FORM	DRM A-1	No. A					
- ##	Application of Indigent Soldier or Sailor of the	Confederacy for a Pension Under the Laws of the State of Oklahoma					
SOME	ERY QUESTION MUST BE FULLY ANSWERED. WRITE T ME OFFICER AUTHORIZED TO ADMINISTER OATHS, AN	HE ANSWERS CAREFULLY, USING INK. APPLICATION MUST BE SWORN TO BEFORE ID FILED WITH AND DULY APPROVED BY THE COUNTY JUDGE OF THE COUNTY PPLICATION BEFORE BEGINNING. OBSERVE THE INSTRUCTIONS IN FINE PRINT					
STAT	PATE OF OKLAHOMA, COUNTY OF Wood	ward ss:					
to the	I, the undersigned, a Confederate Soldier (or sa the laws of the State of Oklahoma, and under oath	ilor), do hereby make application for a pension, to be granted me according I make answer to the following questions:					
世紀日	1 What is your FULL NAME? John W Ball 2 What is your post off conditions of the your first name your middle initial, and your surname.)						
	What is your post office address?	m. IPla					
	What is your street, route or box number?	as yes. Of what county? Owoodward					
	How long have you lived in the State of Oklahom						
275	0 00 0	mity virginia What is your age? 76					
7 H	Have you ever applied for a pension anywhere?						
8 If	If so, were you granted a pension? If no	t, why not?					
9 D	Do you receive any income, annuity, pension, s	alary, wages, fees, money or other means of support, from any source what-					
eı		amount thereof.					
, at	streins, copies of Affidavit No. 2 may be made if applicant has a parole, discharge or other	ton acparate sheets, and when executed, attrohed to the application proper, decumentary evidence, if should be attached to the application, which when					
	stationized to amminister oaths, which afficer	smust express his title and affix his seal. Signatures by mark quest be selt.					
10 D	Do you your wife or both of you, own a home.	or property of any kind either real personal or mived (household and and					
tr	trust for your benefit or use, any such property?	e, for life, or in your own right, or an interest therein, or does anyone hold in					
11 If	If so, give an itemized statement of each piece, art	icle or head, and the assessed value of each;					
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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 caths required herein.

See that all the questions are answered and that you have listed all of your property, whether taxable or not, except household goods and wearing apparal. If applicant cannot write he must sign by mark, show the mark between the words "his" and "mark," and have two witnesses thereto sign on the lines for that purpose.

(SEAL)

County, Oklahoma

AFFIDAVIT NO. 1. RESIDENCE AND CITIZENSHIP. BY TWO CITIZENS WHO KNOW THE APPLICANT HAS RESIDED IN THE STATE OF OKLAHOMA SINCE FEBRUARY 25, 1914. OF OKLAHOMA SINCE FEBRUARY 25, 1914. soder and STATE OF OKLAHOMA COUNTY alle in and for said county and state, on this day of personally appeared Show & Mwhose address is _______, who are personally known to me to be credible citizens, who by me being duly sworn, each for himself deposeth 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 next preceding this date; that he personally knows that said applicant's habits are good and tree from dishonor; of no reason why said applicant should not be granted a pension under the laws of Oklahoma; and further, the whatever in this claim for a pension. e from dishonor; and that he knows and further, that he has no interest SUBSCRIBED AND SWORN TO BEFORE ME THIS A.D., 191 /9 rank ISIGNATURES OF TWO WIDNESSES Makarak (SEAL) (SEAL) 4 (1917) My commission PROOF OF SERVICE IN THE CONFEDERATE ARMY OR NAVY-BY TWO AFFIDAVIT NO. COMRADES IF POSSIBLE STATE OF Before me in and for said county and Ball state, on this Hasken ac Muru B ___, whose address is to be credible citizens, and after being duly sworn by me, each for That he knows personally that , the within named applicant for a pension, served in the Confederate army (nyy) from , until Company (or Battery) Dows Regiment of 2 that his officers were Col. 1 from service on the by reason of hod—honorable discharge, capture, parole, etc., and by what authorityl statements to be true because of having served themselves in the Confederate Regiment of 22 46. Cool from oi Bow 186 5 186.5 doce affiant last above named, states that he served in Company Regiment of 22. Va Con 186 5 Affiants declare that they have no interest in this claim for a pension, and further state; SUBSCRIBED AND SWORN TO BEFORE ME THIS 8 A.D., 191.9 TWO WITNESSES The 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 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. (SEAL NOTE: ROVED tate O BY THE 25 inthe 30 00 ation for Pension for Franklin Printing Co., Oklahoma City, \$ TON WOTER B. WRITE Pensions 通 FOR BEL BE · Confe MO 毒 18225 LED WITH AND AP-THIS OF COUNT nty Judge Soldier Chaigman DE LE LINE AND 10 10

CLYDE H. WYAND

390 4 ANNA LARUE AMOS DEPUTY COURT CLERK

JUDGE OF COUNTY COURT WOODWARD COUNTY

WOODWARD, OKLA., August 5th, 1919

State Pension Board, Oklahoma City, Okla.

