

**THIS APPLICATION must be filed with the Clerk of the Corporation Court of Your City or Circuit Court
 of Your County**

(No application will be entertained not on the printed form.)

FORM No. 5

APPLICATION of a Widow of a Soldier, Sailor, or Marine of the late Confederacy under act approved March 14, 1924.

I Margaret G. Hazy do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 14, 1924, relating to Confederate pensioners.
 I do solemnly swear that I am a citizen of the State of Virginia and that I have been an actual resident of the said State for two years next preceding the date of this application, and that I am the widow of William Hazy, who was a soldier (sailor or marine) in the service of the Confederate States in the War between the States, and that I was married to him on or before December thirty-first eighteen hundred and eighty two (December 31, 1882) and to 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 time of his death, and that I am a widow at the date of making this application, and that I am now entitled to receive a pension under the provisions of said act. I do further swear that I do not hold a national, State or county office, which pays a salary or fees amounting to three hundred dollars (\$300.00), per annum, nor have I income from any source whatever which amounts to three hundred dollars (\$300.00) per annum, nor do I receive from any source whatever money, amounting in value to three hundred dollars (\$300.00) per annum; nor do I own in my own right, nor is there held in trust for my own benefit, estate or property other real, personal or mixed in fee or for life, which yields a total income which amounts to three hundred dollars (\$300.00) per annum, or which yields an income which added to my income from all other sources, amounts to as much as three hundred dollars (\$300.00) per annum. I do further swear that I do not receive a pension from this or any other State or from the United States, nor do I receive necessary aid from any source, board and clothing excepted. I do solemnly swear that the answers given to the questions which I am required to answer in this application are true to the best of my knowledge and belief.

All questions must be answered fully. Widows married after December 31, 1882, are not entitled to pensions.

Any assessment of property does not affect the right to pension, but the gross income from all sources must be less than \$300.00 per year.

1. What is your name? Margaret G. Hazy
 2. What is your age? 82 years
 3. Where were you born? Sullivan Co. Tenn
 4. How long have you resided in Virginia? 57 years
 5. How long have you resided in the City or County of your present residence? 59 years.
 6. Where do you reside? If in a city, give street address.
 Postoffice Abingdon
 County of Washington Virginia
 7. With whom do you reside?
My son W. H. Hazy
 8. What was your husband's full name?
William Hazy
 9. When, where and by whom were you married?
 When? Sept 20th 1865
 Where? Sullivan Co. Tenn
 By whom? Rev James King
 10. When and where did your husband die?
April 25 1924 Abingdon
 11. What was the cause of his death?
Paralysis
 12. Have you married since the death of your husband? If yes give full particulars.
no
 13. In what branch of the army did your husband serve?
37th Regt Infantry Regiment
4th Company

14. Who were his immediate superior officers?
 Colonel W. P. Harrison
 Captain Geo Graham
 15. Give the names and addresses of two comrades who served in the same command with your husband during the war.
 (See Certificate "B.")
 Name Don't know any of
 Address _____
 Name _____
 Address _____
 16. Give the names and addresses of two persons who are familiar with the circumstances of your husband's service and death.
 (See Certificate "C.")
 Name D. V. Munk
 Address Abingdon Va. R. #2
 Name W. H. Lealley
 Address Abingdon Va. R. #4
 17. What assistance do you receive, and what income have you from all sources?
None except what my son gives me
 NOTE: By income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and other sources valued in dollars.
 18. How much property do you own?
 Real estate, \$ None
 Personal property, \$ None
 19. Was your husband on the pension roll of Virginia? If yes in what county, or city was his pension allowed?
Yes - Washington County
 20. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?
no
 21. Is there a camp of Confederate Veterans in your city or county?
Yes
 22. Give here any other information you may possess relating to the service of your husband or the cause of his death which will support the justice of your claim.

A signature made by X mark is not valid unless attested by a witness.
 WITNESS John M. Keiper Commissioner in and for the County of Washington, in the State of Virginia, do certify that the applicant 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 applicant made oath before me that the said statements and answers are true.
 Given under my hand this 19 day of May, 1924
Margaret G. Hazy Signature of Applicant.
John M. Keiper Signature of Officer.

