

16

30303-

DEAD FORM A

Soldier's Application for a Pension

The Commissioner of Pensions reserves the right to call for additional testimony if he deems it necessary.

Name of Applicant.

William A. Sumner

Parisville County

Postoffice Marshall, Texas

Filed Aug. 7<sup>th</sup> 1915

Approved Aug. 19<sup>th</sup> 1915

Pension allowed March 1<sup>st</sup> 1918

Rejected

Chas. W. Stephen  
Commissioner of Pensions

But

# For Use of Soldiers Who Are in Indigent Circumstances

## THE STATE OF TEXAS

County of Harrison  
I, William Henry Swann

do hereby make application to the Commissioner of Pensions for a pension to be granted me under the Act passed by the 33rd Legislature of the State of Texas, and approved April 7, 1913, on the following grounds:

I enlisted and served in the military service of the Confederate States during the war between the States of the United States, and that I did not desert the Confederate service, but during said war I was loyal and true to my duty, and never at any time voluntarily abandoned my post of duty in the said service; or (that I was in the service of the State of Texas during the war, to protect said State against the Indians and Mexicans for more than 6 months) That I was honorably discharged or surrendered surrendered at Albany Ga. about May 12 1865

(Give date and cause.)

that I have been a bona fide citizen of this State since prior to January 1, A. D. 1900, and have been continuously since a citizen of the State of Texas. I do further state that I do not hold any National, State, city or county office which pays me a salary or fees of \$300.00 per annum, nor have I an income from any other employment or other source whatever which amounts to \$300.00 per annum, nor do I receive from any source whatever money or other means of support amounting in value to the sum of \$300.00 per annum, nor do I own in my own right, nor does any one hold in trust for my benefit or use, nor does my wife own, nor does any one hold in trust for my wife, estate or property, either real, personal or mixed, either in fee or for life, of the assessed value of over one thousand dollars, exclusive of a home of the value of not more than \$1000.00; 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 not an inmate of the Confederate Home, and I do further state that the answers given to the following questions are true:

1. What is your age? 68 yrs
2. Where were you born? Monroe Co. Ga
3. How long have you resided in Texas? 24 yrs
4. In what county do you reside? Harrison
5. How long have you resided in said county, and what is your postoffice address? In Harrison Co. 14 yrs. P.O. address 707 E. Grand Ave, Marshall, Tex

6. Have you applied for a pension under the Confederate pension law and been rejected? If rejected, state when and where. This is first application

7. What is your occupation, if able to engage in one? Clerk What is your physical condition? fair that's all

8. In what State was the command in which you served organized? Ga

9. How long did you serve? Give, if possible, the date of enlistment and discharge. served till end of war entire July 22 1864

10. What was the letter of your company, number of battalion, regiment or battery? Co A - 4th Ga. Reserves TX

11. If transferred from one command to another, give time of transfer, name of command and time of service. Not transferred

12. What branch of the service did you enlist in—infantry, cavalry, artillery or navy? Infantry

- 13. If commissioned direct by the President, what was your rank and line of duty? .....
- 14. If detailed for special service, under the law of conscription, what was the nature of your service and how long did you serve? .....
- 15. What is the assessed value of your home, if you own a home? *One and one half*
- 16. What is the assessed value of your other property? *Nothing*
- 17. Have you transferred to others any property of any kind for the purpose of becoming a beneficiary under this law? *No.*

Wherefore your petitioner prays that his application for a pension be approved and such other proceedings be had in the premises as are required by law.

(Signature of Applicant) *M. H. Brown*

Sworn to and subscribed before me, this *3rd* day of *Oct*, A. D. 191*4*.

*Geo. L. Huffman*

[Seal.]

County Judge *Harrison* County, Texas.

### AFFIDAVIT OF WITNESSES

[Note.]—There must be at least two credible witnesses.

#### THE STATE OF TEXAS

County of *Harrison*

Before me *Geo. L. Huffman*, County Judge of *Harrison* County,

State of Texas, on this day personally appeared *A. A. Goodwin*

known to me to be credible citizens, who, being by me duly sworn, on oath state that they personally know.....

*Wm. H. Swann*, the above named applicant for a pension, and that they personally know that the

said *Wm. H. Swann* has been a bona fide resident citizen of the State of Texas since prior

to January 1, A. D. 1900, and that they have no interest in his claim.

(Signature of Witness) *A. A. Goodwin*

(Signature of Witness) *J. M. McDaniel*

Sworn to and subscribed before me, this *5* day of *Jan*, A. D. 191*5*.

