INSTRUCTIONS.

☞ READ BEFORE THE FORM IS FILLED IN.

A widow married after May 1, 1888, is not entitled to a pension.

It is necessary to have Certificates A, B, D and F filled out in full. All questions must be answered.

If comrade cannot be found to fill in Certificate B, then Certificate C must be filled.

Where there is a camp of Confederate Veterans, the Camp Certificate E must be filled.

When there is no camp, then Certificate F must be filled.

When the name of the applicant, or any one making affidavit, is made by X mark, a witness must always be had to the mark.

After this application is completed file it with the clerk of the Circuit Court of your county.

Filed in the Clerk's Office of the ..... *Court.*

on ..... *190* ....

Pinnell William County. No. 25

Name Alice L. Florence

Post-office Joplin Pt. Yon. Co. Ga.

The Circuit Court of the county (or the Corporation or Hustings Court of the city) of Pr. Cin. Williams from an examination of the within application of Alice L. Florence and of the affidavits and certificates therewith filed, and hereto annexed, and of such witnesses as were required and called by the court, being satisfied that the said application is supported by the affidavits and certificates, and oral testimony (if any oral testimony is required by the court) of persons of well-known reputation for truth, honesty and integrity, and that the claim of the said applicant is just, and in due form, doth certify the same to the Auditor of Public Accounts.

this 23 day of August 1909

J. B. F. Thornton
Judge.

Received and filed in office of the Auditor of Public Accounts

Class ..... Rating $25 Age 59

Paid by Warrant No. 16033 APR 21 1910. *190*

Pension Form No. 3.

Application of Widow.

I, Alice B. Florence, do hereby apply for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, entitled an act to aid the citizens of Virginia who were disabled by wounds received during the war between the States while serving as soldiers, sailors, or marines of Virginia, and such as served during the said war as soldiers, sailors, or marines of Virginia, who are now disabled by disease contracted during the war, or by the infirmities of age, and the widows of soldiers, sailors, or marines of Virginia who lost their lives in said service, or whose death resulted from wounds received or disease contracted in said service, and providing penalties for violating the provisions of this act, and I do solemnly swear that I am a citizen of the State of Virginia, resident at Nr. Mt. Carmel Hampton, Schoolhouse in the Lee District Dem. in the said State, and that I have been an actual resident of the said State for two years, and of the said city (or county) for one year next preceding the date of this application, and that I am the widow of Benj. F. Florence, who was a soldier (~~sailor or marine~~) in the service of the State of Virginia in the war between the States, and who was a member of (here state specifically the command and branch of the service to which the husband of the applicant belonged, and, if possible, the names of his immediate superior officers) Infantry, Co. Company B. 49th Va. Commanding Officer Capt. C. A. Nelson.

~~and who, while in the discharge of his duty in the military~~ or naval service of the State of Virginia, or of the Confederate States, during the said war, lost his life (if the husband of such widow was killed or died during the war as the result of wounds received, state the facts of the case as near as possible, giving the date of the husband's death)

(If the husband died after the war, strike out all relating to his death during the war, and then proceed as follows:), and who has since the said war died (here state specifically the cause of the death of the husband of the applicant and the date thereof) death due to disease contracted during war. Died April 3, 1885.

and that, to the best of my knowledge, during the said war my husband was loyal and true to his duty, and never, at any time, deserted his command or voluntarily abandoned his post of duty in the said service, and 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 date of his death, and that I am a widow at the date of making this application, and that I am now entitled to receive, under the said act the sum of **Twenty-Five** dollars annually. And I do further swear that I do not hold any position or office, either national, State, city or county, which pays me in salary or fees **Two Hundred** dollars per annum; nor have I an income from any other employment or other source whatever which amounts to **Two Hundred** dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of **Two Hundred** dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use estate or property, either real, personal, or mixed, either in fee or for life, of the assessed value of **Seven Hundred and Fifty** dollars; nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and that I am without means of support, direct or indirect; and I do further swear that the answers given to the following questions are true:

