

4

*W 1363*

Endorsements Hereon for Comptroller's Use Exclusively

FORM NO. 1.

CONFEDERATE PENSION APPLICATION.

Name of Applicant,

*Wm. S. Brown*

*Texas*

County.

Post Office

*Paris Texas*

Comptroller's File No.

*1363*

I have carefully examined the within application for pension, together with the proof in support thereof, and

I recommend that the application be.....

*Approved*

this

*28* day of *Sept*

A. D. *1899*

*Wm. S. Brown*

Pension Clerk.

I hereby *approve* the within application

for pension, this

*28* day of *Sept*

A. D. *1899*

*Wm. S. Brown*

Comptroller.

No Application Rejected by County Judges or County Commissioners Should be Forwarded to Comptroller.

FORM No. 1.

APPLICATION of Indigent Soldier or Sailor of the late Confederacy for pension under the Act of May 12, 1899.

THE STATE OF TEXAS, }

COUNTY OF Falls }

To the Honorable County Judge of Falls County, Texas.

Your petitioner, Wm H Irwin respectfully represents that he is a resident citizen of Falls County, in the State of Texas, and that he makes this application for the purpose of obtaining a pension under the act passed by the Twenty-sixth Legislature of the State of Texas, and approved May 12, A. D. 1899, the same being an act entitled "An act to carry into effect the amendment to the Constitution of the State of Texas, providing that aid may be granted to disabled and dependent Confederate soldiers, sailors, and their widows under certain conditions, and to make an appropriation therefor," and I do solemnly swear that the answers I have given to the following questions are true.

NOTE—Applicant must make answer to all of the following questions, and such answers must be written out plainly in ink.

- Q. What is your name? Answer Wm H Irwin
- Q. What is your age? Answer 66
- Q. In what County do you reside? Answer Falls
- Q. How long have you resided in said County and what is your post office address? Answer about 8 years  
Lewis, Texas
- Q. Have you applied for a pension under the Confederate Pension Law heretofore, and been rejected? If so state when and where. Answer No.
- Q. What is your occupation if able to engage in one? Answer Farming
- Q. What is your physical condition? Answer Bad
- Q. If your physical condition is such that you are unable by your own labor to earn a support, state what caused such disability. Answer Rheumatism
- Q. State in what company and regiment you enlisted in the Confederate army, and the time of your service? Answer Company "B" 22nd Texas Infantry about 4 years
- Q. If you served in the Confederate navy state when and where, and the time of your service. Answer
- Q. State whether or not you have received any pension or veteran donation land certificate under any previous law, and if you answer in the affirmative state what pension or veteran donation land certificate you have received. Answer No.
- Q. What real and personal property do you now own, and what is the present value of such property? Give list of such property and value. Answer 24 or 25 acres of land @ 12.00 per acre.  
2 horses one cow and calf 13 hogs and pigs worth  
about \$1000

Q. What property, and what was the value thereof have you sold or conveyed within two years prior to the date of this application? Answer *None*

Q. What income, if any, do you receive? Answer *Nothing only from my labor*

Q. Are you in indigent circumstances; that is, are you in actual want, and destitute of property and means of subsistence? Answer *I manage to make a living by my labor*

Q. Are you unable by your labor to earn a support? Answer *I am making a support such as it is.*

Q. Have you transferred to others any property of value of any kind for the purpose of becoming a beneficiary under this law? Answer *No*

Q. Did you ever desert the Confederacy? Answer *No.*

Q. Have you been continuously since the first day of January, 1880, a bona fide resident citizen of this State? Answer *Yes.*

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

(Signature of Applicant) *Wm A. Irwin*

Sworn to and subscribed before me this *17<sup>th</sup>* day of *July* A. D. *1899*

(SEAL)

*W. R. Rummel*  
County Judge *Falls* County, Texas.

AFFIDAVIT OF WITNESSES.

(NOTE—There must be at least two credible witnesses.)