*Geo. L. Huffman*

[Seal.]

County Judge *Harrison* County, Texas.

### AFFIDAVIT OF WITNESSES

(If possible the two witnesses should have served with the applicant in the army, and if so, let them, or either, state it in their oath, their source of knowledge; also any information regarding applicant's army service.)

#### THE STATE OF TEXAS

County of .....

Before me, ....., County Judge of ....., County,

State of Texas, on this day personally appeared.....

who are personally known to me to be credible citizens, who being by me sworn, on oath state that they are per-





WAR DEPARTMENT,  
THE ADJUTANT GENERAL'S OFFICE,  
WASHINGTON, January 12, 1915.

Respectfully returned to the

Commissioner of Pensions,  
State of Texas, Austin.

The records show that one W. H. Swan, private, Company A, 4th Georgia Reserves, Confederate States Army, enlisted November 5, 1864. On muster roll covering period from September 1 to December 31, 1864, last roll on file and only one on which borne, he was reported present. No later record of him has been found.



The Adjutant General.

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COMMISSIONER OF PENSIONS

EX-PARTE

Pending in Harrison County, Texas, before the Honorable County Judge of said County.

William Henry Swann
Applicant for Confederate Pension.

The Honorable County Judge of Harrison County, Texas, will please take notice that, five days after service hereof, applicant herein will apply to the Clerk of the County Court of said County and state for a commission to take the depositions of Jno. Taylor and Alex Farley who reside in the County of Monroe in the State of La. in answer to the following interrogatories and such cross interrogatories as may be propounded by the County Judge of said County, which will be read in evidence upon the hearing of applicant's claim for pension in behalf of applicant; said testimony is material and indispensable to applicant in furnishing the required proof of his claim for a pension under the Act of March 26, 1909, the application for which is now pending before the Honorable County Judge, and the facts necessary and required to be proven under the provisions of said act, applicant believes cannot be proven by any witness residing in the County of Harrison and State of Texas, which he is a bona fide resident.

William Henry Swann
(Applicant) Attorney for Applicant.

Direct Interrogatories to be Propounded to Witness

- INT. 1. What is your name? Age? Place of residence and postoffice address?
INT. 2. Do you personally know, or did you at any time know Wm H. Swann who is an applicant for pension under Act of March 26, 1909?
INT. 3. How long had you known the said William H. Swann and when and where did you first know him?
INT. 4. Do you personally know that the said William H. Swann enlisted in the service of the Confederacy, and performed the duties of a soldier or a sailor?
INT. 5. Do you personally know in what company and regiment the said William H. Swann enlisted and served in the Confederate Army? When? Where? And the time of service? If you personally knew and so have stated that he enlisted and served in the Confederate navy, then state: When? Where? And how long he so served?
INT. 6. Do you personally know that William H. Swann was commissioned as an officer directly by the President of the Confederate States? What was his rank and line of duty?
INT. 7. Do you know further if William H. Swann was, under the provisions of the conscript law, detailed for any kind of special service in the field, shops, armories, etc., of the Confederacy? What was the nature of his service, and how long did he serve?

CROSS INTERROGATORIES

TX

To be propounded to J. A. Farley
CROSS INTERROGATORY 1. If in answer to the foregoing direct interrogatories, you have stated that you personally know or did know said Wm H. Swann and that you know that he enlisted in the service of the Confederacy and performed the duties of a soldier or sailor, and having named the company and regiment, or special service in which Wm H. Swann so enlisted and served, then please state fully what is your source of such knowledge? And state whether or not you know or at any time knew of any other soldier or sailor by the name of Wm H. Swann serving in the same company or regiment, or special service in which you say the said Wm H. Swann enlisted, if you have stated that said Wm H. Swann enlisted and served in the navy of the Confederacy, then state whether or

not you know any other soldier or sailor of the same name as said Wm H Swann applicant serving in the same command, or the special service to which he was assigned?

If you say that you know other soldiers or sailors of the same name of Wm H Swann then can you and how do you identify and locate the one from the other or others?

CROSS INT. 2. Are you positively certain that said Wm H Swann is the identical person serving as testified by you?

CROSS INT. 3. Do you know whether or not the said Wm H Swann served honorably from the date of his enlistment until the close of the late Civil War between the States or until he was discharged from said company and regiment, or the special service to which he had been assigned?