1. What is your age? Ans. 59
2. Where were you born? Ans. in Prince William County Va
3. How long have you resided in Virginia? Ans. All my life
4. How long have you resided in the city or county of your present residence? Ans. All my life
5. What is your husband's full name? Ans. Benjamin Franklin Florence
6. When and where were you married, and by whom? Ans. in Washington 21st July & May 1866
7. When and where, as near as you can state, did your husband die, and from what cause? Ans. Prince Wm. Co. Va. of Consumption
8. Have you been married since the death of your said husband? Ans. No
9. Where and with whom do you now reside? Ans. With Daughter, near Dumfries Va
10. What property—real, personal or mixed—do you own? Ans. 122 acres of land
11. What assistance do you receive, and what income have you from any source? Ans. None
12. If your husband died since the war, please state where he died, and, if possible, the name and address of the attending physician? Ans. in Prince Wm. Co. Va. Dr. Bowers (Now Dead)
13. Give the names and addresses, if possible, of two comrades in arms of your deceased husband. Ans. Annie F. Williams & Jas. R. Pearson
14. Give the names and addresses of two persons who are familiar with the circumstances of your husband's death. Ans. Wm. Posey Minnieville Va. Shirley Jones Joplin Va.
15. If your husband died since the war, please state whether his death resulted from wounds received in the war, or from what disease? Ans. Resulted from Measles taken while in service.
16. Give, as near as you can, the nature of the wound or the character of the disease from which your husband died. Ans. Measles & Went into Consumption
17. Give here any other information you may possess relating to the service of your husband or of his death that will support the justice of your claim for aid. Ans.
18. Is there any camp of Confederate veterans in the city or county of your residence? Ans. Yes
19. Is there any one living, the residence and address of whom is known to you, either comrade or otherwise, who has knowledge of your husband's service and of the cause of his death? If so or not, state. Ans. C. A. Brawner Dumfries Va.

Given under my hand this 6th day of May, 1909.

Alice B. Florence

I, William Crow, Justice of Prince Wm., in the State of Virginia, do certify that Alice Florence, whose name is signed to the foregoing application, personally appeared before me in my County aforesaid having the aforesaid application read to her and fully explained, as well as the statements and answers therein made, the said Alice Florence made oath before me that the said statements and answers are true.

Given under my hand this 6th day of May, 1909.

Wm. Crow J.P.

(A)

OATH OF RESIDENT WITNESSES.

We, ..., and ....., do solmnly swear that we are residents of the ..... of ..... in the said State, and that we have known personally and well for ..... years, 20 years whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, and that the said ..... is a resident of the said county and is a woman of good reputation for truth and honesty, and that we have read the annexed application and the answers to the questions therein propounded, made by the said applicant, and verily believe that the said applicant has been truthful in the said statements and answers, and that from our personal knowledge we verily believe the said applicant is justly entitled to aid under the said act, and that we have no personal interest in the allowance of the applicant's claim.

.....

Subscribed and sworn to before me, a Justice for the County of Prince Wm., State of Virginia, this 6th day of May, 1909.

Wm. Crow J.P.

(B)

AFFIDAVIT OF COMRADES.

We ..... and ..... do solmnly swear that we are residents of the ..... of ....., in the State of ..... and that ..... whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended

by an act approved March 10, 1908, is personally well known to us, and that we have known her for . . 15 . . . years, and know her to be the widow of Benj. F. Florence, who was a soldier (sailor or marine) in the military (or naval) service of Virginia, or of the Confederate States, and that we were soldiers (sailors or marines) in the said service during the said war, and that we were with the said . Benj. F. Florence members of (here state the command and the immediate superior officers thereof) Co. B. 47. Va. Infantry . . . . . .

. . . . . .

and that to our personal knowledge, on or about the . . . . . day of . . . . . , 186 . , at (here state battle or combat where killed or fatal wounds received) . . . . . .

. . . . . and that the said . . . . . during the said war (state here whether killed or died as the result of wounds received, or surgical operation therefor) . . . . . .

. . . . . (if he died after the war, strike out all relating to death during the war and proceed as follows:), on or about the . 2nd . . . . . day of . . April . . . . . , 1865 , the said B. F. Florence died, and that the said . B. F. Florence . . . . . was a true and loyal soldier in the said service, and was faithful in the discharge of his duty as a soldier (sailor or marine) in the said service, and that we have no personal interest in the allowance of the applicant's claim.

