

Application of Widow.

I, Mary J. Bradshaw, do hereby apply for aid under the act of the General Assembly of Virginia, approved April 2, 1902, 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 Franklin, Southampton County, 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 Wesley Bradshaw, 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) 2d Virginia Cavalry, Co. B, 1st Regt. U.S. Cavalry, 1st Div. U.S. Cavalry, 1st Army Corps, Confederate States, 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 date of the case as near as possible, giving the date of the husband's death) March 30, 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) died of Chronic Diarrhea and of old age on the 30 day of June 1864

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 have never married since his death, and that I am now entitled to receive, under the said act the sum of \$25.00 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 one hundred and fifty dollars per annum; nor have I an income from any other employment or other source whatever which amounts to one hundred and fifty dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of one hundred and fifty 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 five hundred 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 not an inmate of any public institution, 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. Southampton County Virginia
3. How long have you resided in Virginia? Ans. 65 years
4. How long have you resided in the city or county of your present residence? Ans. 65 years
5. What is your husband's full name? Ans. Wesley Bradshaw
6. When and where were you married, and by whom? Ans. Jan 1864 in Southampton Co. by James Garner
7. When and where, as near as you can state, did your husband die, and from what cause? Ans. at his residence in Southampton Co. Va.
8. Have you been married since the death of your said husband? Ans. No
9. Where and with whom do you now reside? Ans. at my home near Franklin in Southampton Co. Va.
10. What property—real, personal or mixed—do you own? Ans. Land, household and kitchen furniture
11. What assistance do you receive, and what income have you from any source, Ans. per year is the only income I have from my source whatever
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. at his home near Franklin in Southampton Co. Va. Dr. J. H. Cobb, Franklin Va.
13. Give the names and addresses, if possible, of two comrades in arms of your deceased husband. Ans. W. L. L. Cobb, Silverside Va. J. H. Cobb, Silverside Va.
14. Give the names and addresses of two persons who are familiar with the circumstances of your husband's death. Ans. J. H. Cobb, Franklin Va. R. H. D. H. L. Cobb, Franklin Va.
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. Chronic Diarrhea
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 Diarrhea of which he was long suffering
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. suffered with Rheumatism ever since the war and was an invalid for the last 6 years of his life
18. Is there any camp of Confederate veterans in the city or county of your residence? Ans. Yes
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. Yes W. L. L. Cobb, Silverside Va. J. H. Cobb, Franklin Va.

Given under my hand this 13 day of Feb, 1907.

I, A. G. Bradshaw, Justice of the Peace in and for the County of Southampton in the State of Virginia, do certify that Mary J. Bradshaw, whose name is signed to the foregoing application, personally appeared before me in my office, aforesaid having the aforesaid application read to her and fully explained, as well as the statements and answers therein made, the said M. J. Bradshaw made oath before me that the said statements and answers are true.

Given under my hand this 13 day of Feb, 1907.

(A)

OATH OF RESIDENT WITNESSES.

We, Walter Vick and Frank Vick, 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 40 years Mary J. Bradshaw, whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and that the said Mary J. Bradshaw 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 Justice for the County of Southampton, State of Virginia, this 13 day of Feb, 1907.