CROSS INT. 4. Do you know whether or not the said Wm H Swann deserted his command, or voluntarily abandoned his post of duty or the service during said war?

THE STATE OF TEXAS

COUNTY OF Harrison

I, Geo. L. Huffman, County Judge of said County, in said State,

do hereby waive copy of interrogatories, notice, time and issuance of commission, and it is hereby agreed that the answers to the hereinabove direct and cross interrogatories of the said herein named witness may be attached hereto.

Geo. L. Huffman

County Judge Harrison County, Texas.

William Henry Swann

(Applicant) Attorney for Applicant.

In Re  
Application for Confederate Pension

FOR USE OF SOLDIERS OR WIDOWS

County, Texas.

Pending before the County Judge of said County.

EX-PARTE

Applicant.

INTERROGATORIES

propounded to

Witnesses.



EX PARTE

IN RE APPLICANT FOR CONFEDERATE PENSION

*Wm. Henry Swann*

Under Act March 26, 1909, pending

Applicant for Confederate Pension.

County, Texas, before the Honorable County Judge of said County.

Answers and depositions of (1)

*J. A. Farley, 68 yrs. Miles Ga. R.F.D. #2  
J. F. Taylor 68 yrs. Barnesville Ga*

to the accompanying interrogations (2) *I have known him all my life*  
propounded to.....in the above entitled cause taken before (3) *I was raised near him*  
in accordance with the accompanying (7).....

To the first interrogatory the said *J. A. Farley*

Witness, answers

- Sub q I do I saw him enlisted in*
- " 5 I do. Co A. 4<sup>th</sup> Ga. rears. Aug-1864. Andersonville Ga in service about seven months*
- " 6 He was a private*
- " 7 He was a volunteer, and did regular soldier's duties*

*Cross Interrogations*

- " 1 I have known him all my life, we were boys together I saw him enlisted in at Andersonville Ga, Aug 1864 and saw him mustered out of service at Albany Ga in May 1865. I was a member of the same Co he was*
- " 2 I did not know any other soldier of same name*
- " 3 I am positively certain*
- " 3 I do. He served honorably & was honorably discharged.*
- " 4 I do He did not.*



Subscribed and sworn to before me, this 15 day of December, 1914

J. A. Farley  
J. H. Taylor

THE STATE OF Texas  
County of Pike

I, L. C. Byers,  
(Here give name and official character of officer before whom taken.)

do hereby certify that J. A. Farley  
and J. H. Taylor are personally known to me to be credible citizens of said  
County and State, and that the foregoing answers of J. A. Farley and J. H. Taylor  
the witness before named, and

whose name appear signed to the foregoing deposition, were made before me  
and were sworn to and subscribed before me, by said witness (4) inclosed W. H. Swann

Given under my hand and official seal, this the 15 day of Dec, 1914  
(L. S.) L. C. Byers  
Pike Co. Tex.

NOTE.—In Texas, any Clerk of the District Court, any Judge and Clerk of the County Court, or any Notary Public or Justice of the Peace, within their  
respective Counties, are authorized to take depositions.  
Out of the State and within the United States—any Clerk of a Court of Record having a seal, any Notary Public, or any Commissioner of Deeds of Texas

File No. \_\_\_\_\_  
In Texas County, Texas.  
Before the Honorable County Judge of said County.

**EX PARTE**  
W. H. Swann  
Applicant for Confederate Pension

DEPOSITION  
OF

Witness for Applicant.

Filed \_\_\_\_\_ day  
of \_\_\_\_\_, 191

Clerk.  
By \_\_\_\_\_, Deputy.

Fee for Taking Deposition, \$ \_\_\_\_\_

# ORIGINAL TRANSIT PERMIT TRANSPORTATION OF CORPSE

GEORGIA STATE BOARD OF EMBALMING

Always Write with Black Ink

MARGIN RESERVED FOR BINDING  
N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