(A) OATH OF RESIDENT WITNESSES.

(Must be signed by two residents of Applicant's City or County.)

We, P. B. Kuger
and B. L. Sanders

do solemnly swear that we are residents of the County
of Washington, in the State of Virginia and that we
have known personally and well for 30+25 years the applicant
whose name is signed to the foregoing application for aid under the act
of the General Assembly of Virginia, approved March 14, 1924, and that
the said applicant is a resident of the said city or county and is a woman
of good reputation for truth and honesty, and that we have read the
foregoing 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 per-
sonal 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.

A signature made by X mark is not valid unless attested by
a witness.
P. B. Kuger
B. L. Sanders
Resident Witnesses.

WITNESS _____

Subscribed and sworn to before me, Comdr. J. M. [Signature]
in and for the County of Washington
State of Virginia, this 20 day of May, 1924.
John [Signature]
Signature of Officer.

(B) AFFIDAVIT OF COMRADES.
(See Question No. 15 on page one.)

We, _____
and _____

do solemnly swear that we are residents of the _____
of _____, in the State of _____
and that the applicant whose name is signed to the foregoing application
for aid under the act of the General Assembly of Virginia, approved
March 14, 1924, is personally well known to us, and that we have known
her for _____ years, and know her to be the widow of

_____ who was a soldier (sailor
or marine), in the military naval service of Virginia, or of the Con-
federate States, and that we were soldiers (sailors or marines) in the
said service during the said war, and that we were with the said applicant's
husband, members of the same command, and that to our personal know-
ledge he died on or about 23
day of April 1924 from the effects of Paralysis

and that he was a true and loyal soldier in the said service and was
faithful in the discharge of his duty, and that we have no personal
interest in the allowance of the applicant's claim.

A signature made by X mark is not valid unless attested by
a witness.

Comrades.

WITNESS _____

Subscribed and sworn to before me, a _____
in and for the _____ of _____
State of Virginia, this _____ day of _____, 19____.

Signature of Officer.

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

(C) AFFIDAVIT OF WITNESSES, NOT COMRADES.
(Not necessary when Certificate B can be filled.)

We, D. W. [Signature]
and W. L. [Signature]

do solemnly swear that we are residents of the County
of Washington, in the State of Virginia
and that we personally know, and are well acquainted with the applicant
whose name is signed to the foregoing application, and who is applying
for aid under the act of the General Assembly of Virginia, approved
March 14, 1924, and that we have known the said applicant for 30

30 years, and that to our personal knowledge
said applicant is the widow of Wm. [Signature]
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 be-
tween the States, and that on or about the 25

day of April 1924 the said applicant's husband died,
and that they lived as husband and wife up to the date of the death of
said husband and that we have no personal interest in the allowance of
the applicant's claim.

A signature made by X mark is not valid unless attested by
a witness.
D. W. [Signature]
W. L. [Signature]
Witnesses not Comrades.

WITNESS _____

Subscribed and sworn to before me, Comdr. [Signature]
in and for the County of Washington
State of Virginia, this 20 day of May, 1924.
John [Signature]
Signature of Officer.

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

(D) CERTIFICATE OF PHYSICIAN.

Physician will please read carefully the answers to questions 10 and
11, and the following certificate before filling out.

If the applicant is blind the physician shall also certify the extent,
herein.

I, W. M. [Signature], practicing physician in the
County of Washington, in the State of
Virginia, do certify that I am personally acquainted with the applicant,
whose name is signed to the foregoing application for aid under the act
of the General Assembly of Virginia approved March 14, 1924, and that

I attended her husband Wm. [Signature]
during his last illness, which resulted into his death.
Death was due to cardio-vascular
renal disease

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

Given under my hand this 24 day of May, 1924
W. M. [Signature] M. D.

(E) CERTIFICATE OF CAMP OF CONFEDERATE VETERANS.

(Must be filled up when there is a camp in applicant's city or county.)

I, John Roberts commander of Dr. E. Jones

Camp of Confederate Veterans of the County of Washington

in the State of Virginia, hereby certify that the said camp has examined into the merits of the foregoing application for aid under the act of the General Assembly of Virginia, approved March 14, 1924, and being satisfied of the justice of said claim, hereby recommend the same, under the provisions of the said act, and that the said camp has no personal interest in the allowance of the applicant's claim.