THE STATE OF TEXAS,

COUNTY OF *Falls*

Before me, *W. R. Rummel*

County Judge of *Falls*

County, State of Texas, on this day personally appeared *C. D. Smith*

who are personally known to me to be credible citizens, who being by me duly sworn on oath, state that they personally know *Wm A. Irwin* the above named applicant for a pension, and that they personally know that the said *Wm A. Irwin* enlisted in the service of the Confederacy, and performed the duties of a soldier (or sailor) as claimed by him in the above and foregoing application, and that they further know that he, the said applicant, is unable to support himself by labor of any sort.

*7/11/99* (Signature of Witness) *C. D. Smith*

(Signature of Witness) *W. T. Moore*

(Signature of Witness)

(Signature of Witness)

Sworn to and subscribed before me this *17<sup>th</sup> and 25<sup>th</sup>* day of *July* A. D. *1899*

(SEAL)

*W. R. Rummel*  
County Judge \_\_\_\_\_ County, Texas.

AFFIDAVIT OF PHYSICIAN.

THE STATE OF TEXAS,

COUNTY OF Falls  
County Judge of Falls

Before me W. W. Beumant  
County, State of Texas, on this day personally appeared J. B. Stone

....., who is a reputable practicing physician of this County, who being by me duly sworn on oath, states that he has carefully and thoroughly examined Wm. H. Brown

applicant for a pension, and finds him laboring under the following disabilities which render him unable to labor at any work or calling sufficient to earn a support for himself: Said applicant is in moderately good health suffering from no wounds or injury received in late war of Confedacy, at ~~that~~ age their Physical Condition & health are ordinary.

(Signature of Physician) J. B. Stone

Sworn to and subscribed before me this 9th day of August A. D. 1899

(SEAL)

County Judge Falls County, State of Texas.

CERTIFICATE OF COUNTY JUDGE.

THE STATE OF TEXAS,

COUNTY OF Falls  
County Judge of Falls  
day of August  
Wm. H. Brown

I, W. W. Beumant  
County, State of Texas, do hereby certify that on the 9th  
A. D. 1899, before me came on to be heard the application of

Wm. H. Brown for a pension under the Confederate Pension Law of this State, approved May 12, A. D. 1899; that the answers of said applicant to the questions propounded were made under oath as the same appear in writing in the foregoing application; that the affidavits of the witnesses who are credible citizens were made before me as the same hereinbefore appear, and that the foregoing affidavit of Doctor J. B. Stone who is a reputable practicing physician of this County, was made before me. I also certify that the said applicant Wm. H. Brown is not an inmate of the Texas Confederate Home, nor otherwise disqualified under the provision of Section 12, of the Confederate Pension Law. I further certify that after considering all the proceedings had before me relative to the said application for a pension by the said Wm. H. Brown I find the said applicant is lawfully entitled to the pension provided by the Confederate Pension Law of this State, and I hereby approve said application.

Witness my hand and seal of office at Marion this 9th  
day of August A. D. 1899

(SEAL)

County Judge Falls County, State of Texas.

CERTIFICATE OF COUNTY COMMISSIONERS.

THE STATE OF TEXAS,

COUNTY OF Falls  
Falls

We, the undersigned members of the Commissioners Court of

County, Texas, hereby certify that the foregoing application of Wm. H. Brown for a pension, together with the proof in support thereof, was duly submitted by Hon. W. E. Hammett County Judge of this Falls County, to the Commissioners Court of this Falls County, at a regular term thereof on the 18 day of August A. D. 1899, and after a careful consideration of the same we find the said applicant is lawfully entitled to the pension provided for by the Confederate Pension Law of this State, and we hereby approve said application.

Witness our hands and seal of office at Marion this 18  
day of August A. D. 1899

(Signatures of Commissioners.)

E. W. Schneider  
Loac Smith  
W. S. Farrar  
W. M. Anderson

(SEAL)