## STANDARD CERTIFICATE OF DEATH.

1 PLACE OF DEATH					2 FULL NAME				
County <i>Spalding</i>		State <i>Ga</i>			Registered No. <i>578</i>				
City <i>Guffey</i>		No. <i>616</i>			St. <i>Maple</i>		Ward <i>2nd</i>		
If death occurred in a hospital or institution, give its NAME instead of street and number.									
2 FULL NAME <i>Hulon Head Brown</i>									
(a) Residence No. <i>Giffin</i>		St. <i>Ga</i>			Ward <i>Marshall</i>		No. <i>200</i>		
Usual place of abode. If non-resident, give city or town and state.									
Length of Residence in city or town where death occurred					How long in U. S., if of foreign birth?				
Yrs.		Mos.		Ds.		Yrs.		Ds.	
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>			16 DATE OF DEATH, month, day and year <i>8/28/27</i>				
5a If married, widowed or divorced HUSBAND of (or) WIFE of <i>Mrs. Pats Warner</i>					17 I HEREBY CERTIFY That I attended deceased from <i>8/28/27</i> to <i>8/28/27</i> that I saw him alive on <i>8/28/27</i> and that death occurred, on the date stated above, at <i>11:00 P</i> The CAUSE OF DEATH* was as follows: <i>Typhoid Fever</i>				
6 DATE OF BIRTH, month, day and year <i>5/8/1847</i>					18 Where was disease contracted if not at place of death? <i>GA</i>				
7 AGE <i>80</i> Years	<i>3</i> Months	<i>19</i> Days	IF LESS than 1 day . hrs. or . min.		CONTRIBUTORY (Secondary) <i>Chronic Bright's Disease</i> (Duration) <i>50</i> yrs. mos. ds.				
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <i>None</i>					18 Did an operation precede death? <i>No</i> Date of _____				
(b) General nature of industry, business, or establishment in which employed, or employer <i>Retired</i>					Was there an autopsy? <i>Yes</i> <i>Head Flood Culture</i>				
(c) Name of employer _____					What test confirmed diagnosis? <i>Head Flood Culture</i>				
9 BIRTHPLACE, city or town <i>Ga</i>					(Signed) <i>Stephen J. Mann</i> M. D. <i>8/28/27</i> Address <i>Guffey Ga</i>				
State or country _____					*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state 1 MEANS and NATURE of INJURY, and 2 whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. See reverse side for additional space.				
10 NAME OF FATHER <i>Stephen Mann</i>					19 PLACE OF BURIAL, CREMATION, or REMOVAL <i>Marshall</i>				
11 BIRTHPLACE OF FATHER, city or town <i>Ga</i>					DATE of BURIAL _____ 192__				
State or country _____					20 UNDERTAKER <i>TX</i>				
12 MAIDEN NAME OF MOTHER <i>Carthain</i>					ADDRESS _____				
13 BIRTHPLACE OF MOTHER, city or town <i>Ga</i>					14 Informant <i>Mrs Mattie Lou Palmer</i>				
State or country _____					Address <i>Longview Texas</i>				
15 Filled _____ 192__ Registrar.									

## PERMIT OF BOARD OF HEALTH OR REGISTRAR

This Permit, with above Certificate, must be presented to Initial Baggage Agent, and delivered with body at destination.

Permission is hereby granted to remove for burial at *Marshall* \_\_\_\_\_ the body of *Hulon Head Brown* \_\_\_\_\_ above described, if prepared in accordance with the laws of this State, printed on the back of this Permit.

If contagious or communicable, state name of person who is authorized to accompany the body.

*Mrs F. H. Warner* Health Officer or Registrar.

Detach above portion of this perforation, and hand to passenger in charge, to be delivered to the undertaker at destination. If burial is made in this State, the sexton or other person superintending, must send this permit to the State Board of Health in ten days, unless burial is made in city or town where death certificates are permanently filed.

# Rules for the Transportation of Human Dead Bodies in the State of Georgia

**Rule 1—Regulations Regarding the Transportation of the Dead.**—A copy of the original death certificate on the standard certificate of death form, signed by attending physician, permit of local board of health or registrar, and a transit label signed by the shipping funeral director, and initial baggage agent, printed on strong white paper, supplied through the Georgia State Board of Embalming by the public printers, shall be required for the transportation by common carriers of bodies of persons dying in this State. The death certificate shall contain such information as is required in the standard form of death certificate, if obtainable. The health officer's or registrar's permit shall authorize the transportation of the body described in the physician's certificate. The shipping funeral director shall state on the shipping label how the body is prepared, and the local baggage agent shall state thereon the route, name and address of escort. The physician's certificate and health officer's or registrar's permit shall be given to the escort to be delivered with the body at destination. The shipping label shall be securely attached to the outside case. If the body is sent by express, the physician's certificate and the permit shall be attached to the express way-bill, and delivered with the body at the destination, and the shipping label shall be attached to the outside case.

