

A11617

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We, the undersigned County Commissioners of Madison county, Florida, do hereby certify that we have carefully investigated the above application for pension made by Marya M. Larmick and are satisfied that the facts and conditions stated therein are true and correct, and that she is legally and justly entitled to the pension provided by the act, approved June 2, 1899.

A. M. Darnold Chairman
L. J. Porter
M. B. Williams
G. W. Sutter

County Commissioners.

Nov 1st 1899

By the County Commissioners, Attest

Thos. J. Martin

Clerk Circuit Court.



REVISED STATUTES OF FLORIDA, CHAPTER II, ARTICLE I.

2077. The children of parents who are unable to support themselves, shall be required to make provision for their support.
2078. On information filed before the Justice of the Peace of the proper district by any person whomsoever, stating that certain persons have made no adequate provision for their father and mother, or either of them, the Justice shall cause a summons to be issued to said parties, and evidence to be taken as to the truth of the facts stated in the information, and if the same shall be found true, after a fair trial in which the defendants shall have the right to be heard by counsel, the Justice shall issue an order making an assessment on the said children for such amount as shall be necessary for the support of their parents.
2079. Said order shall carry with it the right of enforcement by execution, and shall have the force and effect of a writ of garnishment on the wages of such children, and shall further provide for the person to whom and the manner in which the money assessed therein shall be paid.

We do solemnly swear that we personally knew the said deceased _____
_____; that we served with him in _____
of the _____ Regiment from the State of _____, and know of our
own knowledge that he received (contracted) at the time and place claimed, the wound (or disease) which re-
sulted in his death, and that he never deserted the service of the State, or of the Confederate States.

Sworn and subscribed before me this _____ } _____
day of _____, 1_____ } P. O. Address _____
_____ } _____
_____ } P. O. Address _____

