

# Fill and Return

7156

FORM B-1

No. A 7156

## Application of Indigent Widow of Confederate Soldier or Sailor, for a Pension Under the Laws of the State of Oklahoma

EVERY QUESTION MUST BE FULLY ANSWERED. WRITE THE ANSWERS CAREFULLY, USING INK. APPLICATION MUST BE SWORN TO BEFORE SOME OFFICER AUTHORIZED TO ADMINISTER OATHS, AND FILED WITH AND DULY APPROVED BY THE COUNTY JUDGE OF THE COUNTY WHEREIN THE APPLICANT LIVES. READ THE ENTIRE APPLICATION BEFORE BEGINNING. OBSERVE THE INSTRUCTIONS IN FINE PRINT UNDER THE LINES. MAKE YOUR ANSWERS EXPLICIT.

STATE OF OKLAHOMA, COUNTY OF Atoka ss:

I, the undersigned, the widow of a Confederate Soldier (or Sailor), do hereby make application for a pension, to be granted me according to the laws of the State of Oklahoma, and under oath I make answer to the following questions:

1. What is your FULL NAME? Margaret A. Alexander  
Give your first name, your middle initial and your surname.
2. What is your post office address? Farris Okla
3. What is your street, route or box number? 86
4. Are you an actual resident of the State of Oklahoma? yes Of what county? Atoka
5. How long have you lived in the State of Oklahoma continuously? 39 years
6. Where were you born? North Carolina What is your age? 72
7. Have you ever applied for a pension anywhere? no Where? \_\_\_\_\_ When? \_\_\_\_\_
8. If so, were you granted a pension? \_\_\_\_\_ If not, why not? \_\_\_\_\_
9. Do you receive any income, annuity, pension, salary, wages, fees, money or any other means of support, from any source whatever? no If so, state in detail the source and amount thereof. \_\_\_\_\_
10. Do you, your wife or both of you, own a home, or property of any kind, either real, personal or mixed (household goods and wearing apparel not included), either in fee simple, for life, or in your own right, or an interest therein, or does anyone hold in trust for your benefit or use, any such property? (Answer yes or no.) no
11. If so, give value of said property over and above all encumbrance \_\_\_\_\_
12. What is your physical condition? poor Are you able to work? no
13. What occupation are you engaged in? none
14. Are you an inmate of any public home or institution, charitable or otherwise? no
15. Do you apply for a pension because you are indigent and unable to earn a livelihood by manual labor? yes
16. What is your husband's FULL NAME? William A. Alexander
17. Is the man named in answer to question 16 above, the one upon whose military service you base this claim for a pension? yes
18. Did you abandon your husband and live separate from him until his death? no
19. When were you married to him? May 3 1874 Where? Sumner Ark
20. When did he die? May 2nd 1930 Where? Healdton Okla
21. Did he ever draw a pension? yes State fully when and where. P-11
22. Did he serve in the Confederate infantry, cavalry, artillery or navy? \_\_\_\_\_
23. In what state was his command organized or from what state did he enlist? \_\_\_\_\_
24. When did he enlist? \_\_\_\_\_ Where? \_\_\_\_\_ How long did he serve? \_\_\_\_\_
25. What was the name or letter of his company, battery or ship? \_\_\_\_\_
26. State the name and number of his regiment or battalion \_\_\_\_\_
27. To what other commands if any was he ever transferred? \_\_\_\_\_
28. If possible, state the names and rank of his officers \_\_\_\_\_
29. How was he released from the Confederate service? (Captured, paroled or honorably discharged?) \_\_\_\_\_
- When? \_\_\_\_\_ Where? \_\_\_\_\_
30. Was he a commissioned officer? \_\_\_\_\_ State rank and date of his commission \_\_\_\_\_
31. Was he detailed for special service in an armory or shop for the maintenance of the army or navy? \_\_\_\_\_ State fully. \_\_\_\_\_
32. Have you remarried since his death? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_
33. Are you separated or divorced from him? \_\_\_\_\_
34. When did he die? \_\_\_\_\_ Where? \_\_\_\_\_

Bill and Return

I, the undersigned applicant, do solemnly swear that the foregoing answers are all true and complete, and I do further swear 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 know of no reason why I am not entitled to receive a pension.

IF APPLICANT SIGNS BY MARK HAVE TWO

WITNESSES TO MARK SIGN HERE

*A. L. Johnson*  
*B. Lewis*

*Margaret A. Alexander* <sup>Her</sup> <sub>mark</sub>  
Applicant sign here, first name, middle initial and surname.

Subscribed and sworn to before me this 22 day of

May A. D. 1930

*Ella Johnson*  
Signature and title of officer.

My Commission expires oct 18th 1932

(SEAL)

*Natary Public atory co* Oklahoma.

NOTE: It is unlawful for anyone to charge or receive a fee, either directly or indirectly, for the procuring of a pension, or for taking the acknowledgments or oaths required herein. See that all the questions are answered. If applicant cannot write she must sign by mark, show the mark between the words "her" and "mark", and have two witnesses thereto, sign on the lines for that purpose.

