

7236

Fill and Return

FORM B-1

No. A 7236

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 Woodward 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? Sarah C. Ball
Give your first name, your middle initial and your surname.
2. What is your post office address? Sharon, Oklahoma
3. What is your street, route or box number? Box # 5
4. Are you an actual resident of the State of Oklahoma? yes Of what county? Woodward
5. How long have you lived in the State of Oklahoma continuously? twenty eight years
6. Where were you born? Russell County Virginia 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.) yes
11. If so, give value of said property over and above all encumbrance \$ 800.00
12. What is your physical condition? quite poorly 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? John W. Ball, now deceased
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? 3 March 1902 Where? Virginia
20. When did he die? November 7th 1930 Where? Sharon Okla.
21. Did he ever draw a pension? yes State fully when and where. See P-2965
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? _____

7536

Fill 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

Basel C Ball

Applicant sign here, first name, middle initial and surname.

Subscribed and sworn to before me this 17th day of November A. D. 1930

Edward Perkins
Signature and title of officer *Notary Public*

My Commission expires April 18th 1931

(SEAL) _____ 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.

7236

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 Woodward ss:
Before me Edward Williams in and for said county and state, on this 17th day of Nov 1930, personally appeared P. W. Drake whose address is Sharon, Okla and G. O. Williams whose address is Sharon, 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 28 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 17th DAY OF Nov A. D. 1930
Edward Williams
Notary Public
In and for said County and State.
(SEAL)

P. W. Drake
G. O. Williams
SIGNATURES OF TWO WITNESSES
My commission expires Apr 18th 31 1931

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 _____ Infantry, Cavalry or Artillery. Letter _____ Give number and name.

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 7236

Application for Pension for Widow of Confederate Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

SARAH C. BAIT,

P. O. SHARON, OKLA.

St., R., Bx. No. Box 5

Filed in Pension Office 11-18-1930

Disallowed

Allowed 11-18-1930 No. P. 5948

Allowed from 10-1-1930 Amt. \$

per month. Class

Reconsidered and allowed 2965

From Amt. \$ No. P.

E. J. Stearns
Commissioner.

THIS SPACE BELOW FOR USE OF COUNTY JUDGE ONLY

State of Oklahoma, County of Muskogee

Filed in the office of the County Judge of said county and state this 17th day of Nov 1930

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

J. A. Foster
County Judge.

County Judge Must Approve

I. W. BALL LUMBER & HARDWARE CO.
ALL KINDS OF
BUILDING MATERIAL AND HARDWARE
PHONE 208

Woodward

SHARON, OKLA. Nov. 15th 1937

Director of Federal Pensions
for State of Okla.
Oklahoma City Okla.

Dear Sirs. This is to inform you that Sarah C Ball
P. O Sharon Okla. P O box 5 is now deceased. she died
Oct 28th 1937. I have a letter from your department
some time ago that where a pensioner who dies that
the present quarter dues will be allowed for to help
bury them this will certainly be appreciated so
you can either mail check to me. or you may if
you prefer mail direct to the L A armstrong Funeral Home
at Woodward Okla. and he will apply it on the burial
account. I wish to thank you for the Pension given
her in the past, which has been a great help in
taking care of her.

yours very truly

I W Ball admx

RECEIVED
NOV 26 1937
DIVISION OF PUBLIC ASSISTANCE

COLLECTOR OF INTERNAL REVENUE
RECEIVED
NOV 23 1937
DISTRICT OF OKLAHOMA

R P T cd a in Lt Ege



MEMBERS

JOHN EDDLEMAN, CHAIRMAN
913 NORTH BROADWAY
OKLAHOMA CITY

MRS. B. E. CHANEY
1320 SOUTH MAIN STREET
TULSA

MRS. AMY D. CROOKS
ROUTE 1
DELAWARE

M. DUNCAN
MUSKOGEE

H. J. Denton

~~XXXXXXXXXX~~
DIRECTOR OF PUBLIC WELFARE
STATE OFFICE

STATE OF OKLAHOMA

DEPARTMENT OF PUBLIC WELFARE
OKLAHOMA PUBLIC WELFARE COMMISSION

1109 North Broadway

OKLAHOMA CITY, OKLAHOMA

November 30, 1937.

MEMBERS

REV. JAMES A. GARVEY
216 N. W. FIFTH STREET
OKLAHOMA CITY

C. H. HYDE
ALVA

RAYMOND D. THOMAS
OKLAHOMA A. & M. COLLEGE
STILLWATER

MRS. W. M. VAN DIVORT
503 NORTH PINE STREET
NOWATA

MRS. D. WORK
1101 WEST MAIN STREET
DURANT

P-5948

Mr. John W. Harris,
Commissioner,
Confederate Pension Department,
State Capitol,
Oklahoma City, Oklahoma.

Re: BALL, Sarah C., (deceased)
Sharon, Oklahoma.

My dear Mr. Harris:

The attached letter, concerning the
above named, was directed to this Department in error.

Please be advised that we did not
acknowledge this letter.

Very sincerely yours,

STATE DEPARTMENT OF PUBLIC WELFARE

By *Lady Man Neal*

GMN:rw
Encl. 1

QUARTERLY CLAIM BLANK

STATE OF OKLAHOMA

COMMISSIONER OF PENSIONS
OKLAHOMA CITY, OKLAHOMA

DEPARTMENT NO. 69

Filed

PENSION NO.

5948

SARAH C BALL

B-5

SHARON OKLA

In Account With

P. O. Address

Amt. Claimed

For quarter ending.....

MAR 31 1931

\$81.00

Deceased

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, 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 Name Exactly As It is Written Above, Using Ink

GIVE YOUR PERMANENT ADDRESS:

P. O.

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

St. No.....

.....
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 witness, and in their presence duly signed the foregoing claim.

SIGNATURES
OF TWO
WITNESSES

..... Address.....

..... Address.....

DATE, SIGN AND RETURN AT ONCE

