the Inst. of Signature of Applicant.

applicant whose name is signed to the foregoing application per-

resaid application read to her and fully explained, as well as the
that the said statements and answers are true.

Winnie May Goss
Signature of Agent Public