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(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.

[illegible]

All questions must be answered fully. Widows married after May 1, 1876, are not entitled to pensions.

1. What is your name? James R. Williams
2. What is your age? 73 years
3. Where were you born? St. Louis, Mo.
4. How long have you resided in Virginia? 12
5. How long have you resided in the City or County of your present residence? 12 years.
6. Where do you reside? If in a city, give street address.
Postoffice Richmond
County of Richmond Virginia
7. With whom do you reside? My Son
8. What was your husband's full name? James R. Williams
9. When, where and by whom were you married?
When? June 21 - 1878
Where? St. Louis, Mo.
By whom? Rev. Mr. Smith
10. When and where did your husband die?
April 5th 1886 St. Louis, Mo.
11. What was the cause of his death?
Fall Dead
12. Give name and address of physician who attended your husband at the time of his death. (See Certificate "D.")
Name Dr. W. H. Thompson
Address _____
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?

15. Who were his immediate superior officers?
Colonel _____
Captain _____
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 _____
Address _____
Name _____
Address _____
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 Leah H. V. Stephens
Address Livingston, Va
Name John H. Stephens
Address Livingston, Va
18. What assistance do you receive, and what income have you from all sources?
None
- 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?
No
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

Signature of Applicant: E. B. Breston . Mayor, Fredericksburg, in and for the County of Stafford 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 Stafford 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 12 day of Oct, 1921. E. D. DeMar. Signature of Officer

my Commission expires July 25-65