*Handwritten notes and signatures in the lower half of the page, including "Margaret A. Alexander" and "May 22 1930".*

# Fill Affidavit No. 1

Affidavit No. 1. Residence and Widowhood. By Two Citizens Who Know the Applicant Has Resided in the State of Oklahoma Five Years Continuously Before Filing Application, and That She is Now a Widow.

STATE OF OKLAHOMA, COUNTY OF Atoka ss:  
Before me a Notary Public in and for said county and state, on this 22  
County Judge, Notary Public or Justice of the Peace.  
day of May 1930 personally appeared A. L. Johnson whose ad-  
dress is Farris OKLA, and B. J. Lewis whose address  
is Farris OKLA, who are personally known to me to be credible citizens, who by me being duly  
sworn, each for himself depose and saith:

That he is personally acquainted with the within named applicant for pension; that he has read the within and foregoing application and to the best of his knowledge and belief the statements therein contained are true; that to his knowledge said applicant is now and has been a bona fide resident and citizen of the State of Oklahoma for 10 years next preceding this date; that said applicant is in truth and in fact the widow of the man named in this application upon whose military service she bases this claim for pension; that the applicant's habits are good and free from dishonor; and that he knows of no reason why said applicant should not be granted a pension under the laws of Oklahoma; and further, that he has no interest whatever in this claim for a pension.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 22  
DAY OF May A. D. 1930  
Ella Johnson  
Notary Public  
In and for said County and State.  
(SEAL)

A. L. Johnson  
B. J. Lewis  
SIGNATURES OF TWO WITNESSES  
My commission expires Oct 18th 1932

AFFIDAVIT NO. 2. PROOF OF SERVICE IN THE CONFEDERATE ARMY OR NAVY—BY TWO COMRADES IF POSSIBLE  
STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ ss:

Before me \_\_\_\_\_, a \_\_\_\_\_ in and for said county and  
state, on this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, personally appeared \_\_\_\_\_  
whose address is \_\_\_\_\_, and \_\_\_\_\_, whose address is  
\_\_\_\_\_, both known to me to be credible citizens, and after being duly sworn by me, each for  
himself depose and saith:

That he knows personally that \_\_\_\_\_, deceased husband of the within named applicant  
served in the Confederate army (navy) from \_\_\_\_\_ 186\_\_\_\_, until \_\_\_\_\_ 186\_\_\_\_, in  
Company (or Battery) \_\_\_\_\_, of the \_\_\_\_\_ Regiment of \_\_\_\_\_  
Letter. Give number and name. Infantry, Cavalry or Artillery.

that his officers were \_\_\_\_\_  
that he served honorably and did not desert at any time, but remained true to his colors, that he was released from service  
on the \_\_\_\_\_ day of \_\_\_\_\_, 186\_\_\_\_, at \_\_\_\_\_ by reason of \_\_\_\_\_

State fully why and by what method—honorable discharge, capture, parole, etc., and by what authority.

Affiants further state that they know these statements to be true because of having served themselves in the Confederate Army (Navy).

\_\_\_\_\_, affiant first above named, states that he served in Company \_\_\_\_\_  
of \_\_\_\_\_ Regiment of \_\_\_\_\_, from \_\_\_\_\_ 186\_\_\_\_  
until \_\_\_\_\_ 186\_\_\_\_

\_\_\_\_\_, affiant last above named, states that he served in Company \_\_\_\_\_  
of \_\_\_\_\_ Regiment of \_\_\_\_\_, from \_\_\_\_\_ 186\_\_\_\_  
until \_\_\_\_\_ 186\_\_\_\_

Affiants declare that they have no interest in this claim for a pension, and further state: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_  
DAY OF \_\_\_\_\_ A. D. 19\_\_\_\_  
\_\_\_\_\_  
In and For said County and State.  
(SEAL)

\_\_\_\_\_  
\_\_\_\_\_  
(SIGNATURES OF TWO COMRADES)  
My commission expires \_\_\_\_\_ 19\_\_\_\_

NOTE: There must be two witnesses to each of the affidavits above. Both affidavits must be acknowledged before some officer authorized to administer oaths, which officer must express his title and affix his seal. Signatures by mark must be witnessed by two persons. If additional affidavits are needed, or it is necessary to send to distant points to secure proof of service, copies of Affidavit No. 2 may be made on separate sheets, and when executed, attached to the application proper. If applicant has a parole, discharge or other documentary evidence, it should be attached to the application, which, when completed, SHOULD BE SENT TO THE COUNTY JUDGE of the county wherein the applicant lives.

Form B-1 No. A 7156

Application for Pension for Widow of Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

MARGARET A. ALEXANDER

P. O. FARRIS.

St. R., Bx. No. B-86

Filed in Pension Office 5-24-1930

Disallowed

Allowed 5-24-1930 No. P. 5874

Allowed from 4-1-1930 Amt. \$

per month. Class

Reconsidered and allowed

From Amt. \$ No. P.

Commissioner.

THIS SPACE BELOW FOR USE OF COUNTY JUDGE ONLY

State of Oklahoma, County of ~~Atoka~~

Filed in the office of the County Judge of said county and state this 22nd day of May 1930

It is hereby recommended that the within named applicant for pension be granted a pension, if found eligible by Commissioner.

