

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, 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 pensioners, as amended by Act approved March 11, 1922,
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 who was a soldier (soldier or marine) in the service of the Confederate
States in the War between the States, and that I was married to him on or before May first 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 loyal 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 income from any source whatever which amounts to three hundred dollars (\$300.00) per annum, nor
do I receive from any source whatever money, or other means of support, amounting in value to three hundred dollars (\$300.00) per annum; nor do I own in my own
right, nor 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 pecuniary 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? Mrs. Mary Anna Joyner
2. What is your age? 68
3. Where were you born? Courtland, Va.
4. How long have you resided in Virginia? 68 yrs.
5. How long have you resided in the City or County of your
present residence? 68 years.
6. Where do you reside? If in a city, give street address.
Postoffice Capron
County of Southampton Virginia
7. With whom do you reside?
with children
8. What was your husband's full name?
Elijah William Joyner
9. When, where and by whom were you married?
When? Nov 13, 1873
Where? Jacks Ln. near Courtland
By whom? Rev. Benjamin Devaney
10. When and where did your husband die?
Jan 9, 1920, Home near Courtland
11. What was the cause of his death?
Arteriosclerosis
12. Give name and address of physician who attended your husband at the time of his death. (See Certificate "D.")
Name Dr. B. A. Pope
Address Newsoms, Southampton Co. 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?
Pennsylvania Brigade, 2nd Div., 3rd Va. Inf.,
Longstreet's Corp., Co. G, Army of N. Va., Company

15. Who were his immediate superior officers?
Colonel John B. Clements
Captain Richard P. Clements
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
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 John DeBelle
Address Courtland, Va.
Name
Address
18. What assistance do you receive, and what income have you
from all sources?
Only from charity, contributions from
children, & a small income not more than \$100.
19. How much property do you own?
Real Estate \$ Life right in small farm \$100.
Personal Property \$ 750.
20. Was your husband on the pension roll of Virginia? If yes,
in what county, or city was his pension allowed?
no
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? no
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 a person not valid unless attested by a witness.

WITNESSES

Notary Public

I, Notary Public, in and for the State of Virginia, do certify that the applicant whose name is signed to the foregoing application,
personally appeared before me in my office, at Capron, 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 16th day of Dec., 1922.

Mrs. Mary Anna Joyner
Signature of Applicant

Signature of Officer.