**Rule 2—**The transportation of bodies dead of smallpox, plague, Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup or diphtheretic sore throat), scarlet fever (scarlet rash or scarlatina), erysipelas, anthrax and leprosy shall be permitted only under the following conditions: the body shall be thoroughly embalmed with an approved disinfectant fluid, all orifices shall be closed with absorbent cotton, the body shall be washed with the disinfectant fluid, enveloped in a sheet saturated with the same, and placed at once in the coffin or casket, which shall be immediately closed, and the coffin or casket, or the outside case containing the same, shall be metal or metal-lined, and hermetically and permanently sealed.

**Rule 3—**The transportation of bodies dead of any diseases other than those mentioned in Rule 2, shall be permitted under the following conditions:

(A) When the destination can be reached within twenty-four hours after death, the coffin or casket shall be inclosed in a strong outside box made of good sound lumber, not less than seven-eighths of an inch thick, all joints must be tongued and grooved, top and bottom, put on with cleats or cross-pieces, all put securely together, and be tightly closed with white lead, asphalt varnish or paraffin paint, and a rubber gasket placed on the upper edge between the lid and box; provided, however, that caskets containing embalmed bodies may be shipped to points in this State in tight ordinary casket boxes; and provided, further, that bodies addressed to the Anatomical Board of this State may be received for shipment when prepared in such manner as the State Anatomical Board may direct.

(B) When the destination can not be reached within twenty-four hours after death, the body shall be thoroughly embalmed, and the coffin or casket placed in a strong well made outside shipping case.

**Rule 4—**No disinterred body, dead from any disease or cause, shall be transported by common carriers, unless approved by health authorities having jurisdiction at the place of disinterment, and a transit permit, and transit label, shall be required, as provided in Rule 1. The disinterment and transportation of bodies dead of diseases mentioned in Rule 2 shall not be allowed except upon permission of the health authorities, at both places of disinterment and the point of destination. All disinterred remains for transportation shall be incased in metal casket or metal-lined boxes, and hermetically sealed; provided that bodies in a receiving vault when prepared by licensed embalmer, shall not be regarded as disinterred bodies until after the expiration of 30 days.

**Rule 5—**The outside case may be omitted in all instances when the body is transported in auto or horse-drawn hearse or funeral directors' wagon.

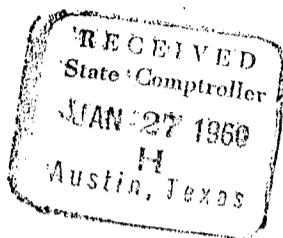
**Rule 6—**Every outside case shall bear at least four handles, and when over five feet six inches in length shall bear six handles.

**Rule 7—**An approved disinfectant fluid shall contain not less than five per cent. of formaldehyde gas, the term embalming as employed in these Rules shall require the injection by a licensed embalmer of not less than ten per cent. of the body weight for bodies of persons dead of diseases in Rule 2, injected arterially, in addition to cavity injection; and not less than six per cent. of the body weight injected arterially in all other cases in addition to cavity injection.

**Rule 8—**The attached form of death certificate, health officers' or registrars' permit, and label as described herein, with these rules printed thereon, shall be used in this State for the shipment of bodies as herein provided.

1523 Hendola Drive N.E.  
Albuquerque, New Mexico  
January 25th, 1960

Department Of Archives and History  
Austin  
Texas



Dear Sirs:

Please send me the Confederate record of my great uncle  
Thomas C. Swann. He enlisted in the Confederate Army in Smith County,  
Texas.

Do you have his pension number and the date of his death?

Do you have a list of other Swann men who enlisted in the Confed-  
erate Army from Smith County Texas? I have the record of my grandfath-  
er W.D. (William David) Swann, but would like the names of his brothers  
and uncles. Some of them I know of, but do not know if they were in  
the State of Texas or Alabama when they enlisted.

Thank you for this information.

Yours truly,

*Mrs. Clarence S. Rainer*  
Mrs. Clarence S. Rainer

31641  
30303 ✓



49235  
Smith

1935

January 29, 1960

(X1)

Mrs. Clarence S. Rainer  
1523 Hendola Drive N. E.  
Albuquerque, New Mexico

Dear Mrs. Rainer: William Henry Swann, deceased  
Confederate Soldier, Pension  
File No. 30303 Harrison County, Texas.

The records of this office show one William Henry Swann of Marshall, Harrison County, Texas, executed an application for Confederate Pension in Texas on October 3, 1914 at which time he stated he was 68 years of age, place of birth Monroe County, Georgia. The date of birth is not given. Mr. Swann stated he had resided in Texas for 24 years.

