

Fill and Return

No. A. **6073**

FORM A-1

Application of Indigent Soldier or Sailor of the Confederacy 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 May ss:

I, the undersigned, 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? Henry M. Phipps. (Henry M. Phipps.)
Give your first name, your middle initial and your surname.
2. What is your post office address? Ponca City, Okla
3. What is your street, route or box number? 40 K. G. Rooms
4. Are you an actual resident of the State of Oklahoma? yes Of what county? May
5. How long have you lived in the State of Oklahoma continuously? 43 years
6. Where were you born? Adams County, Mississippi What is your age? 88
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 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 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.) No
11. If so, give value of said property over and above all encumbrance _____
12. What is your physical condition? Bad none Are you able to work? no
13. What occupation are you engaged in? no
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. Did you serve in infantry, cavalry, artillery or navy? Infantry
17. In what state was your command organized or from what state did you enlist? Mississippi
18. When did you enlist? May - 1861 Where? Natchez, Miss You served how long? 7 years
19. What was the name or letter of your company, battery or ship? Company D - 16 - Miss.
20. State the name and number of your regiment or battalion. 16th Miss Reg.
21. To what other commands if any were you transferred? None
22. State the names and rank of your officers. Capt. Sam Lee Bow - just Capt.
23. How were you released from the Confederate service? (Captured, paroled or honorably discharged.) Has in hospital Nevada, see Surrender When? Date Lee Surrendered
Where? Spillville, Iowa Hosp.
24. Were you ever wounded in battle? yes
25. Were you a commissioned officer by the President of the Confederate States? no State rank and date of commission. _____
26. Were you detailed for special service in any armory or shop for the maintenance of the army or navy? No 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 never deserted, or abandoned my post of duty while in the service of the Confederacy or any of the states thereof, but served honorably until released and that I know no reason why I am not entitled to receive a pension.

IF APPLICANT SIGNS BY MARK HAVE TWO WITNESSES TO MARK SIGN HERE

Applicant sign here, first name, middle initial and surname.
Henry M. Phipps
 Subscribed and sworn to before me this 13th day of April A. D. 1925
J. H. Robinson
 Signature and title of officer.
County Judge

My Commission expires _____ 192_____

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 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.

Fill Affidavit No. 1

AFFIDAVIT NO. 1. RESIDENCE AND CITIZENSHIP. BY TWO CITIZENS WHO KNOW THE APPLICANT HAS RESIDED IN THE STATE OF OKLAHOMA.

STATE OF OKLAHOMA, COUNTY OF May ss:
 Before me A Notary Public in and for said county and state, on this 13th
 County Judge, Notary Public or Justice of the Peace.
 day of April 1925, personally appeared H. E. Leray whose ad-
 dress is Ponca City Okla., and Dan Underside whose address
 is 901 E. 34th Ponca City 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 ap-
 plication 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 thirty years,
 next preceding this date; that he personally knows that said 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 13
 DAY OF April A. D. 1925
Jess A. Notaling
Notary Public
 In and for said County and State.
 (SEAL)

H E Leray
Dan Underside
 SIGNATURES OF TWO WITNESSES
 My commission expires July 11 1926

AFFIDAVIT NO. 2. PROOF OF SERVICE IN THE CONFEDERATE ARMY OR NAVY—BY TWO COMRADES IF POSSIBLE

STATE OF Oklahoma COUNTY OF May ss:
 Before me Notary Public in and for said county and
 state, on this 13 day of April 1925, personally appeared Joe Hatten
 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 Nearly M. Shipp, the within named applicant for a pension,
 Give full name of applicant.
 served in the Confederate army (navy) from May 1861, until Date Lee Surrendered 1864
 Company (or Battery) D, of the 10th Regiment of Mississippi Infantry
 Letter. Give number and name. Infantry, Cavalry or Artillery.
 that his officers were Capt. Sam Lee Baker;
 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 Stotsville Va - (Capt) by reason of _____
Surrender of Lee - does not know how released except from hospital
 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 offi-
 cer authorized to administer oaths, which officer must express his title and affix his seal. Signatures by mark must be wit-
 nessed 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.

Address: "The Adjutant General,
War Department, Washington, D. C."

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON. May 6, 1925.