Messrs: -

Enclosed herewith find application of Jown W.Ball, of Sharon, Oklahoma, for pesion with recommendation that the same be allowed.

Very truly,

Kindly send me two or three Form

Form A blanks to application for

Confederate Soldiers and oblige.

WAR DEPARTMENT THE ADJUTANT GENERAL'S OFFICE WASHINGTON

IN REPLY A. G. 201
REFER TO (Ball. John W.)ORD

July 8., 1919.

Hon. Dick T. Morgan.

House of Representatives.

Dear Sir:

Referring to your letter of the 30th ultimo, with which you inclose one, herewith returned, from Mr. J. W. Ball, of Sharon, Okla., relative to the service of his father, John W. Ball, as 2d lieutenant of Company D, Bowén's Regiment of Mounted Riflemen, Confederate States Army, and in response to your request for the desired information, I have the honor to inform you as follows:

The name John W. Ball appears as that of a 2d lieutenant on the muster roll of Company D, Bowen's Regiment of Mounted Riflemen, Confederate States Army, dated October 31, 1863, the only roll on which his name is borne, with remark: Present for duty. The name also appears on a roster of Company D, 22d Regiment Virginia Cavalry (also known as Company D, Bowen's Regiment Mounted Riflemen), Confederate States Army, dated January 10, 1865, with remark: Dropped from rolls. Cause not shown. No later record of him has been found.

Very respectfully,

The Adjutant General.

P. f. Harris

l incl.

C. E. SHARP, PRESIDENT

C. E. SHARP LIVIUS COMPANY

REPLAIL YARDS

Confederate Pensson Department. Nov 11th 1930. Stale Capital. Oklahoma City, le & Slewart Commissioner. my dear der. This is to inform you That my father, John W. Ball is dead he passed away at 730 oclock how 7th 1930. at his home here in Sharow. he always looked fordward to his pension which Jame to him each mayeer regularly and has been Such a help to him in his old age he died with nephrilis, a Kidney trable, he leaves his wife Sarah C Ball Tall alone with broken health and sevenly three years old, no way of making a living for herself, and I trust that you will be able to Continue The pension in her behalf. folease advise me as to the slepe we should take if any to procure This pension for her as a widows Pension. I Thank you most Sincerially for your Kindness in helping my dear old Jasher These past sew years and pray that the good Lord shall richty Colean you each one. Valow sent BE wies and allow is his of box ho is # Sharon, onla.

P-2965

Mr. I. W. Ball, Box #5, Sharon, Oklahoma.

Dear Sir:

We have your letter advising us of the death on November 7th of your father, Mr. John W. Ball. You may be sure we sympathize with you and all others of the family in your great loss. It seems such a terrible thing to give up one's parents. Will you please tell your mother that we feel deeply for her.

Your father had signed his December claim and it is on file here now; but since there is still plenty of time for us to file your mother's application before the next pension payment list is prepared we are not going to issue a warrant covering Mr. Ball's claim, but will instead, make the payment directly to his widow, in her own name. Therefore, please have your mother fill out the enclosed application blank, have it approved by the County Judge, and send it back to us just as quickly as possible. We will then send her a December claim blank to be signed and returned for filing in the place of your father's.

.With much sympathy to you all, we are

Very sincerely yours,

CONFEDERATE PENSION DEPARTMENT, C. J. STEWART, COMMISSIONER.

By

Clerk

QUARTERLY CLAIM BLANK

COMMISSIONER OF PENSIONS OKLAHOMA CITY, OKLAHOMA

STATE OF OKLAHOMA

B-5

JOHN W BALL

DEPARTMENT NO. 69	In Account Wi	ith	SHARON OKLA			
Filed	P. O. Address					
	page of the second of the seco			Amt. Claimed		
For quarter ending	EC 31 1900					
Decered 1	11-7-	30		\$120.00		
The State Auditor is hereby authorized to deliver warrant issued in payment of this claim to the Commissioner of Pensions the relation of the commission 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 tranted; that I am a resident of the State of Oklahoma, and have not been absent therefrom for a period of more than six conecutive months, last past; that the conditions existing at the time of making my application and upon which the pension was riginally granted, still 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 N GIVE YOUR PERMANENT ADDRESS:	ame Exactly A	s It is Writte	Above, Using I	nk		
GIVE YOUR PERMANENT ADDRESS:		Johns	W Ball			
P. O. Sharon, Ok	ela,	Pensioner sign	on this line as abo	ove written. Must		
Route Box S		be signed in th	e presence of two	citizens who must		
St. No.			aim as witnesses.			
On this 3 2d day of October 1930, personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim. SIGNATURES (P. M. Address A Address						
OF TWO WITNESSES WITNESSES		Address &	haron	Opla,		
DATE	SIGN AND R	ETURN AT (NCE			

PENSION NO.

2965