John Roberts Commander.

Given under my hand this 24th day of May, 1924

NOTE—If there is no camp of Confederate Veterans in applicant's city or county, the certificate of one or two ex-Confederate soldiers, of good reputation, residing in said city or county, must be obtained to certificate F if possible.

(F) CERTIFICATE OF EX-CONFEDERATE SOLDIERS.

(Not necessary when certificate E can be filled.)

We, _____, and _____ of the _____ of _____

State of Virginia, do certify that we were soldiers (sailors or marines) of the Confederate States in the war between the States, and that we have examined into the merits of the foregoing application for aid under the act of the General Assembly of Virginia, approved March 14, 1924, and that we are satisfied of the justice of said claim, and recommend the same 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 _____, 19____

Ex-Confederate Soldiers.

(G) CERTIFICATE OF COMMISSIONER OF REVENUE.

I, John McKee, Commissioner of Revenue in the County of Washington in the State of Virginia, do certify that the applicant (or her trustee), whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 14, 1924, is charged on the land and personal property books of said County

_____ with estate, real, personal or mixed, of the assessed value of \$ nothing

Given under my hand this 19 day of May, 19____

John McKee Commissioner of Revenue.

(H) CERTIFICATE OF PENSION BOARD.

I, _____, chairman of the Pension Board of the _____ of _____ State of Virginia, do hereby certify that the foregoing application has been examined and approved by said Board.

In testimony whereof I hereto set my hand this _____ day of _____, 19____

Chairman of Pension Board.

(I) CERTIFICATE OF JUDGE.

This Court, from an examination of the foregoing application and of the affidavits, certificates, etc., 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, certificates, etc., 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.

Given under my hand this _____ day of _____, 1924

Judge.

NOTICE

NO FEE TO BE CHARGED FOR SERVICES RENDERED APPLICANT; PENALTY; EXEMPT FROM LEVY, GARNISHMENT OR ATTACHMENT.

That no fee or other compensation shall be charged or received by any clerk, attorney, officer, or other person for any service rendered to any applicant under the provisions of this act; and any person who shall purchase from a soldier, sailor, or marine, or from any widow of any deceased soldier, sailor or marine, any claim allowed under the provisions of this act for a price or sum of money less than the full amount thereof shall be guilty of a misdemeanor, and upon indictment and conviction thereof shall be fined not less than twenty-five, nor more than one hundred dollars, or imprisonment, or both, at the discretion of the court. The provisions hereby made for disabled soldiers, sailors, or marines and widows of deceased soldiers, sailors, or marines, shall be exempt from levy, garnishment, or attachment for any debt or pecuniary demand. (Section 18, Pension Law.)

80.00
Filed in the Clerk's Office of the Southern
Court of Washington County, Virginia,
this 26 day of May, 1924

PENSION APPLICATION FOR A Widow of Confederate Soldier

ACT 1924.

To save trouble for applicant and Pension Department, please write plainly in space below, the County or City in which the Pension is granted and the name and Postoffice Address of the applicant.

County Washington Roll No. 144
City Washington
Name Margaret H. Nagy
Post-Office Edlington
Class _____ Rating _____ Age _____
Filed in Auditor's office _____
Paid Warrant No. 613-2 \$ _____
Date of Payment _____, 19____

MEMORANDA

Form No. 5-3-16-21-2AL

INSTRUCTIONS

READ BEFORE THE FORM IS FILLED IN.

All questions must be answered as fully as possible.
It is necessary to have Certificates A and G, filled out in full.
If comrades cannot be found to fill in Certificate B, Certificate C must be filled.
When possible, Certificate D must be filled.
Where there is a camp of Confederate Veterans, Certificate E must be filled.
Where there is no camp, Certificate F must be filled if possible.
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 the application is filled up through Certificate G, file it with the Clerk of the Corporation Court of your City or Circuit Court of your County.
If your gross income from all sources amounts to three hundred dollars (\$300.00) per year or more, you will not be entitled to a pension.

WIDOWS WHO WERE MARRIED AFTER DECEMBER 31, 1862, ARE NOT ENTITLED TO PENSION FROM THE STATE