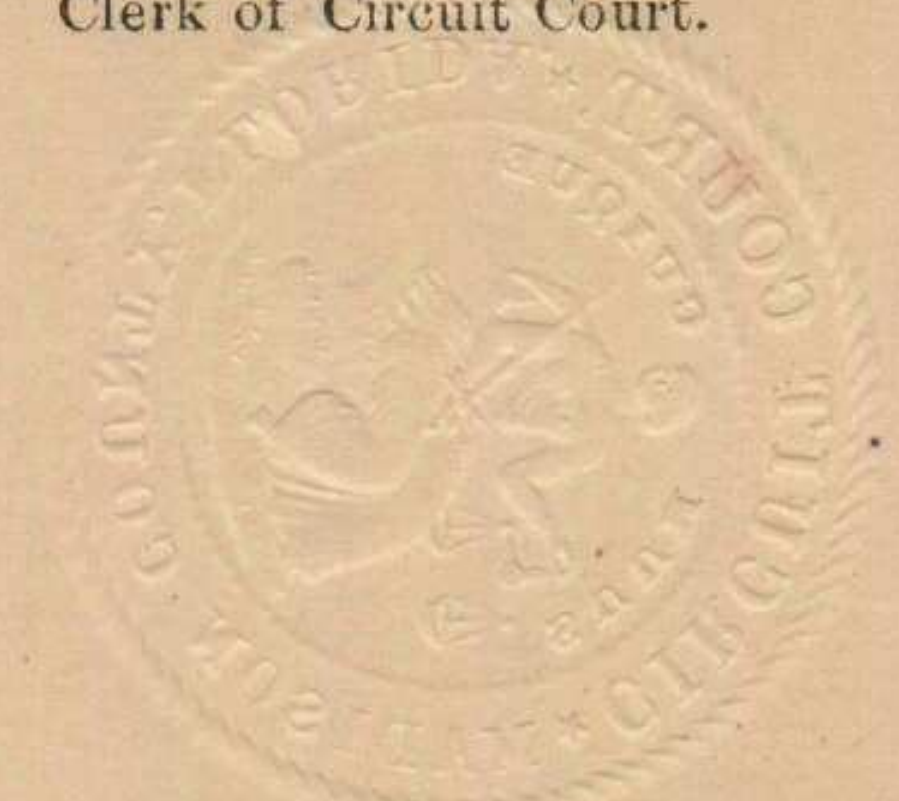
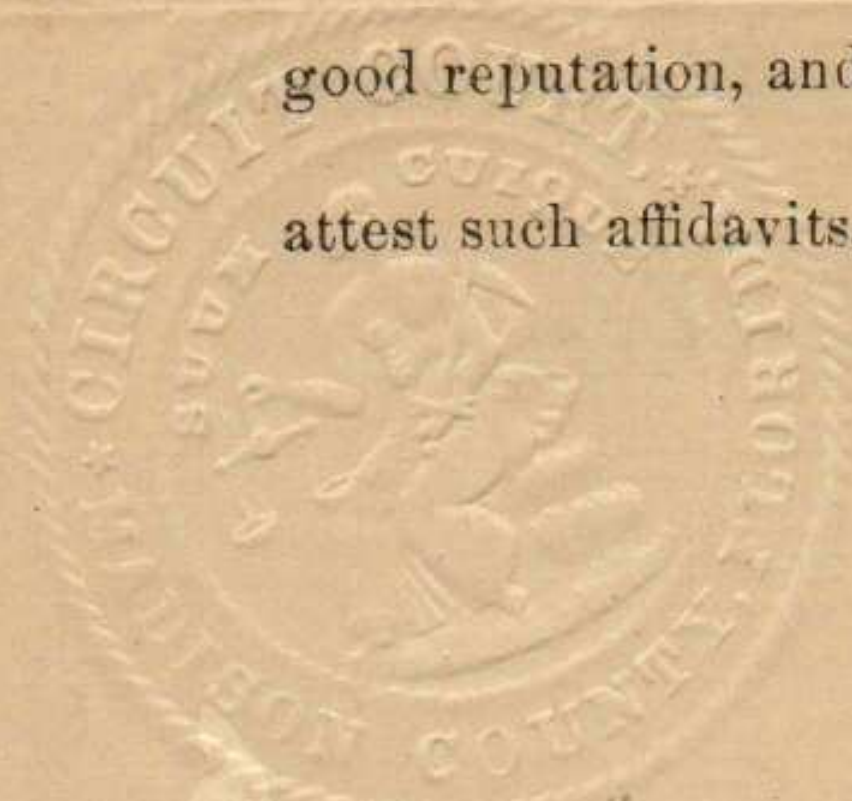
We do solemnly swear that we personally knew and professionally treated the said above _____
_____, and are satisfied that the wound (or disease)
set forth above as having been sustained in the service of the Confederate States, was the direct cause of his
death on the _____ day of _____, 18__.

Sworn and subscribed before me this _____ } _____ M. D.
day of _____, 1_____ } Residence _____
_____ } _____ M. D.
_____ } Residence _____

I certify that the above affidavits are genuine; that all of the affiants are persons of respectability and
good reputation, and that their statements are worthy of belief; that the attesting officers are duly authorized to
attest such affidavits, and that their signatures thereto are genuine.

Thos. J. Martin

Clerk of Circuit Court.



Widow's Application for Pension.

STATE OF FLORIDA,

Madison County.

