

(ORIGINAL)

Questions for Applicant

STATE OF KENTUCKY,

Breathitt County.

Millie Francis of said State and County, desiring to avail herself of the pension allowed to Indigent Widows of Soldiers, General Assembly, approved March 11, 1912, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your full name and where do you reside? (Give State, County and Postoffice.)
Millie Francis, Med. Perry Co., Ky.

2. How long and since when have you been a resident of this State? *72 years.*

3. When and where were you born and what was your maiden name? *1848, Breathitt Co., Ky.,
Millie Watts.*

4. When and where was your husband born—state his full name, and when and where were you and he married, and who performed the marriage ceremony. (A copy of the marriage license, or affidavits of two or more persons who know when the applicant was married to her husband, must accompany the application.)

*Noble, Breathitt Co., Ky., Hannibal Francis, Whick, Ky.,
1867, James B. Noble (deceased)*

5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States?

6. How long did your husband serve in said Company and Regiment?

7. When and where did your husband's Company and Regiment surrender?

8. Was your husband present at the time and place when his Company and Regiment surrendered?

9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause and by what authority?
*In your office,
of Hannibal Francis on file*

10. When and where did your husband die? *Oct. 29, 1920. Med. Ky.*

11. At the time of your husband's death, were you living with him as his lawful wife? *Yes.*

12. Have you married since the death of your soldier husband? *No.*

13. What property, real or personal, or income do you have or possess, and its gross value? *\$150*

14. Have you a family? If so, who compose such family? *No.*

15. Name some friend, giving his name and postoffice address, who will be willing to have us write to him about your case if necessary *Elias Mullens, Med. Ky.*

Sworn to and subscribed before me, this, the
11 day of *Dec.*, 1920

By *Deputy Clerk*
of *Breathitt* County.

Madison T. Back, Clerk
by *John A. Combs,*
Deputy, Clerk,

Questions for Witnesses

STATE OF KENTUCKY,

Breathitt County. }
I, John Peace of Tompkins, of said State and County, having been presented as a witness in support of the application of Mrs. Millie Francis for a pension under Confederate Pension Law, approved March 11, 1912, after being duly sworn, true answers to make to the following questions, deposes and answers as follows:

1. What is your name and what is your postoffice address? Thomas Watts, Meigs, Ky.
2. Are you acquainted with the applicant, Mrs. Millie Francis?
If so, how long have you known her? yes, 60 years
3. Where does she reside, and how long and since when has she been a resident of this State?
Meigs, Ky, 72 years,
4. Were you ever acquainted with her husband? yes.
5. Were either or both of you present at the marriage? yes, both of us,
6. How long did you know him? 40 years
7. When and where did enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? C. Co. 10 Ky Cav. Richmond's Reg. by his pension certificate.
8. Were you a member of the same Company and Regiment at the close of the war? no.
9. How long did he perform regular military duty? do not know,
10. When and where was his Company and Regiment surrendered? do not know,
11. Were you with the command when it surrendered? no.
12. Was do not know, the husband of applicant, present?
13. If not present, where was he? he said he was in prison
14. When and where did he leave his command? do not know,
For what cause? do not know,
By whose authority did he leave? do not know,
- How do you know all this? (State fully and clearly) from my personal knowledge and from what Harriet Francis told me. Thomas Watts,
15. When and where did Harriet Francis die? Meigs, Ky
16. Where did he reside at his death, and how long had he been a resident of Kentucky at his death?
Meigs, Ky, all his life & 2 years
17. Do you know of your own knowledge that applicant is the lawful widow of Harriet Francis?
yes.

18. Has she remained unmarried since her soldier husband's death, and is she now his widow? Yes.

19. What property effects or income has the applicant, if any, and how do you know this of your own knowledge?

\$150 about

Has applicant conveyed any property, in the last two years or given any away, if so, what was it, and to whom?

Nothing of note

NOTE.—Let the witness who can answer the greatest number of questions do so; then let the other witness state in the space below how much of the testimony of the first witness he concurs in, and whether or not he can answer any of the questions not answered by the first witness.

Sworn to and subscribed before me this 2
day of Dec, 1920
by Madison J. Baer, Clerk
John A. Comb
Deputy Clerk

John Meace
Thomas Watts Witnesses.

