

**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 Court of Your City or Circuit  
Court of Your County**

**FORM No. 7**

APPLICATION of a widow of a Soldier, Sailor, or Marine of the late Confederacy under acts approved March 26, 1922, and March 10, 1922,  
as amended by an act approved March 24, 1930.

I, Mrs. Anna M. Edwards, do hereby  
apply for a pension under the provisions of the acts of the General  
Assembly of Virginia relating to Confederate pensioners.

I do solemnly swear that I am a citizen of the State of Virginia  
and that I have been an actual resident of the said State for one year  
next preceding the date of this application, and that I am the widow  
of Luther R. Edwards

6, 1886, who was a  
soldier (sailor or marine) in the service of the Confederate States in  
the War Between the States, and that I was married to him Apr.  
6, 1886. (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 aban-  
doned 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 appli-  
cation, 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

national, State or county office, which pays a salary or fees exceed-  
ing one thousand dollars (\$1,000.00) per annum, nor have I income  
from any and all sources whatever exceeding one thousand dollars  
(\$1,000.00) per annum, nor do I own in my own right, nor is there  
held in trust for my own benefit, estate or property, either real,  
personal or mixed in fee or for life, which yields a total income ex-  
ceeding one thousand dollars (\$1,000.00) per annum. I do further  
swear that I do not receive a pension from this or any other State.  
I do solemnly swear that the answers given to the questions which  
I am required to answer in this application are true to the best of  
my knowledge and belief.

Any assessment of property does not affect the right to pen-  
sion, but the gross income from all sources must not exceed \$1,000.00  
per year. Certificates under B, C, E, not necessary if husband was  
pensioner.

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? Anna M. Edwards
2. What is your age? Seventy
3. Where were you born? Franklinton, N. C.
4. How long have you resided in Virginia? 57 years
5. How long have you resided in the City or County of your present  
residence? 57 years 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?  
My son, Franklin Edwards.
8. What was your husband's full name?  
Luther R. Edwards
9. When, where and by whom were you married?  
When? Apr. 6, 1886.  
Where? Franklin, R. F. D. Va.  
By whom? Rev. Deans
10. When and where did your husband die?  
Sept. 27, 1918. Franklin, Va.
11. What was the cause of his death?  
Senility.
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?  
13th. Va. Cavalry. Regiment.  
A Company Company.

14. Who were his immediate superior officers?  
Colonel Chambliss  
Captain I. H. Wille
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 \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_
16. Name source, of income, and what income have you from all  
sources? \$ 30.00 per mo. Federal pension.  
Spanish-American War service of deceased  
husband. Sometimes small income from small  
farm. NOTE.—By income is meant the total gross receipts derived by you  
from all crops (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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

WITNESS \_\_\_\_\_

Anna M. Edwards.

Signature of Applicant.

I, Franklin Edwards, a Notary Public in and for the County  
Southampton, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application per-  
sonally 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 14 day of J, 19 31.  
uly

Franklin Edwards  
Signature of Officer.