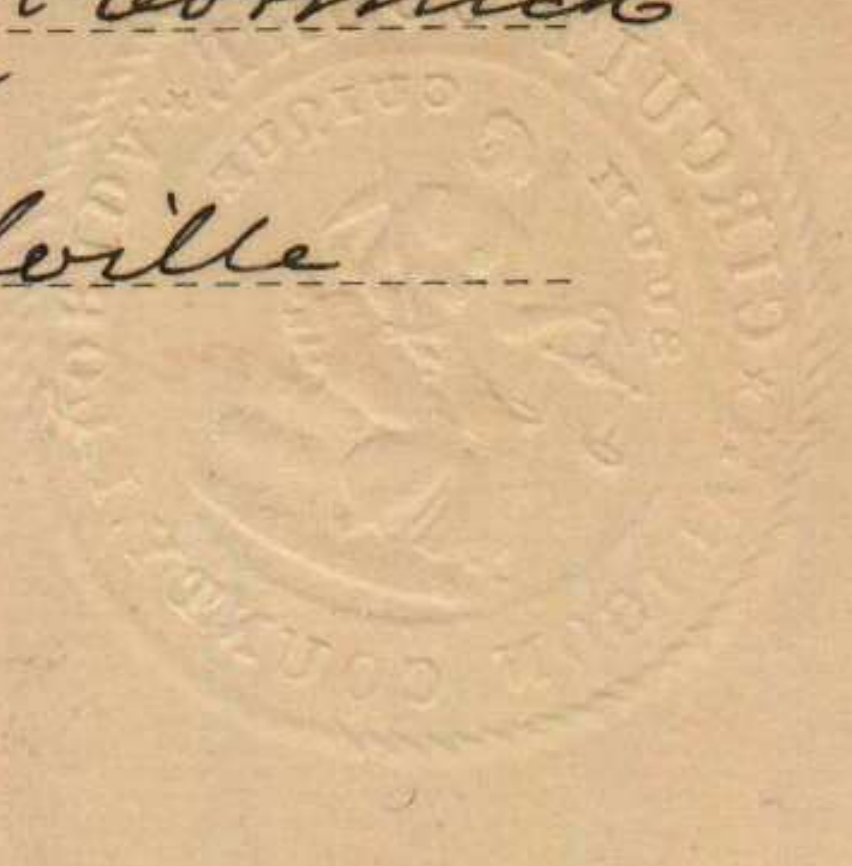
On this *24th* day of *October*, 1899, personally appeared before me
a *Clare of the Ct Court* in and for said county and State, *Mary*
A. McCormick, aged *77* years, who, being by me duly
sworn according to law, makes the following declaration in order to obtain the pension provided by act of the
Legislature, approved June 2, 1899, for indigent widows of deceased Confederate soldiers and sailors: I am the
lawful widow of *Eli McCormick*, who enlisted
Feb, 1861, in Captain *Longford* Company,
3rd Fla Regiment of the State of *Florida*, and who while in actual service
and in the line of duty as such *Soldier*, was on the _____ day of
_____, 186____, at _____, in the State of _____

In the year 1862. the said Eli McCormick was taken
(Here state fully and clearly all the facts, showing date and cause of death.)
sick, and carried to the hospital in some place
out west, in the State of Kentucky. I have been
told, and from the effects of the Complaint
(which I do not know) he died. the date
of his death I do not know. only know
that it was sometime in 1862. and as for
the cause of same and date thereof will have to
refer you to my former proof, as I am
very old and my recollection is bad.

that I was legally married to said soldier on the *31st* day of *October*
1848 at *Cherry Lane*, in the State of *Florida*; that I have been a
bona fide resident of the State of Florida continuously since the *all my life* day of _____
that I do not own property, real and personal, to the value of \$600 in this or any other State, and am not other-
wise enabled, or in a position to earn a livelihood, and have no income from any source sufficient for a
livelihood; that I have no children or other relation able so to do and whose legal duty it is to support me, and
that I have not purposely disposed of my property for the purpose of availing myself of the provisions of
this act.

Sworn and subscribed before me this *24th*
day of *October*, 1899
Thos J Martin
Clerk Circuit Court, *Madison* County.

Mary A McCormick
P. O. Address *Belleville*



5-13 11617

PENSIONER No. 161
PAY from Sept. 30/99 at rate of
\$60.00 per year.
(Old No. 416)

CLAIM FOR PENSION

BY *Mary A. McCommins*

WIDOW OF *Edw. McCommins*

LATE OF *Capt. Sengford* Company,
3rd Fla. Regiment.

FILED IN EXECUTIVE DEPARTMENT:

1

APPROVED: the Board
Dec. 4/99 for pay from Sept. 30/99
at rate of \$80.00 per year.

A. Evans
Secretary
Governor.

FILED IN COMPTROLLER'S OFFICE:

DEC 1 1899

Tallahassee Job Office, Tallahassee, Fla.

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