THE FOLLOWING CERTIFICATE OF THE COUNTY JUDGE MUST BE FILLED OUT WHETHER THE APPLICANT OWNS ANY TAXABLE PROPERTY OR NOT.

I, Chas. Gross Judge of Perry County, Kentucky,
hereby certify that the property assessed on the tax books of this County to Mrs. Willie Francis
the widow of David Francis amounts to \$ Nothing real estate and
\$ Nothing personal. Nothing Trustee
For Perry County, Ky.

Certificate of Clerk of Court or Notary Public

STATE OF KENTUCKY,

Baird County.

I, Madison J. Baer Clerk or Notary Public, in and for said county, hereby
certify that the applicant, Mrs. Willie Francis resides in Perry county, and has been
a bona fide resident of this State since the 1 day of Jan, 1890, and that the wit-
nesses, Mr. John Meace & Thomas Watts
are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witnesses took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

Witness my hand and official seal this 11 day of Dec, 1920
(SEAL) by Madison J. Baer, Clerk
John A. Comb, Deputy Clerk County.

- Note—1. Before any questions are answered, the Clerk or Notary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
- 2. Additional affidavits may be attached, if blank spaces are insufficient.
- 3. All affidavits must be made before an officer using a seal.
- 4. Only widows who were the wives of soldiers need apply—and are now widows. Those married since Jan. 1st, 1890, not entitled.
- 5. Two witnesses are necessary to make out claims.
- 6. Attach certified copy marriage license in every case, or certificate of County Court Clerk, under seal, that license is filed in his office duly certified by officiating minister, or the affidavit of the officiating minister, or the affidavit of a witness of the ceremony, or the affidavit of two witnesses who knew them as man and wife, prior to January 1, 1890, and knew that they were living together on the date of his death.

NOTICE TO APPLICANTS

The Widows' Pension Law, passed by the Kentucky Legislature, provides for the widows of *soldiers only*, and they must have been residents of the State of Kentucky since January 1, 1907.

Widow must have married prior to 1890.

To be eligible the applicant must have remained a widow after the death of her soldier husband, and must be indigent.

Read the questions in the application carefully and answer them fully.

Read the law, and unless you come clearly under the laws it will be useless to file application.

No. 4063

**Widow's
Indigent Pension**

Name *Mellie Francis*

MAR 14 1921

Filed Jan 3 - 1921

Widow of *Daniel Francis*

43113

Alford

Apr 20-1921

W. J. Stone

Commissioner.

All blanks on this filing to be filled by the Pension Board.

Filed Jan 3, 1921
W. J. Stone
Commissioner

Indorsement.

PENSION EXAMINER'S OFFICE,

FRANKFORT, KY.

MILLIE FRANCIS
widow of
DANIEL FRANCIS

Who enlisted Mch. 15th,
1863, in Co. D, (Diamond's)
10th Kentucky Cav.; captured
June 11, 1864, and released
June 12, 1865, at Camp Morton,
Ind. upon taking the oath of
allegiance.

Proven by the records.

Property: \$150.00

Approved:

W J Stone

A. M. GROSS
COUNTY JUDGE OF PERRY COUNTY
HAZARD, KENTUCKY

This is to Certify that I am
acquainted with Millie Francis
Widow of Dorris Francis
and is known to me to be in
the condition as described by
the witnesses in my Court
also a citizen of Perry County Ky;
A. M. Gross Co. Judge

MAR 14 1924

Perry County Court
March Call Term
March 11 1921

It appearing to the satisfaction of the court that Millie Francis, widow of Daniel Francis, deceased, late of Co. "D" 10th Ky Cavalry the Diamond Regiment did on the 3rd day of January 1921 file in the office of the Clerk of the Perry County Court her application for widow's pension.

Came this day S.M.Ward, County Attorney for Perry County, representing the Commonwealth of Kentucky and Honorable A.M.Gross, the Regular County Judge of Perry County, in open session of county Court and proceeded to hear the evidence as to the citizenship, residence and financial condition of the said Millie Francis, widow.

