

# 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 or Circuit Court of Your City or 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 March 21, 1916.

I, Mary A. Johnson, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 21, 1916, entitled "An Act to amend and re-enact an act approved March 18th, 1912, entitled an act to consolidate into one act all acts relating to Confederate pensions and to repeal all acts and parts of acts in conflict herewith."

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 five years next preceding the date of this application, and that I am the widow of

who was a soldier (sailor or marine) in the service of the Confederate States in the war between the States, and that, 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 date 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. And I do further swear that I do not hold any position or office, either national, State, city or county, which pays me in salary or fees Two hundred (\$200.00) dollars per annum; nor have I an income from any other employment or source whatever which amounts to Two hundred (\$200.00) dollars per annum, nor do I receive from any source whatever, money or other means of support amounting in value to Two hundred (\$200.00) dollars per annum, nor do I own in my own right, nor does any one hold in trust for my benefit or use estate or property, either real, personal, or mixed, in fee or for life, of the assessed value of One thousand (\$1,000.00) dollars; nor do I receive any pension from any other State, or from the United States, or from any other source, and that I am without necessary means of support, from any source; and I do further swear that the answers given to the following questions are true.

All questions must be answered fully. Widows married after May 1, 1868, are not entitled to pensions.

1. What is your name? Mary A. Johnson
2. What is your age? 75
3. Where were you born? Hammonds County Va
4. How long have you resided in Virginia? 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 Franklin  
County of Southampton Virginia.
7. With whom do you reside?  
I live alone
8. What was your husband's full name?  
E. A. Johnson
9. When, where and by whom were you married?  
When? 15 Mar 1867  
Where? at my home in Southampton Co Va  
By whom? Rev. B. D. Wray
10. When and where did your husband die?  
Jan 1868 at his home in Franklin Va
11. What was the cause of his death?  
acc
12. Give name and address of physician who attended your husband at the time of his death. (See Certificate "D.")  
Name Dr. R. W. Cobb  
Address Franklin 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?  
Carabny 24th Va Regiment.  
K Company.

15. Who were his immediate superior officers?  
Colonel kins remember  
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 Dan remember names of  
Address any living  
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 ...  
Address ...  
Name ...  
Address ...
  18. What assistance do you receive, and what income have you from all sources?  
none, 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 \$600 by assessment 1918  
Personal Property \$25
  20. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed?  
yes Southampton County
  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

I, J. R. Edwards, 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 County 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 19 day of Apr 1916

Mary A. Johnson  
Signature of Applicant.

J. R. Edwards  
Signature of Officer.