Respectfully returned to

Commissioner,
Pension Department, State of
Oklahoma, Oklahoma City, Okla.

The records show
Henry M. Phipps,
Co. D, 16th. Mississippi Inf., C.S.A.
Enl. May 1, 1861, at Natchez. (also
shown June 1, 1861, at Corinth, Miss.
Muster roll Nov. & Dec. 1864, dated
Feb. 19, 1865, (latest on file) shows
him absent.

Absent without leave. Received a
wounded furlough to Miss., July 23,
1864, a Private.

Other records show that he was,-
Admitted to Genl. Hospl., Howard's
Grove, Richmond, Va., July 2, 1864,
and was,- Furloughed July 26, 1864,
for 60 days.

Capture, parole or later record
not found.

Robert C. Davis,

Major General,
The Adjutant General,

By *J.C.*

STATE OF OKLAHOMA
PENSION DEPARTMENT

Oklahoma City, 4-29-1925

The Adjutant General,
War Department,
Washington, D. C.

Sir:

To complete a record of this Department, I have the honor to request that you furnish this office with whatever record you may have of, -

HENRY M. (or H.M.) PHIPPS

Co., D, 16th

Regt. of Miss. Infantry

His Captain was Sam Lee Boker

His Major was _____

His Colonel was _____

Enlisted from the State of

Miss. in May 1861,

and was in hospital 186.

wounded at time of Lee's
at surrender

Received A. G. O. MAY 2 1925

Yours respectfully,

C. J. Stewart
Commissioner.

Ponca City 5-15-25

P-4934

Pension Comr

Dear Sir:-

Your quarterly Claim blank
came last evening, for which we
extend our greatest thanks, and
returning it properly signed,

I presume his check will not
be mailed out before July first
but would say that the old gentleman
is very much in need.

Again thanking you for your
many favors, Yours

Resp

F. E. Larry

P.S. I am doing my best to take
care of him.

Ponca City Okla 5-12-25-

P-4934

Pension Com-
Okla City,

Dear Sir:

I beg to ask what progress
if any has been made with the
claim of one Harry M Phipps, which
we sent in about a month ago.
Thanking you in advance for
any reply that you may be
able to make.

Yours Resly

F. E. Lorry,

Return in 5 days to
F. E. LORRY, 111 South First St.
Eagle Pool Hall and Barber Shop
PONCA CITY, OKLA.

20 sent yesterday

P-4434

Ponca 8-11-25-

Pension Com—
Okla City

Dear Sir:-

Mr Phepps wishes
his mail to be delivered
to 111 So First street as he no
longer rooms at the Ky Rooms

Thanking you in advance
for making this change,

Sam Resp

Harry M Phepps

Per F. E. Larry.

↓
Ro

P- 4934

Mr Phipps has been trying to
get you folks to change his address
to 111-So First St.

Please make such changes in
your record, 111 So First, Henry M Phipps
Per F E Larry

XU

THE SENDER
OF THIS
MESSAGE

authorizes us
to send that a

ARE REQUESTED TO FAVOR THE COMPANY BY CRITICISM AND SUGGESTION CONCERNING ITS SERVICE

1201-S

WESTERN UNION

SIGNS

DL = Day Letter

NM = Night Message

NL = Night Letter

LCO = Deferred Cable

CLT = Cable Letter

WLT = Week-End Letter

NEWCOMB CARLTON, PRESIDENT

J. C. WILLEVER, FIRST VICE-PRESIDENT

The filing time as shown in the date line on full-rate telegrams and day letters, and the time of receipt at destination as shown on all messages, is STANDARD TIME.

Received at W. U. Bldg., Cor. 3rd & Broadway, Oklahoma City, Okla. Always Open

1929 FEB 21 PM 8 51

RS 150 49 XU NL=D12=PONCACITY OKLA 21

COMMISSIONER OF PENSIONERS=

P-4924

33
3
OOO

CAPTIAL BLDG OKLAHOMACITY OKLA=

HARRY MCCANN PHIRPS PASSED AWAY LAST EVENING A PENSIONER OF

CONFEDERATE BILL OF 23 AND 25 STATE OF OKLAHOMA HAS NO

RELATIVES KNOWN HERE NO ESTATE OR FUNDS CAN YOU ADVISE US

AS TO WHETHER THEIR IS FUND SET OR APPROPRIATED FOR BURIAL

EXPENSES OF DECEASED PENSIONERS=

File
933

DOWNEYS MORTUARY.