Then came John Watts who states that he has known the said Millie Francis for the past 51 years and he knows her to be the widow of Daniel Francis, deceased; that she resides near Ned Post Office, in Breathitt County Ky., and that she does not own any real estate or other property to his knowledge. Then came Willie Neace, who makes the same statement and each of same statements were made evidence on oath; thereupon the said A.M.Gross upon the foregoing sworn statements finds that Millie Francis is the widow of Daniel Francis, late of Co. D. Diamond Regiment 10th Ky Cavalry of Kentucky volunteers; that she is a citizen of Perry County Kentucky and has been for more than 70 years and that she owns no property, either real or personal.

A copy attest: This 11th day of March 1921

B.P. Couder Clerk
BY Louise McCoy D.C.

State of Ky.;
Breathitt Co.

The affiant Thomas Watts states on oath that he is a citizen of Breathitt Co., Ky. That he is 68 years of age

He further states that he was prior to his death personally acquainted with Daniel Francis. That he is personally acquainted with Millie Francis. That the aforesaid Millie Francis is the widow of the aforesaid Daniel Francis. That they were married January the 18th 1867, in Breathitt Co., Ky. That he was present and witnessed the union thereof.

He also states that he has since that date been living in the immediate vicinity with the aforesaid Francis family. And that they ~~have~~ did from the date of their marriage continue to cohabit together as man and wife continuously until the death of the aforesaid Daniel Francis.

Thomas Watts

Signed.

Subscribed and sworn to before me on this the 25th day of March 1921.

Madison T. Back, Clerk of Breathitt Co., Court.

By L. H. Watts D. C.

State of Ky.,
Breathitt Co.

The affiant Patty Noble states on oath that she is 22 years of age. That she is personally acquainted with Mrs. Millie Francis. That she was prior to his death personally acquainted with Daniel Francis. That the aforesaid Millie Francis is the widow of the aforesaid Daniel Francis. That they were married January the 13th 1867. in Breathitt Co., Ky. That she was present on that occasion and witnessed the union thereof. That she waited on the Bride on that occasion. And that she knows of her own personal knowledge that they did continue to live together as man and wife continuously until the death of the aforesaid Daniel Francis.

Patty Noble Signed.

Att. *Hiram Noble*
Witch Noble

Subscribed and sworn to before me on this the 21 day of March 1921.

Madison T. Back Clerk of Breathitt Co., Court.

By *L. H. Watts* D.C.

MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-A-50m-1-12-31				COMMONWEALTH OF KENTUCKY	
1. PLACE OF DEATH				State Board of Health	
Bureau of Vital Statistics				CERTIFICATE OF DEATH	
County	<i>Breathitt</i>			File No.	_____
Vot. Pct.	<i>No. 9</i>			Registered No.	_____
Inc. Town	<i>Whitch</i>			Registration District No.	_____
City	_____ (No. _____ St., _____ Ward)			Primary Registration District No.	_____
2. FULL NAME <i>Millie Francis</i>					
(a) Residence No.		_____ St., _____ Ward		(If nonresident, give city or town and State)	
(Usual place of abode)		_____		_____	
Length of residence in city or town where death occurred				How long in U. S., if of foreign birth?	
yrs.		mos.		ds.	
_____		_____		_____	
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)		21. DATE OF DEATH	_____ 19 <i>21</i>
<i>F</i>	<i>W</i>	<i>widow</i>		22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m.	
6. DATE OF BIRTH <i>1848</i>				The principal cause of death and related causes or importance in order of onset were as follows:	
7. AGE	Years	Months	Days	Date of onset	
<i>87</i>		<i>11</i>	<i>4</i>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				Contributory causes of importance not related to principal cause:	
<i>Housekeeper</i>					
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE <i>Walpole, Ky.</i>				Name of operation _____ Date of _____	
13. NAME				What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____	
15. MAIDEN NAME <i>Millie Watts</i>				Where did injury occur? _____ (Specify city or town, county, and State)	
16. BIRTHPLACE				Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <i>Eliza Turner</i>				Manner of injury _____	
(Address) <i>Litter, Ky.</i>				Nature of injury _____	
18. BURIAL, CREMATION OR REMOVAL <i>burial</i>				24. Was disease or injury in any way related to occupation of deceased? <i>3-1</i> If so, specify _____	
Place <i>Whitch, Ky.</i> Date <i>3-2</i> , 19 <i>21</i>				(Signed <i>Eliza Turner</i> , M. D.)	
19. UNDERTAKER _____				(Address <i>Litter, Ky.</i>)	
(Address) _____					
20. FILED _____, 19____				Registrar,	

March, 5, 1936.

Mr. Harrison Francis.
Lothair, Kentucky.

My dear Sir:

Your letter of March the 3rd informing us of the death of your mother, Millie Francis on March 1st has been received. There is due her estate \$30.00 being accrued pension, from February 1st to March 1st 1936, inclusive. I inclose information as to how this amount may be collected. The State allows \$100 for burial expense, you should have the Undertaker send his bill to this office, and a voucher and check will be mailed direct to him,

Very Truly,

Sec.

COMMONWEALTH OF KENTUCKY

STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

LOUISVILLE, KY.

1980

No.

J. F. Blackerby State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the CERTIFICATE OF DEATH of

1. PLACE OF DEATH
 County of Crittenden on file in THE BUREAU OF VITAL STATISTICS of Kentucky.
 Voting Precinct No. Lordsburg No 17 District No. 390 File No.
 Incorporated Town Repton Primary Registration District No. 4860 Registered No.
 City No. St. Ward
 (If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Elijah A Hughes
 (a) Residence: No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>J. L. Hughes</u>		
6. DATE OF BIRTH <u>Oct 23-1898</u>		
7. AGE Years <u>96</u>	Months <u>8</u>	Days <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>own home</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE <u>Windsor, Marion Ky.</u>		
13. NAME <u>George Williams</u>		
14. BIRTHPLACE <u>Richmond Va</u>		
15. MAIDEN NAME <u>Elysa Hallingford</u>		
16. BIRTHPLACE <u>Lexington Ky</u>		
17. INFORMANT <u>N. T. Zinn</u> (Address) <u>Repton Ky.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Zion</u> Date <u>7-23-35</u>		
19. UNDERTAKER <u>J. F. Shussell</u> (Address) <u>Sturgis Ky.</u>		
20. FILED <u>Aug 3 35</u> <u>John P. Bellamy</u> Registrar, (Address) <u>Marion Ky.</u>		

21. DATE OF DEATH 7-27-35

22. I HEREBY CERTIFY that I attended deceased from July 4, 1935 to July 27, 1935;
 I last saw her alive on July 11, 1935; death is said to have occurred on the date stated above, at 4 P m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Complete fracture of upper third of femur
July 4 1935
Broken right leg
 Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? Repton Ky
 (Specify city or town, county, and state)
 Specify whether injury occurred in industry, in home, or in public place. her home

Manner of injury fracture near right hip fall
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____
 (Signed) J. R. Perry M. D.
 (Address) Marion Ky.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and

caused the official seal to be affixed, at Louisville, Ky., this 15.....

day of August in the year of

our Lord one thousand nine hundred and thirty five

J. F. Blackerby
 State Registrar.

SECTION 17 OF THE KENTUCKY PENSION LAW PROVIDES THAT

§ 445-b. No pension granted under this act while due or to become due to a pensioner, shall be liable to attachment or levy or seizure by, or under, any legal or equitable process whatever, whether same remains with the State, or in course of transmission to the pensioner entitled thereto.

No. 4053

PENSION CERTIFICATE OF

Millie Francis

Payable Quarterly

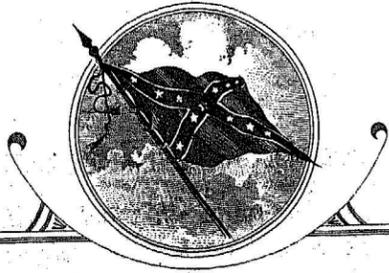
by the

Treasurer of Kentucky

at

Frankfort, Kentucky.

No. 4053



COMMONWEALTH OF KENTUCKY

DEPARTMENT OF CONFEDERATE PENSIONS

It is hereby certified

That in conformity with the laws of the Commonwealth of Kentucky;
Willie Francis, widow of Daniel
 who was a member of Company "D" Regiment Francis
 10th Ky Cav.
 Confederate States Army, is entitled to a pension at the rate of Twenty
 dollars per month, to commence on the 27th day of
March one thousand nine hundred and 32

Given at the office of the Commissioner of Pensions
 this 30th day of June
 one thousand nine hundred and 32

John M. Lucas
 Commissioner.

1. PLACE OF DEATH

County Bourbon

Vot. Pct. _____

Inc. Town _____

City Paris Ky

Registration District No. 90

Primary Registration District No. 2040

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs Elizabeth Catherine Pope

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of John J. Pope

6. DATE OF BIRTH Sept. 19th 1849

7. AGE Years 86 Months 9 Days 0 If LESS than 1 day..... hrs. or..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Harrison County

13. NAME Oliver O. Woodford

14. BIRTHPLACE Bracken County

15. MAIDEN NAME America Oakey

16. BIRTHPLACE Kentucky

17. INFORMANT Mrs B. J. Brock
(Address) Cypress St. Paris Ky

18. BURIAL OR REMOVAL PLACE Paris Ky

19. UNDERTAKER J. S. Johnson Co.
(Address) Paris Ky

20. FILED Oct. 21st 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1935 to Oct 19th 1935. I last saw her alive on Oct 19th 1935, death is said to have occurred on the date stated above, at 3:40 p. m. The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis

Contributory causes of importance not related to principal cause:
Fractured femur (accidental)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify _____

(Signed) Geo A. Orr, M. D.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—This IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Copy att. transcribed & recorded by my com. & pure Jan. 10th 1938.

Paris Ky.

Nov. 5th 1955.

Dear Sir:-

My mother, Mrs. Elizabeth Pope passed away Oct. 19th. She was able to sign her voucher for her pension check. I am unable to meet her Dr's bill which is \$105. Would you let me have that check for that purpose, if not the whole amount, wouldn't she be entitled to the two months? If you will please do this I will certainly appreciate

it and you might make the check out to Dr. James Orr, who was her Dr. In that way you will see I am perfectly honest about it. There isn't any estate.

Whatever you can do for me, I will be very grateful to you.

Thanking you I am

Respectfully

Mrs. B. D. Price,

1459 Cypress St.

November, 6, 1935.

Mrs. B. D. Price.
Paris, Kentucky.

My dear Madam:

Your letter of November the 5th notifying us of the death of your mother, Mrs. Elizabeth Pope has been received. I note that her voucher came in and her name is on the pay-roll for November the 15th. This check more than pays the amount due her estate but as you say, you have no means of paying her Doctor's bill, we will let it stand, at this amount, but it will be necessary for you to furnish us with a statement that you are the legal person to settle her estate, then you may endorse the check and use as any other part of the estate. The law requires that we have this statement for our files. The State allows \$100 for burial expense. The Undertaker should send his bill to this office, and a voucher and a check will be mailed direct to him.

Very Truly,

W. O. M.



W. O. HINTON
President

E. T. HINTON
Gen. Manager

ALBERT HINTON
Vice President

RAYMOND TURNER
Secretary-Treasurer

J. T. HINTON CO.
INCORPORATED

FURNITURE, RUGS, LINOLEUM, WALL PAPER, PAINT
STOVES, ELECTRIC REFRIGERATORS, RADIOS

FUNERAL HOME
15 E. Sixth St. Phone 55
Ambulance Service

COR. MAIN AND SIXTH STS.
PARIS, KENTUCKY

Nov 8/35

Mr J M Lucas Supt
Frankfort Ky

Dear Sir:-

At the request of Mrs B D Price a daughter of Mrs Elizabeth Catherine Pope we are inclosing a copy of our bill for the burial expenses for Mrs Pope, and also a copy of the death certificate, which are required for the completion of the claim for death benefits under the Confederate Pension.

If this should not be in accordance with the requirements will you please notify us as to what may be lacking and we shall be glad to complete it correctly.

Yours truly J T Hinton Co

INVOICE

MOUNTAIN LUMBER COMPANY, INC.

LUMBER AND BUILDING MATERIAL

LOTHAIR, KY. 3/24/35

Sold
to

Our Order No.

Confederate Pension Department
Frankfort, Kentucky

Your Order No.

Terms: Net

Casket, Box & Funeral Expense 40.00

For Millie Francis, Whick, Kentucky

✓ 40.00

All claims must be made within 30 days from date of invoice. Our responsibility ceases when we take receipt from transportation company.