Jesse G. Williams . . . . . .
+ Jas. E. Robinson . . . . . .

Subscribed and sworn to before me, a . Justice . . . for the County . . of . Prince . W . . . . . , State of Virginia, this . . . 6th . . . day of . May . . . . . 1909 . Wm Lorow - J. P.

NOTE.—If only one comrade whose residence and address is known to applicant, let him make the above affidavit. If no such comrade is living whose address is known to applicant, then let one or more reputable persons who have personal knowledge of the services of the applicant's husband and of cause of his death, make the following affidavit:

(C)

AFFIDAVIT OF WITNESSES, NOT COMRADES, AS TO WOUNDS.

We, ... and . . . . . of the . . . . . in the State of . . . . . do solemnly swear that we personally know, and are well acquainted with . . . . . whose name is signed to the annexed application, and who is applying for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, and that we have known the said applicant for . . . . . years, and that to our personal knowledge she is the widow of . . . . . , who was a loyal and true soldier (sailor or marine) in the military (or naval) service of Virginia, or of the Confederate States, in the war between the States, and that on or about the . . . . . day of . . . . . , 186 . . , at (here state battle or combat where killed or fatal wound received) . . . . .

. . . . . .

the said . . . . . during the said war (state whether killed or died as the result of wounds received, or surgical operation therefor) . . . . . .

(if he died after the war, strike out all relating to death during the war and proceed as follows), on or about the . . . . . day of . . . . . , 1 . . . , the said . . . . . died, and that the said . . . . . and . . . . . lived as husband and wife up to the date of the death of the said . . . . . and that we have no personal interest in the allowance of the applicant's claim.

. . . . . .

. . . . . .

Subscribed and sworn to before me, a . . . . . in and for the . . . . . of . . . . . this . . . . . day of . . . . . , 190 . .

. . . . . .

NOTE.—If no comrade in arms or other person who has knowledge of the services of the applicant's husband, and of the cause of his death, is living, whose residence is known to applicant, state that fact here.

. . . . . .

(D)

CERTIFICATE OF PHYSICIAN.

I, ... , a practising physician, in the . . . . . of . . . . . , in the State of Virginia, do certify that I am personally acquainted with . . . . . , whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, and that I attended her husband, the said . . . . . during his last illness, and that from my professional knowledge of the cause of his death, I verily believe that his death resulted from . . . . . Physician is now Dead

. . . . . .

and that I have no personal interest in the allowance of the applicant's claim.

Given under my hand this . . . . . day of . . . . . , 190 . .

. . . . . .

NOTE.—This certificate of physician shall only be required in cases where the husband has died since the close of the war.

(E)

CERTIFICATE OF CAMP OF CONFEDERATE VETERANS.

The . Camp . . . . . Camp of Confederate Veterans of the . County . . . . of . Prince William . in the State of Virginia, hereby certifies that it has examined into the merits of the annexed application of . Nicie L. Florence . . . for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, and being satisfied of the justice of her claim, hereby recommends the said . . Applicant . . . . . for aid under the provisions of the said act, and that it has no personal interest in the allowance of the applicant's claim.

William E. Williams
Surgeon (Commander.

NOTE.—If there is no camp of Confederate Veterans in applicant's city or county, then the affidavit of two ex-Confederate soldiers residing in said city or county must be obtained, as follows:

(F)

CERTIFICATE OF EX-CONFEDERATE SOLDIERS.

We, ... and . . . . . of the . . . . . of . . . . . State of Virginia, do certify that we were soldiers (sailors or marines) of Virginia in the war between the States, and that we have examined into the merits of the annexed application of . . . . . for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, and that we are satisfied of the justice of her claim, and recommend the said . . . . . for aid under the provisions of the said act, and that we have no personal interest in the allowance of the applicant's claim.

Given under our hands this . . . . . day of . . . . . 190 . .

. . . . . .

. . . . . .

(G)

CERTIFICATE OF THE COMMISSIONER OF THE REVENUE.

