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

(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 11, 1922.

I, Katie Glover, do hereby apply for a pension under the provisions of the Act of the General Assembly of Virginia, approved February 28, 1918, relating to Confederate pensions, as amended by Act approved March 11, 1922.

I do solemnly swear that I am a citizen of the State of Virginia and 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 Samuel J. Glover, 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 (or before May 1st, eighteen hundred and seventy-seven (May 1st, 1877), and 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 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 amounting to three hundred dollars ($300.00) per annum, nor have I become from any source whatever which amounts to three hundred dollars ($300.00) 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 of the assessed value of two thousand dollars ($2,000.00) or more which yields a total income which amounts to three hundred dollars ($300.00) per annum, or which yields an income which, added to my income from all other sources, amounts to as much as three hundred dollars ($300.00) per annum. I do further swear that I do not receive a pension from any other State or from the United States, nor do I receive necessary aid from any source whatever. I do solemnly swear that the answers given to the question which I am required to answer in this application are true to the best of my knowledge and belief.

All questions must be answered fully. Widows married after May 1, 1877, are not entitled to pensions.

1. What is your name? Katie Glover
2. What is your age? 69
3. Where were you born? Southampton
4. How long have you resided in Virginia? my life
5. How long have you resided in the City or County of your present residence? 40 years.
6. Where do you reside? If in a city, give street address.
   Postoffice Boykins
   County of Southampton Virginia
7. With whom do you reside?
   my self
8. What was your husband's full name?
   Samuel Jackson Glover
9. When, where and by whom were you married?
   When? Aug 8 1875
   Where? Nineveh
   By whom? Rev Stone
10. When and where did your husband die?
    Southampton Nov 17 1877
11. What was the cause of his death?
    Pneumonia
12. Give name and address of physician who attended your husband at the time of his death. (*See Certificate "D."*)
    Name Dr J. M. Bland
    Address Boykins Va
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?
    44 Va Batt
    Regiment
    "D"
    Company
15. Who were his immediate superior officers?
    Colonal Peter W. Pete
    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 J. L. Barham
    Address Newsoms Va
    Name L. L. Mahoney
    Address Courtland Va
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 R. H. Barrett
    Address Newsoms Va
    Name W. H. Britt
    Address Boykins 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 $
20. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed?
    yes Southampton
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? yes
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

Katie Glover
Signature of Applicant.

I, A. Thomas Francis, a Notary Public, in and for the County of 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 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 9 day of Oct, 1922.

A. Thomas Francis N.P.
Signature of Officer.