

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 late Confederacy under acts approved March 23, 1923 and March 10, 1928.

I, Bettie Romine Everett, 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 two years next preceding the date of this application, and that I am the widow of Robert Everett, 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 before January 1, 1890 (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 abandoned 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 application, 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 exceeding four hundred dollars (\$400.00) per annum, nor have I income from any source whatever exceeding four hundred dollars (\$400.00) 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 exceeding four hundred dollars (\$400.00) per annum, or which yields an income which, added to my income from all other sources, exceeds four hundred dollars (\$400.00) per annum. I do further swear that I do not receive a pension from this or any other State, nor do I receive necessary aid from any source, board and clothing excepted. 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 pension, but the gross income from all sources must not exceed \$400.00 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? Bettie Romine Everett
2. What is your age? 75 yrs
3. Where were you born? Southampton Co. Va.
4. How long have you resided in Virginia? lily life
5. How long have you resided in the City or County of your present residence? 75 years.
6. Where do you reside? If in a city, give street address.  
Postoffice Newsums  
County of Southampton Virginia.
7. With whom do you reside?  
My son Caleb R. Everett
8. What was your husband's full name?  
Caleb Everett
9. When, where and by whom were you married?  
When? December 22<sup>nd</sup> 1875  
Where? Southampton Co Va  
By whom? Rev. J. Jones
10. When and where did your husband die?  
August 4<sup>th</sup> 1905 Newsums, Southampton Co Va
11. What was the cause of his death?  
Bright's Disease
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?  
15<sup>th</sup> Battalion N.C. Troops Regiment.  
B Company.

14. Who were his immediate superior officers?  
Colonel J. M. Munne  
Captain J. E. Haskins
15. Give the names and addresses of two comrades who served in the same command with your husband during the war. (Not necessary if your husband was a pensioner.)  
Name C. H. Thompson  
Address Goldston, N.C.  
Name J. F. Brown  
Address Margarettsville, T.C.
16. What assistance do you receive, and what income have you from all sources?  
Interest on \$2000<sup>00</sup>

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.

17. How much property do you own?  
Real estate, \$ \_\_\_\_\_  
Personal property, \$ 2000<sup>00</sup> (Note)
18. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed?  
No
19. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?  
No
20. Is there a camp of Confederate Veterans in your city or county?  
Yes, at Newsums, Virginia.
21. 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, J. L. Channing, Justice of the Peace, In and for the County of Southampton

do certify that the applicant whose name is signed to the foregoing application personally appeared before me in my County of Southampton aforesaid, having the aforesaid application read to her and fully explained, as well as the statements and answers therein made, that said applicant made oath before me that the said statements and answers are true.

Given under our hand this 7<sup>th</sup> day of Dec, 1928

Bettie Romine Everett  
Signature of Applicant.  
J. L. Channing  
Signature of Officer.