Mr. Swann shows in his application that he enlisted in Company A, 4th Georgia Reserves of Infantry. On this application this office requested a report on the military service record of Mr. Swann from the office of the Adjutant General, War Department, Washington, D. C. The report follows:

"The records show that one W. H. Swan, private, Company A, 4th Georgia Reserves, Confederate States Army, enlisted November 5, 1864. On muster roll covering period from September 1 to December 31, 1864, last roll on file and only one on which borne, he was reported present. No later record of him has been found."

The date of death is not given. The application for pension was approved on the above report from Washington.

This is the only information I have as I do not know whether this is the brother or uncle.

No further information given on the Swanns.

Yours very truly,

Robert S. Calvert  
Comptroller of Public Accounts

APPLICATION FOR MORTUARY WARRANT

THE STATE OF TEXAS,

County of Greene

I, Mattie Lou Palmer

do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of the late W. H. Swain, who was a pensioner of the State of Texas, and whose file number was 30303 and whose original county was Harrison

The said pensioner W. H. Swain died on the 28<sup>th</sup> day of August, 1927, in the town of Griffin, Georgia

County of Texas  
The pensioner died in the home of Mrs. J. F. Whalley who was related to the pensioner as Daughter

That the warrant, which application is hereby made for, shall be applied to paying all or part of the funeral expenses incurred by the said pensioner W. H. Swain

I further certify that the warrant for the current quarter has not been cashed by the pensioner, to the best of my knowledge and belief.

I am related to the pensioner as (Friend) Daughter that my postoffice address is 220 E. College Street or R. F. D. Langview City Texas

Signed M. M. Palmer

Sworn to before me this 9<sup>th</sup> day of September, 1927

County Judge  
Notary Public in and for \_\_\_\_\_ State of Texas.

CERTIFICATE OF UNDERTAKER

I, M. M. Davis, do certify that I am undertaker in the town of Marshall County of Harrison, State of Texas, that I had charge of the body of W. H. Swain, who died in the town of Griffin, County of Spalding, State of Georgia on the 28 day of August, 1927. That said body was prepared for burial by me on the \_\_\_\_\_ day of \_\_\_\_\_, 1927, and that I am of the opinion that warrant herein applied for should be issued to the said Mrs. W. H. Swain who makes the foregoing application.

Signed M. M. Davis Undertaker.

CERTIFICATE OF PHYSICIAN

I, \_\_\_\_\_, do certify that I am a practicing physician, and that I attended \_\_\_\_\_ in his last illness, and am of the opinion that his ailments were \_\_\_\_\_



I further certify that I am of the opinion that the Mortuary Warrant above requested should be issued in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-eighth Legislature and approved March 2, 1923.

Signed \_\_\_\_\_

Physician's Address \_\_\_\_\_

Must return before 40 days expires from date of Pensioners' death

1923  
MAY 10 1923  
MAY 10 1923

Physician's Address

Signed

and approved March 5, 1923.

in the name of the aforementioned applicant, in accordance with Act passed by the Thirty-eighth Legislature

I further certify that I am of the opinion that the Mortuary Warrant above requested should be issued

and of the opinion that his ailments were

Physician, and that I attended

in his last illness, and

I do certify that I am a practicing

CERTIFICATE OF PHYSICIAN

Underwriter

Signed

who makes the foregoing application

warrant herein applied for should be issued to the said

on the day of 1923, and that I am of the opinion that

on the day of 1923 that said body was prepared for burial by me

town of County of State of

that I had charge of the body of who died in the

town of County of State of

I do certify that I am underwriter in the

CERTIFICATE OF UNDERWRITER

Mortuary Warrant in and for

State of Texas

Sworn to before me this day of 1923

Signed

that my postoffice address is

I am related to the pensioner as (Estate)

best of my knowledge and belief.

I further certify that the warrant for the current burial was not been created by the pensioner, to the funeral expenses incurred by the said pensioner.

That the warrant, which application is hereby made for, shall be applied for by all or part of the who was related to the pensioner as

The pensioner died in the home of

County of

day of 1923, in the town of

The said pensioner died on the

State of Texas, and whose file number was 2023 and whose original county was

the late who was a pensioner of the

do hereby certify that I am the person to whom is entrusted the paying of the accounts and indebtedness of

County of

THE STATE OF TEXAS

APPLICATION FOR MORTUARY WARRANT