

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, 1918, as Amended by Act Approved March 10, 1920.

Margaret J. Beale do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 10, 1920, according to act approved February 28, 1918, relative to Confederate pensions.

I am the widow of Wm. H. Beale who was a soldier (soldier or sailor) in the service of the Confederate States in the year between the States, 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 during the war, failed or voluntarily deserted from the service, and that I am now living on my own, and that I never voluntarily abandoned him during the war, but remained loyal to the Confederate States, and that I am a widow at the date of filing this application, and that I am now entitled to receive a pension under the provisions of said act. And I do further swear that I do not have any pension or other claim, either national, State, city or county, which runs in aid of any other pension (national, State, city or county), nor have I any pension from any other source, which amounts to more than \$100.00 per annum; nor do I receive from any source whatever, money or other means of support, excepting in value to less than \$100.00 per annum; nor do I own in any way, in trust, for my husband or any other person, any real estate, or any other property, or interest in the same, of the assessed value of less than \$100.00; nor do I possess 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, 1875, are not entitled to pensions.

1. What is your name? Margaret J. Beale
2. What is your age? 83
3. Where were you born? Virginia
4. How long have you resided in Virginia? all of life
5. How long have you resided in the City or County of your present residence? all of life
6. Where do you reside? If in a city, give street address.  
Postoffice Deputyville  
County of Southampton Virginia.
7. With whom do you reside?  
Son James A. Beale
8. What was your husband's full name?  
William Henry Beale
9. When, where and by whom were you married?  
When? 1865  
Where? Southampton Co  
By whom? Rev Robert Boomer
10. When and where did your husband die?  
Deputyville Va Oct 8th 1921
11. What was the cause of his death?  
Recent trouble & Dropsy
12. Give name and address of physician who attended your husband at the time of his death. (See Certificate "D.")  
Name Dr. J. L. Crawford  
Address Deputyville 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?  
4th Va Virginia Regiment  
No Company

15. Who were his immediate superior officers?  
Colonel Wm. H. Beale  
Captain H. E. Patton
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. E. Ezelle None Known  
Address Deputyville Va  
Name Wm. H. Patton  
Address Deputyville Va
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 Wm. E. Ezelle  
Address Deputyville Va  
Name Wm. H. Patton  
Address Deputyville Va
18. What assistance do you receive, and what income have you from all sources?  
Live with Son  
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?  
Southampton 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?  
No
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 X mark is not valid unless attested by a witness.

WITNESS

I, G. J. Dunn, Justice of the Peace 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 herein made, the said applicant made oath before me that the said statements and answers are true.

Given under my hand this 5 day of Nov, 1921

Margaret J. Beale  
Signature of Applicant.

G. J. Dunn  
Signature of Officer.