

Application of Widow.

Elizabeth V. Beale, do hereby apply for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1904, entitled an act to aid the citizens of Virginia who were disabled by wounds received during the war between the States while serving as soldiers, sailors, or marines of Virginia, and such as served during the said war as soldiers, sailors, or marines of Virginia, who are now disabled by disease contracted during the war, or by the infirmities of age, and the widows of soldiers, sailors, or marines of Virginia who lost their lives in said service, or whose death resulted from wounds received or disease contracted in said service, and providing penalties for violating the provisions of this act, and I do solemnly swear that I am a citizen of the State of Virginia, resident at *Cotton 72* in the *County of Southampton* in the said State, and that I have been an actual resident of the said State for two years, and of the said city (or county) for one year next preceding the date of this application, and that I am the widow of *John L. Beale*, who was a soldier (sailor or marine) in the service of the State of Virginia in the war between the States, and who was a member of (here state specifically the command and branch of the service to which the husband of the applicant belonged, and, if possible, the names of his immediate superior officers) *4th Va. Regiment, under Genl. MacDonell - 1st. Chambliss* and who, while in the discharge of his duty in the military or naval service of the State of Virginia, or of the Confederate States, during the said war, lost his life (if the husband of such widow was killed or died during the war as the result of wounds received, state the facts of the case as near as possible, giving the date of the husband's death) *June 28th 1864* (if the husband died after the war, strike out all relating to his death during the war, and then proceed as follows:), and who has since the said war died (here state specifically the cause of the death of the husband of the applicant and the date thereof) *Chronic Dysentery June 28th 1901 - 67*

and that, to the best of my knowledge, 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 true, faithful, and lawful wife up to the date of his death, and that I am a widow at the date of making this application, and that I am now entitled to receive, under the said act the sum of Twenty-Five dollars annually. And I do further swear that I do not hold any position or office, either national, State, city or county, which pays me in salary or fees Two Hundred dollars per annum: nor have I an income from any other employment or other source whatever which amounts to Two Hundred dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of Two Hundred dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use estate or property, either real, personal, or mixed, either in fee or for life, of the assessed value of Seven Hundred and Fifty dollars; nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and that I am without means of support, direct or indirect; and I do further swear that the answers given to the following questions are true:

1. What is your age? Ans *65 years*
2. Where were you born? Ans *North Carolina*
3. How long have you resided in Virginia? Ans *50 years*
4. How long have you resided in the city or county of your present residence? Ans *County of 27 years*
5. What is your husband's full name? Ans *John Lawson Beale*
6. When and where were you married, and by whom? Ans *Jan. 6th 1866 at Brunswick Va by Rev. Hatcher*
7. When and where, as near as you can state, did your husband die, and from what cause? Ans *June 28th 1901, Cotton 72*
8. Have you been married since the death of your said husband? Ans *No*
9. Where and with whom do you now reside? Ans *My. D. Augustines (Mrs. Chester)*
10. What property—real, personal or mixed—do you own? Ans *None*
11. What assistance do you receive, and what income have you from any source? Ans *None, except what my daughter gives me*
12. If your husband died since the war, please state where he died, and, if possible, the name and address of the attending physician? Ans *Dr. J. H. M. (Dr. M. - Cotton 72)*
13. Give the names and addresses, if possible, of two comrades in arms of your deceased husband. Ans *J. E. Drury*
14. Give the names and addresses of two persons who are familiar with the circumstances of your husband's death. Ans *Dr. H. Vincent*
15. If your husband died since the war, please state whether his death resulted from wounds received in the war, or from what disease? Ans *Disease contracted in the war*
16. Give, as near as you can, the nature of the wound or the character of the disease from which your husband died. Ans *Chronic Dysentery*
17. Give here any other information you may possess relating to the service of your husband or of his death that will support the justice of your claim for aid. Ans *None*
18. Is there any camp of Confederate veterans in the city or county of your residence? Ans *No*
19. Is there any one living, the residence and address of whom is known to you, either comrade or otherwise, who has knowledge of your husband's service and of the cause of his death? If so or not, state. Ans *Mr. Benj. R. Sniffin, & J. H. Francis*

(Given under my hand this *4th* day of *May*, 1909.
Alice H. Beale,
 I, *Alice H. Beale*, Notary Public, *Elizabeth V. Beale*, in and for the *County of Southampton*, in the State of Virginia, do certify that *Elizabeth V. Beale*, 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 *Elizabeth V. Beale* made oath before me that the said statements and answers are true.
 (Given under my hand this *4th* day of *May*, 1909.

(A)
 OATH OF RESIDENT WITNESSES
 We, *J. E. Drury*, and *H. H. Vincent*, do solemnly swear that we are residents of the *County of Southampton* in the said State, and that we have known personally and well for *25* years, *Elizabeth V. Beale*, whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1904, and that the said *Elizabeth V. Beale* is a resident of the said county and is a woman of good reputation for truth and honesty, and that we have read the annexed application and the answers to the questions therein propounded, made by the said applicant, and verily believe that the said applicant has been truthful in the said statements and answers, and that from our personal knowledge we verily believe the said applicant is justly entitled to aid under the said act, and that we have no personal interest in the allowance of the applicant's claim.

Subscribed and sworn to before me, a Notary Public for the *County of Southampton*, State of Virginia, this *4th* day of *May*, 1909.
Alice H. Beale

(B)
 AFFIDAVIT OF COMRADES
 We, *Joseph H. Francis*, and *Benj. R. Sniffin*, do solemnly swear that we are residents of the *County of Southampton*, in the State of *Virginia*, and that *Elizabeth V. Beale* whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended