(A) OATH OF RESIDENT WITNESSES. (Must be signed by two residence of Applicant's City or County.) We,	NOTE—If no such commute is living required in Cartificate B. whose address is known to the applicant, then let one of most requirable paramet who have hepping in anomalige of the structure of the applicant's humand and came of his death make Addavit C.
	(Not necessary to have this Cartificate C. filled out if husband was a pensioner.)
and	(C) AFFIDAVIT OF WITNESSES, NOT COMRADES. (Not necessary when Cartificate B can be filled.)
do solemnly swear that we are residents of the	
of in the State of Virginia and that we	We,
have known personally and well for	and do solemaly swear that we are residents of the
1926, and that the said applicant is a resident of the said city or county	of in the State of and that we personally know, and are well acquainted with, the applicant whose name is signed to the foregoing application, and who is applying for ald under acts of the General Assembly of Virginia, approved March 14, 1924, and March 13, 1926, and that we have known the said applicant
then the tomerate structure and start the superstant of the distribute the supersu	whose name is signed to the foregoing application, and who is applying for ald under acts of the General Assumbly of Mariala, doubtid Matril 14
proprimited, made by the said applicant, and verily believe that the said applicant has been truthful in the said statements and answers, and that	1924, and March 13, 1926, and that we have known the said applicant
from our personal knowledge we write believe the said applicant is justly from dor personal knowledge we write believe the said applicant is justly entified to sid under the said acts and that we have no personal interest in the allowance of the applicant's claim.	for years, and that to our personal knowledge said
in the allowance of the applicant's claim.	applicant is the widow of
A signature made by X mark is not wild unless attested by a witness.	who was a loyal and true soldier (sellor or marine), in the military or neval service of Virginia, or of the Confederate States, in the war between the
a Witness lo & Maitte	States, and that on or about the day
A. C. PCLVVC CLA	of the seld applicant's
WITNESS	of, the said applicant's humband died, and that they lived as humband and wife up to the date of the death of said humband and that we have no personal interest in the al-
	lowance of the applicant's claim.
Subscribed and every to before me a fullie use the Road	A agniture made by A mark is not vand unless attested by a withese,
Subscribed and sworn to before me, a full life of the Bod is and for the <u>Critical</u> of <u>Arallagorita</u> State of Virginia, this <u>26</u> riay of <u>funct</u> , 1929 <u>May</u> , <u>10</u> <u>Riscling</u> <u>10</u> Signation of Officer.	· · · · · · · · · · · · · · · · · · ·
State of Virginia, this 9 6 I risy of furne 1920	Witnesses sol Contrades.
Mr. 10. Pullin L.P.	WITNESS
Signaidro of Officer.	
(Not necessary to have this Cartificate B. filled out if husband was a pensioner.)	Subscribed and swom to before me, a
(B) AFFDAVIT OF COMRADES. (See Question No. 15 on page one.)	
(See Question No. 15 on page one.)	in and for the of of State of Virginia, this day of 19
** We,	State of Trighting the analysis and the second state of the second
	Signsture of Officer.
do solemaly swear that we are residents of the	NOTE-II no contain in stars or other parsons who has knowledge of the arviers
of, in the State of	NOTE-IT no contrains in state or other parsons who has knowledge of the services of the applicant's impland and the cause of his death is living, whose address is known to the applicant, state that fact here.
for aid under acts of the General Assembly of Virginia, approved March 14, 1924, and March 13, 1926, is personally well-known to us, and that we	
have known her foryears, and know her to	
be the widow of, who was a soldier (sallor or marine), in the military or naval service of Virginia, or of the Confederate States, and that we were soldiers (sallors or marines) in the	
and service during the said war, and that we were with the said applicant's	(D) CERTIFICATE OF PHYSICIAN.
intribund, members of the same command, and that to our personal knowl-	Physician will plans real carefully the answers to guartions 10 and 11, and
edge he died on or about	Physician will plane real carefully the answers to guestions 10 and 11, and the following cartificate before filling out. If the applicant is blind, the physician shall also certify the extent,
, from the effects of	herein. CX / CX Y CA /
	I, A B T A K a practicing physician in the
and that he was a true and loyal soldier (mailor or marine) in the said serv-	Winginia, do vartify that I am personally acquainted with the applicant, whose name is signed to the foregoing application for ald under acts of the General Assembly of Vinginia, approved Maryh 14, 1924, and March 13,
ics and was faithful in the discharge of his duty, and that we have no per- sonal interest in the allowance of the applicant's claim. A signature made by X mark is not valid unless attested by	Virginia, do tertily that I am personally acquainted with the applicant, whose name is signed to the foregoing application for aid under acts of the
A signature made by X mark is not valid unless attested by	General Assembly of Vinginia, approved March 14, 1924, and March 13,
the witness.	1926, and that I attended her humband Elegen Salathic
	Bangett during his last illness, which resulted in his death.
Comrades.	arterio services + Paralysis
WITNESS	_ WKUMPARACIDINET V WURMAN
· · · · · · · · · · · · · · · · · · ·	······································
Subscribed and swom to before me, a	
in and for the of	and that I have no personal interest in the allowance of the applicant's cisim.
State of Virginia, this day of 19	Ofven under my hand this 25 day of funnel 1926
	. 21 9 113 4 71
Signature of Officer.	