I . W. G. Graham . . . , Commissioner of the revenue, in the . County . . of Prince William in the State of Virginia, do certify that . Nicie L. Florence . . . . . or her trustees, whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, is charged on the land and personal property books of the said . County . . with estate, real, personal and mixed, of the assessed value of . . Two hundred & Eighty nine dollars

Given under my hand this . 20th . . . . . day of . . April . . , 1909.

. W. G. Graham . . . . . .

NOTE.—In computing the value of the estate held by any person or for his or her benefit under this section, all property conveyed by deed for consideration not deemed valuable in law or parted with by gift since March 2, 1902, shall be considered as his or her estate.

STATEMENT OF WIDOW,

Who is a Pensioner under act of March 7, 1900, to be filed before Circuit or Corporation Court, or Judge thereof in vacation.

I, Alice L. Florence, of the county of Prince William, in the State of Virginia, do solemnly swear that I am the identical person named in the original application dated on the 7th day of July, 1900, and who filed the said application for aid under the provisions of an act of the General Assembly, approved March 7, 1900, for aid as the widow of a deceased soldier (~~sailor or marine~~) of Virginia, in the service of the said State, or of the Confederate States, during the war between the States, and that I am now an actual resident of the county of Prince William, in the said State, and that I have not married since the date of the filing of my said application; and that I do not hold any national, State, city, or county office which pays me in salary or fees one hundred and fifty dollars per annum; nor have I an income from any other employment or other source whatever which amounts to one hundred and fifty dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of one hundred and fifty dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use, either real, personal or mixed property or estate, either in fee or for life, of the assessed value of five hundred dollars; nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and that I am not an inmate of the soldiers' home or other public institution; that I am 42 years of age, and that I was married to my husband before the 1st day of May, 1865, and that I have not married since his death, and that I was never divorced from my said husband, and never abandoned him, but was his true, faithful and loyal wife at the time of his death, and that my said husband (state whether he was killed during the war, or died after the war) died after the war

and that his death resulted from Consumption

and that he (state here when and where husband was ~~killed or~~ died) near Occoquan Va

Prince William Co. Va

and that I have no means of support either direct or indirect, and that the statements contained in my original application above referred to are true.

Alice L. Florence ×

Subscribed and sworn to before me, Edmund Berkeley, in and for the county of Prince William in the state of Virginia, this 21 day of May, 1902

Edmund Berkeley
Acting Board Rev

JURAT OF WITNESSES.

We, E. Nelson, and Shirley Jones, of the county of Prince William in the State of Virginia, do solemnly swear that we are personally acquainted with Alice L. Florence, whose name is signed to the annexed jurat, and that the said A. L. Florence is still living, and that we verily believe the statements contained in the annexed affidavit to be true.

E. Nelson
Shirley Jones

Subscribed and sworn to before me, ..., in and for the ..... of .....

and I do certify that the said ..... and ....., whose names are signed to the annexed jurat, are persons of well-known reputation for truth, honesty, and integrity, and residing in the said .....

CERTIFICATE OF THE COMMISSIONER OF THE REVENUE.

I, R. H. Hoe, Commissioner of the Revenue, in the First of Prince William, in the State of Virginia, do certify that Alice L. Florence, or her trustee, whose name is signed to the annexed statement, and who made application for aid under the act of the General Assembly, approved March 7, 1900, is charged on the land and personal property books of the said Edmund, with estate, real, personal and mixed, of the assessed value of Two Hundred Fifty dollars.

Given under my hand, this 20 day of May, 1902

R. H. Hoe

CERTIFICATE OF PHYSICIAN AS TO CLAIM OF WIDOW.

I, ..., a practicing physician in the ..... of ....., in the State of Virginia, do certify that I am personally acquainted with ....., whose name is signed to the foregoing statement, and who made application for aid under the act of the General Assembly, approved March 7, 1900, and that I attended her husband, the said ...., during his last illness, and that I verily believe his death resulted from .....

Given under my hand, this ..... day of ....., 19....

.....

VIRGINIA:

County (city) of Prince William, to-wit:

I, E. Nelson, Clerk of the Circuit (Corporation) Court of the county (city) of Prince William do certify that the (judge of the) said court has directed me to certify to the Auditor of Public Accounts, that Alice L. Florence a pensioner under the act approved March 7, 1900, is entitled to receive annually from the State of Virginia the sum of Twenty Two dollars.

