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 continents.	
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, Salior, or Marine of the Late Confederacy Under Act Approved February 28, 1918, as	
Amended by Act Approved March 10, 1920.	
1920, minuting as not approach Followsy 20th, 1918, relative to Confederate parallel. I do admandy error that (an a plane of his Sate of Virginia, and that I have been excetted addent of the add Sate for two years next preseding the date of the application, and that I ap the widow of	
Rentere fannen fannen fan in state og en state inter en en intering of in fantismen fange in ter ser beine fan en intering of in the series of	
All questions must be answered fully. Widows maxied after May 1, 1875, are not entitled to pensions.	
1. What is your name? Barrak + uhasan	15. Who were his immediate superior officers? Colonel
2. What is your age !	Captain <u>MM # Philloun</u> 16. Give the names and addresses of two comrades who served in
4. How long have you resided in Virginia? Cell of May life 5. How long have you resided in the City or County & your	the same command with your husband during the war. (See Cartificate "B.") Name
present residence ?	Address Alla Lea field (Va R. H. D.
Postoffice	Address
County of <u>Anultanilan</u> Virginia 7. With whom do you reside?	17. Give the names and addresses of two persons who are familiar with the droumstances of your husband's service and death. (New Cartificate "C")
8. What was your husband's full name?	Name gas Willinget tralls
Eggiaman Bornklin Jahngon	Name Lie alt. Ley
9. When, where and by whom were you married? When? <u>Agen 16 IT 18 48 Real Samuelie Helm</u>	18. What assistance do you receive, and what income have you
When? <u>Acultomption Co Ma</u>	from all sources? Mone Bond furnished by my Am
By whom? Kin Sammin Halmes	<u>A. La Lander</u> NOTE By income is meant the total gross receipts derived by you from all grops (whether sold or used), wages and other sources valued in dollars.
10. When and where did your husband die?	sources valued in dollars. 19. How much property do you own?
11. What was the cause of his death?	Real Estate & Manual Personal Property & 20.00
	20. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed?
12. Give name and address of physician who attended your hus- band at the time of his death. (See Cartificate "D.")	Al Hara was supplied for a pension in Virginia before? If
Name Dr. J. H. Doles Address Na	yes, why are you not drawing one at this time?
Address	22. Is there a camp of Confederate Veterans in your diy or
Mo	and the start know
14. In what branch of the army did your husband serve?	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.
14th Relation Heary artiling Regiment	
Tomfeny a from dauthant flow the Company 1	
A signature made by X mark is not valid unless attested by a witness. WITNESS C. J. J. Const. 4. 2. Johnston. Witness C. Culley	
Illunary CTully & Justice of the Grase, in and for the Cougely	
of should formalist in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, person-	
ally appeared before me in my Canyon aforesaid, having the aforesaid application read to her and fully explained, as well as the statements and answers are true.	
Given under my hand this fatter day of state	Bignathere of Officer.