THE QUICKEST, SUREST AND SAFEST WAY TO SEND MONEY IS BY TELEGRAPH OR CABLE

Telegram answered by
Telephone 2-22-29
that \$75⁰⁰ (Elder) be ^{would} mailed to
Dumrey 4-1-29

R ✓ PL ✓ Cd ✓ List ✓ Claim in ✓

P-4934

Ponca City Okla.

February 22, 1929

Commissoner of Pensioners

Captial Bldg.

Oklahoma City Okla.

Dear Sir:

H. M. Phillips

In our telephone conversation this morning, I was unable to understand distinctly as to what you were saying, it seems that our telephone service is mighty poor, so therefore would be appreciated if you would drop us a line, as to what the pension buerau can do, towards the burial expense and also would like to have as much of his war record as possible as the local G.A.R post and his friends would like to know, thanking you for this desired information and the trouble that this may cause you, with our best wishes, we remain,

Yours Respt.

Downey's Mortuary

per,

O. W. Downey

February 25, 1929.

P-4934

Mr. O. W. Downey,
C/o Downey's Mortuary,
Ponca City, Oklahoma.

In Re: Henry M. Phipps.

Dear Sir:

Replying to your letter of the 22nd inst., pension warrant covering quarter ending March 31, 1929 will be issued in the name of Henry M. Phipps (deceased) and if no relative of this deceased pensioner assumes the funeral debt, and you will present a copy of your bill to us, we will forward this warrant to you on April 1st next to apply on your bill. This warrant will be in the sum of seventy-five dollars, and with it will be sent instructions for cashing.

When I talked with one of your men over the telephone on February 22nd I asked him to tell you that the warrant would be sent to you, but the connection being poor I suspect he did not understand.

We feel so sorry about Mr. Phipps not having any home, or people to care for him at the last.

May we hear from you please, some time before the end of March about your bill?

Very truly yours,

Clerk.

P-4934
Ponca City Okla.

March 11th, 1929

Pension Department

Mabelle Etter.

Oklahoma City Okla.

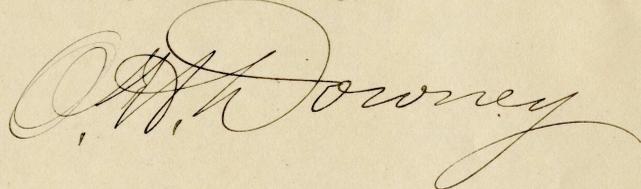
Mabelle Etter:

In response to your letter of the 25th, will say that we taken care of, the last rites of Henry M Phipps, in the best possible manner, as we put or stood about what the Pension amounts to for the period of Three Months, as we thought that he deserved a decent and respectable burial, thanking you for your past cooperation and with our best wishes, we remain,

Yours Respt.

Downey's Mortuary

per,



March Fifteenth,
1929

P-4934

Mr. O. M. Downey,
C/o Downey's Mortuary,
Ponca City, Okla.

Dear Sir:

The pension warrant due Mr. Henry M. Phipps (deceased) will be mailed to you about April first. You should indorse it with Mr. Phipps' name, by yourself as undertaker who buried him, and have two persons who know that you bore these expenses sign the warrant with you, and I feel sure your bank will cash it for you.

Trusting that this is satisfactory to you, I remain

Yours very truly,

Clerk.

QUARTERLY CLAIM BLANK

STATE OF OKLAHOMA

**COMMISSIONER OF PENSIONS
OKLAHOMA CITY, OKLAHOMA
DEPARTMENT NO. 69**

Filed -----

PENSION NO. 4934

In Account with

P. O. Address

HENRY M PHIPPS
111 S 1ST
PONCA CITY OKLA

Amt. Claimed

For quarter ending -----

JUN 30 1929

Discontinued

\$75.00

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 ----- 192-----, personally appeared the above named pensioner before the undersigned witnesses, and in their presence duly signed the foregoing claim.

SIGNATURES

OF TWO

WITNESSES

-----Address -----

-----Address -----

DATE, SIGN AND RETURN AT ONCE