Given under my hand, this 18th day of August, 1902

E. Nelson
Clerk.

[OFFICIAL FORM.]

Application for a Pension by a Widow of a Soldier, Sailor or Marine

WHO DIED SINCE THE CLOSE OF THE WAR BETWEEN THE STATES.

(OFFICIAL FORM.)

Application for a Pension by a Widow of a Soldier, Sailor or Marine

WHO DIED SINCE THE CLOSE OF THE WAR BETWEEN THE STATES.

I, Alice L Florance, resident at Occoquan Postoffice in the County (or City) of Prince William in State of Virginia, do hereby apply for aid under an act of the General Assembly, approved March 7, 1900, entitled "An act to give aid to soldiers, sailors, and marines disabled in the war between the States, and to every such soldier, sailor, or marine who by disease or other infirmities of age, is disabled from earning or is without the means of procuring a support, and to the widows of Virginia soldiers, sailors, or marines who lost their lives in the military or naval service, or whose husbands have died since the war." And I do further swear that I am the widow of Benjamin F Florance who was a member of Co 'B' 49th Va. Regiment Capt C A Williams Commanding and who has died since the close of the late war between the States. And I do further swear that I am not receiving aid from any State or from the United States, and that I do not hold any National, State, or County office which pays me in fees or salary over one hundred dollars; that my income from no source amounts to one hundred dollars; and that I do not own in my own right property of the assessed value of one thousand dollars; that I have no children who will support me, and that I am now entitled to receive annually the sum of TWENTY-FIVE dollars, under the terms of the aforesaid act of the General Assembly.

I do further swear that the following answers are true:

1st. What was the name of the applicant's deceased husband? Ans. Benjamin F Florance

2d. When and where, as nearly as can be ascertained, did the applicant's husband die, and from what cause?

Ans. Jan 1885 Consumption

3d. When and where were the applicant and her deceased husband married?

Ans. In Washington D.C. Married in 1866

4th. Has the applicant ever married again? Ans. No

Alice L Florance
mark

Witness E Hunt B

I, W W Kinchelow Chairman Board of Pensioners of the Pension Board do certify that Alice L Florance, whose name is signed to the foregoing application, personally appeared before me in my county (or city) aforesaid, and having the aforesaid application read to her and fully explained, as well as the statements and answers therein made, she, the said Alice L Florance, made oath before me that the said statements and answers are true.

Given under my hand, this 30 day of June 1900

W W Kinchelow
Chairman Board

In the County Court of the County of P. William on the 9th day of July, 1900.

The application of Alice L. Florance for a Pension, with the certificate of the Chairman of the Confederate Pension Board of the County of P. William, that it has been approved by said Board thereon endorsed, was presented to the Court; and the Clerk of this Court is directed to certify a copy of this order to the Auditor of Public Accounts.

I, E Hunt, Clerk of the County Court of the county (or city) of P. William, do certify that the foregoing is a true copy from the Records of said Court.

In testimony whereof, I hereto set my hand and affix the seal of said Court, this 9th day of July, 1900.

E Hunt
Clerk.

STATEMENT OF SOLDIER, SAILOR OR MARINE,

Pensions under act of March 7, 1900, to be filed before Circuit or Corporation Court or the Judge thereof in vacation.

Soldiers, Sailors, or Marines ... approved March 7, 1900.

County. No.

Name Alice L Florance

Postoffice Dumfries

VIRGINIA:

County of Prince Wm, To-wit:

I, W. W. Kincheloe, Chairman Pro tem of the Confederate Pension Board of the County or City of Prince Wm. do certify that the said Board has carefully considered and examined into the within application, and being fully satisfied from the evidence that each and all of the facts set forth therein are true; that the applicant is the identical person named therein: the application is for these reasons approved, and it is therefore certified that Alice L Florance is entitled to receive annually from the State of Virginia the sum of Twenty five dollars.

Given under my hand this 30 day of Jun, 1900.

W. W. Kincheloe
Chairman. Pro tem

Countersigned: J. Nelson
Clerk.