

Fill and Return

6120

FORM B-1

No. A

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 Murray 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:

- What is your FULL NAME? Dora Craddock
Give your first name, your middle initial and your surname.
- What is your post office address? Sulp. Riv. Okla
- What is your street, route or box number? Gen Delivery
- Are you an actual resident of the State of Oklahoma? yes Of what county? Murray
- How long have you lived in the State of Oklahoma continuously? 13 years
- Where were you born? Mississippi What is your age? 70
- Have you ever applied for a pension anywhere? no Where? _____ When? _____
- If so, were you granted a pension? _____ If not, why not? _____
- Do you receive any income, annuity, pension, salary, wages, fees, money or other means of support, from any source whatever? no If so, state in detail the source and amount thereof.
- 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
- If so, give value of said property over and above all encumbrance \$ 500.00 or \$ 600.00
- What is your physical condition? Fair Are you able to work? no
- What occupation are you engaged in? _____
- Are you an inmate of any public home or institution, charitable or otherwise? no
- Do you apply for a pension because you are indigent and unable to earn a livelihood by manual labor? yes
- What is your husband's FULL NAME? J. M. Craddock
- Is the man named in answer to question 16 above, the one upon whose military service you base this claim for a pension? yes
- HAVE YOU REMARRIED SINCE HIS DEATH? no Did you abandon your husband and live separate from him until his death? no
- When were you married to him? 1898 Where? Eastland Co Texas
- When did he die? May 29, 1925 Where? Sulp Riv Okla
- Did he ever draw a pension? yes State fully when and where. P-3280
- Did he serve in the Confederate infantry, cavalry, artillery or navy?
- In what state was his command organized or from what state did he enlist?
- When did he enlist? _____ Where _____ How long did he serve?
- What was the name or letter of his company, battery or ship?
- State the name and number of his regiment or battalion.
- To what other commands if any was he ever transferred?
- If possible, state the names and rank of his officers.
- How was he released from the Confederate service? (Captured, paroled or honorably discharged?) _____
- When? _____ Where? _____
- Was he a commissioned officer? _____ State rank and date of his commission _____
- Was he detailed for special service in an armory or shop for the maintenance of the army or navy? _____ State fully.

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

.....
.....

My Commission expires.....192.....

(SEAL)

.....Oklahoma.

x *How Craddock*
Applicant sign here, first name, middle initial and surname.

Subscribed and sworn to before me this *8* day of
June A. D. 192*5*

J. H. County Judge
Signature and title of officer.

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.

Fill Affidavit No. 1

Affidavit No. 1. Residence and Widowhood. By Two Citizens Who Know the Applicant Has Resided in the State of Oklahoma More Than One Year and That She is Now a Widow.

STATE OF OKLAHOMA, COUNTY OF Murray ss:
Before me H. G. Long, County Judge in and for said county and state, on this 8th
County Judge, Notary Public or Justice of the Peace.

day of June 1925, personally appeared Dora K. Pondak whose address is Supher, and Edna Smearengin whose address is Supher, 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 13 years next preceeding 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 she has not remarried since his death; 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 8th DAY OF June A. D. 1925
H. G. Long, County Judge
In and for said County and State.
(SEAL)

Dora K. Pondak Supher Okla
Edna Smearengin Supher Okla
SIGNATURES OF TWO WITNESSES
My commission expires.....192.....

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 _____ 192____, 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. 192____

In and for said County and State.
(SEAL)

(SIGNATURES OF TWO COMRADES)
My commission expires.....192.....

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. 6120

Application for Pension for Widow of Confederate
Soldier or Sailor.

DO NOT WRITE BELOW THIS LINE

DORA CRADDOCK

SULPHUR

P. O.

St., R., Bx. No.

Filed in Pension Office 6-9-1925

Disallowed

Allowed

No. P. 4987

Allowed from 7-1-25 Amt. \$
per month. Class.

Reconsidered and allowed

From

Amt. \$
No. P.

E. J. Stewart
Commissioner

THIS SPACE BELOW FOR USE OF COUNTY
JUDGE ONLY

State of Oklahoma, County of McMurray

Filed in the office of the County Judge of said county
and state this 8 day of June 1925

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

(SEAL)

County Judge.

McMurray County Judge

County Judge Must Approve

NOTE: There must be two witnesses to each of the affidavits above. Both affidavits must be acknowledged before some off-
icial authorized to administer oaths, which officer must sign his name and affix his seal. Signatures by mark must be wit-
nessed by two persons. If additional affidavits are needed, or if it is necessary to send to distant points to secure proof of
service, copies of Affidavit No. 2 may be made as 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 WHERE THE APPLICANT LIVES.

(SIGNATURES OF TWO COMRADES)

DATE OF RECEIPT AND SWORN TO BEFORE ME THIS
A. D. 1925

In and for said County and State
(SEAL)

My commission expires

P-4987

Entered Home 10-22-27

Lora Gradlock
And more.

Married 11-11-27

QUARTERLY CLAIM BLANK

STATE OF OKLAHOMA

COMMISSIONER OF PENSIONS
OKLAHOMA CITY, OKLAHOMA
DEPARTMENT NO. 69

PENSION NO. 4987 DORA CRADDOCK
In Account with
P. O. Address SULPHUR OKLA

Filed -----

Amt. Claimed

For quarter ending DEC 31 1927

\$75.00

Entered Jan. 11-2-1927-

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. -----

Dora Craddock

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 4th day of Oct 1927, personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim.

SIGNATURES
OF TWO
WITNESSES

H. Patten ----- Address *Sulphur Okla.*
H. C. George ----- Address *Sulphur Okla.*

DATE, SIGN AND RETURN AT ONCE