I have personal knowledge of this case and the facts stated therein are true

(SEAL)

County Judge.

County Judge Must Approve

January 5, 1932.

P-5874

Mr. D. L. Alexander,  
Box 86,  
Farris, Oklahoma.

Dear Sir:

We find your name signed to a death notice of Mrs. Margaret A. Alexander, on the claim blank which we sent Mrs. Alexander with her December, 1931 pension warrant. We are presuming that you are her son, and that you now have in your possession the warrant sent to your mother. We certainly are sorry to learn that Mrs. Alexander is dead, and we deeply sympathize with all members of her family in their grief. She did not get to enjoy the benefits of her pension very long, but we are glad she could have it even the short time since her claim was granted.

With sympathy and kind wishes to you and the others of the family, we are

Sincerely yours,

CONFEDERATE PENSION DEPARTMENT,  
A. P. WATSON, COMMISSIONER,  
MRS. LUTIE H. WALCOTT, SECRETARY,

By

CLERK

*Placed List*

QUARTERLY CLAIM BLANK

STATE OF OKLAHOMA

COMMISSIONER OF PENSIONS  
OKLAHOMA CITY, OKLAHOMA  
DEPARTMENT NO. 69

PENSION NO.

5874

MARGARET A ALEXANDER  
B-86  
FARRIS OKLA

In Account With

P. O. Address

Filed .....

For quarter ending MAR 31 1932

Amt. Claimed

**\$120.00**

The State Auditor is hereby authorized to deliver warrant issued in payment of this claim to the Commissioner of Pensions, who is authorized to mail said warrant to claimant at address hereinafter stated.

I, the undersigned claimant, hereby declare that I am the identical person to whom the pension hereinabove claimed was granted; that I am a resident of the State of Oklahoma, and have not been absent therefrom for a period of more than six consecutive months, last past; that the conditions existing at the time of making my application and upon which the pension was originally granted, exist; that I have full knowledge of the above and foregoing account; that the same is just, correct, due and according to law, and that the amount claimed, after allowing all just credits, is now due and wholly unpaid.

**Petitioner Must Sign Name Exactly As It is Written Above, Using Ink**

GIVE YOUR PERMANENT ADDRESS:

P. O. ....

Route ..... Box.....

St. No. ....

*Deceased Nov. 28, 1931*

Pensioner sign on this line as above written. Must be signed in the presence of two citizens who must also sign the claim as witnesses.

On this..... day of..... 193....., personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim.

SIGNATURES

OF TWO

WITNESSES

*Mr. Cecil Haskins* Address *Farris Okla*  
*Mrs. M. Alexander* Address *Farris Okla*

DATE, SIGN AND RETURN AT ONCE

January 5, 1932.

P-5874

Mr. D. L. Alexander,  
Box 86,  
Farris, Oklahoma.

Dear Sir:

We find your name signed to a death notice of Mrs. Margaret A. Alexander, on the claim blank which we sent Mrs. Alexander with her December, 1931 pension warrant. We are presuming that you are her son, and that you now have in your possession the warrant sent to your mother. We certainly are sorry to learn that Mrs. Alexander is dead, and we deeply sympathize with all members of her family in their grief. She did not get to enjoy the benefits of her pension very long, but we are glad she could have it even the short time since her claim was granted.

With sympathy and kind wishes to you and the others of the family, we are

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A. P. WATSON, COMMISSIONER,  
MRS. LUTIE H. WALCOTT, SECRETARY,

By

CLERK

*Placed List*

QUARTERLY CLAIM BLANK

STATE OF OKLAHOMA

COMMISSIONER OF PENSIONS  
OKLAHOMA CITY, OKLAHOMA

DEPARTMENT NO. 69

Filed .....

PENSION NO.

5874

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In Account With

B-86

FARRIS OKLA

P. O. Address

Amt. Claimed

For quarter ending MAR 31 1932 .....

**\$120.00**

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I, the undersigned claimant, hereby declare that I am the identical person to whom the pension hereinabove claimed was granted; that I am a resident of the State of Oklahoma, and have not been absent therefrom for a period of more than six consecutive months, last past; that the conditions existing at the time of making my application and upon which the pension was originally granted, exist; that I have full knowledge of the above and foregoing account; that the same is just, correct, due and according to law, and that the amount claimed, after allowing all just credits, is now due and wholly unpaid.

**Petitioner Must Sign Name Exactly As It is Written Above, Using Ink**

GIVE YOUR PERMANENT ADDRESS:

P. O. ....

Route ..... Box .....

St. No. ....

*Deceased Nov. 28, 1937*

Pensioner sign on this line as above written. Must be signed in the presence of two citizens who must also sign the claim as witnesses.

On this ..... day of ..... 193....., personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim.

SIGNATURES  
OF TWO  
WITNESSES

*Mrs. Cecil Haskins* Address *Farris Okla*  
*D. L. Alexander* Address *Farris Okla*

DATE, SIGN AND RETURN AT ONCE