

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 25, 1928 and March 10, 1928.

I, Yaricah Holt Gay, do hereby apply for a pension under the provisions of the acts of the General Assembly of Virginia relating to Confederates' pensions.  
I do solemnly swear that I am an 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 James M. Gay 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 fee 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? Yaricah Holt Gay
2. What is your age? 71
3. Where were you born? Southampton Co. Va.
4. How long have you resided in Virginia? All life
5. How long have you resided in the City or County of your present residence? 71 years.
6. Where do you reside? If in a city, give street address.  
Postoffice Sebrell RD  
County of Southampton Virginia.
7. With whom do you reside?  
Mrs. Clarence Branch
8. What was your husband's full name?  
James Malary Gay
9. When, where and by whom were you married?  
When? January 19 1880  
Where? At Home of Mrs. Barbara Holt's  
By whom? Mills Barrett
10. When and where did your husband die?  
Sebrell, Va. in 1893, April 5th.
11. What was the cause of his death?  
Paralysis
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?  
W.D.C. #18087.-1 Regiment.  
Pullen's Co. of Virginia Volunteers.

14. Who were his immediate superior officers?  
Colonel Unknown  
Captain Brown
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 Comrades all dead  
Address \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_
16. 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.

17. How much property do you own?  
Real estate, \$ None  
Personal property, \$ None
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, commander ill.
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.  
Served in the Confederate War 4 yrs.  
Was with General Lee 9 miles from  
Richmond, and shook hands with him  
when the War closed.

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

WITNESS Mary Elizabeth Hawthorn Yaricah Holt Gay  
Gemie Branch Mary Signature of Applicant.  
I, Mary E. Babb, Notary Public In and for the County of \_\_\_\_\_

I, 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 therein made, the said applicant made oath before me that the said statements and answers are true.

Given under our hand this 28 day of April, 1931.

Mary E. Babb  
Signature of Officer.