

# Application of Widow.

1. Nancy Lane do hereby apply for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1904, entitled an act to aid the citizens of Virginia who were disabled by wounds received during the war between the States while serving as soldiers, sailors, or marines of Virginia, and such as served during the said war as soldiers, sailors, or marines of Virginia, who are now disabled by disease contracted during the war, or by the infirmities of age, and the widows of soldiers, sailors, or marines of Virginia who lost their lives in said service, or whose death resulted from wounds received or disease contracted in said service, and providing penalties for violating the provisions of this act, and I do solemnly swear that I am a citizen of the State of Virginia, resident at Rich. Manay in the Co. of Southampton in the said State, and that I have been an actual resident of the said State for two years, and of the said city (or county) for one year next preceding the date of this application, and that I am the widow of David M. Drake who was a soldier (sailor or marine) in the service of the State of Virginia in the war between the States, and who was a member of (here state specifically the command and branch of the service to which the husband of the applicant belonged, and, if possible, the names of his immediate superior officers) 4th Reg. Infantry, Mahan's Brigade and who, while in the discharge of his duty in the military or naval service of the State of Virginia, or of the Confederate States, during the said war, lost his life (if the husband of such widow was killed or died during the war as the result of wounds received, state the facts of the case as near as possible, giving the date of the husband's death) died from the effects of exposure at home in 1862 (if the husband died after the war, strike out all relating to his death during the war, and then proceed as follows:), and who has since the said war died (here state specifically the cause of the death of the husband of the applicant and the date thereof)

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, under the said act the sum of Twenty-Five dollars annually. 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 dollars per annum; nor have I an income from any other employment or other source whatever which amounts to Two Hundred dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of Two Hundred 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, either in fee or for life, of the assessed value of Seven Hundred and Fifty dollars; nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and that I am without means of support, direct or indirect; and I do further swear that the answers given to the following questions are true:

1. What is your age? Ans 75 years
2. Where were you born? Ans Southampton Co. Va.
3. How long have you resided in Virginia? Ans all my life
4. How long have you resided in the city or county of your present residence? Ans 5 years
5. What is your husband's full name? Ans David Drake
6. When and where were you married, and by whom? Ans 1858 Southampton Co. Va.
7. When and where, as near as you can state, did your husband die, and from what cause? Ans 1862 Southampton - Effects of exposure in service
8. Have you been married since the death of your said husband? Ans Yes (and in 1862 August 5th 1865)
9. Where and with whom do you now reside? Ans Manay Va. Southampton Co. with R.C. Morris
10. What property—real, personal or mixed—do you own? Ans None
11. What assistance do you receive, and what income have you from any source? Ans None except what my friends do for me
12. If your husband died since the war, please state where he died, and, if possible, the name and address of the attending physician? Ans
13. Give the names and addresses, if possible, of two comrades in arms of your deceased husband. Ans R.W. Branch Manay Va. and Ab. Sharp Manay Va.
14. Give the names and addresses of two persons who are familiar with the circumstances of your husband's death. Ans Mrs. Elizabeth Jones Manay Va. and Mrs. Corilla Morris Manay Va.
15. If your husband died since the war, please state whether his death resulted from wounds received in the war, or from what disease? Ans
16. Give, as near as you can, the nature of the wound or the character of the disease from which your husband died. Ans Came home from war very sick with what appeared to be deep cold and never got better
17. Give here any other information you may possess relating to the service of your husband or of his death that will support the justice of your claim for aid. Ans
18. Is there any camp of Confederate veterans in the city or county of your residence? Ans Yes
19. Is there any one living, the residence and address of whom is known to you, either comrade or otherwise, who has knowledge of your husband's service and of the cause of his death? If so or not, state. Ans None except those mentioned above

(Given under my hand this 4th day of October, 1909.

1. J.R. Bell in the State of Virginia, do certify that Nancy Lane whose name is signed to the foregoing application, personally appeared before me in my County after said having the aforesaid application read to her and fully explained, as well as the statements and answers therein made, the said Nancy Lane made oath before me that the said statements and answers are true.

(Given under my hand this 6th day of October, 1909.

(A)

## OATH OF RESIDENT WITNESSES.

We, E.S. Kitchen and R.W. Branch do solemnly swear that we are residents of the County of Southampton in the said State, and that we have known personally and well for about 50 years, Nancy Lane whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1904, and that the said Nancy Lane is a resident of the said county and is a woman of good reputation for truth and honesty, and that we have read the annexed application and the answers to the questions therein propounded, made by the said applicant, and verily believe that the said applicant has been truthful in the said statements and answers, and that from our personal knowledge we verily believe the said applicant is justly entitled to aid under the said act, and that we have no personal interest in the allowance of the applicant's claim.

Witness to signature  
Richmond

Subscribed and sworn to before me, a Notary Public for the County of Southampton State of Virginia, this 30th day of October, 1909.

(B)

## AFFIDAVIT OF COMRADES.

We, Robert W. Branch and Robert A. Johnson do solemnly swear that we are residents of the County of Southampton in the State of Virginia and that Nancy Lane whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended