

ACT OF APRIL 19, 1908.
Declaration for Widow's Pension.

State of Washington D.C., County of _____, SS:

On this 29 day of May, A. D., one thousand nine hundred and _____ personally appeared before me, a Notary Public within and for the county and State aforesaid, Mary Hicks (Title of Officer.)

aged _____ years, a resident of Washington D.C., County of _____, State of _____, who, being duly sworn according to law, makes the following declaration

in order to obtain pension under the provisions of the Act of Congress approved April 19, 1908.

Isaac S. Hicks

That she is the widow of _____, who was _____ (Name of Soldier.) Isaac S. Hicks

_____ under the name of _____ (Enrolled or commissioned.) _____ (Name of Soldier.) Oct. 1865

at _____ on the 30 day of _____, 18_____

as a _____ in Co. G 7 Reg't U.S.C.I. Vols. _____ (Here state rank and designation of organization or name of vessel.)

and honorably discharged 1866, 18_____, having served ninety days or more during the late

war of the rebellion. That the soldier was not in the military or naval service of the United States prior to _____ nor subsequent to _____ (If any other service it should be stated in full.)

Mary Ray

That she was married under the name of _____ to said soldier at _____ on the _____ day of _____, 18_____

by _____, that there was no legal barrier to the marriage; that she had not been previously married; that the soldier had not been previously married. (or not) (or not)

(If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated.)

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That the said soldier died _____, 19_____, at _____ that she was not divorced from him; that she has not remarried since his death; _____ means of support than her daily labor and an actual net income not exceeding _____

That the said soldier left the following named children who are now living and under sixteen years of age, to wit: (If the soldier left no children, the claimant should so state.)

_____ born _____, 18_____, at _____
none born _____, 18_____, at _____
_____ born _____, 18_____, at _____
_____ born _____, 18_____, at _____
_____ born _____, 18_____, at _____
_____ born _____, 18_____, at _____

That she has _____ heretofore applied for pension. 871417 (or not) (If prior application has been made, the number thereof, the service on which

it was based, and the name of the soldier should be stated, and if husband was a pensioner, give number of his certificate.)

That she hereby appoints, with full power of substitution and revocation,

Wm. FLETCHER & CO., of Washington, D. C.,

her true and lawful attorneys, to prosecute this claim, and agrees to pay them a fee of Ten Dollars therefor

That her Post Office address is Lothian, Md. 1316 Linden St (If in a city, give street and number of residence.)

County of Washington D.C., State of _____

(1) Wm. A. Brash

Attest:

(2) Wm. A. Brash
REPRODUCED AT THE NATIONAL ARCHIVES
(Two witnesses sign here.)

Mary Hicks
her
signature



ATTY FILED