bun casturo in	Virginia on the 6th day of Africe
1860 and dischar	ged fram Lrison on the 15th day of
Janua 1860 after i	tu olori of the civil war
源 FA 18 18 18 18 18 18 18 18 18 18 18 18 18	g real estate, personal property, stocks, bonds, mortgages or other
collateral securities of any kind in this or a	ny other State, nor does my wife own with me jointly or separately,
property to exceed in value the sum of five	thousand dollars.
That the following is a true and corre	ect statement of all the property owned by me or by my wife, jointly
and separately in this or any other State:	The second secon
Real estate, located at	\$
	24
	Non 2 fer 2 fer 2 poo
Cattle, horses and other live stock	Coro o 3 head of hogy \$20.00
	2024
	2 Descri
Mortgages, notes and other securities	Total\$\$
That I have heretofore been granted a	a pension from the State of Florida under pension certificate No.
. 8.7.6, at the rate of \$.1	O per annum
(Here sta	ate any disabilities, physical or mental.)
(Here sta	te any disabilities, physical or mental.)
(Here sta	mental.) Lie any disabilities, physical or mental.) Lie any disabilities, physical or mental.)
OW age, infin	mental.) Lie any disabilities, physical or mental.) Lie any disabilities, physical or mental.)
OW age, infin	te any disabilities, physical or mental.)
(Here state any v	wounds received, or loss of limbs and eyesight.)
(Here state any very state and the state and	wounds received, or loss of limbs and eyesight.)
(Here state any v	wounds received, or loss of limbs and eyesight.) County of Mashington, County of Mashington,
That my postoffice address is. Ch. State of Florida.	wounds received, or loss of limbs and eyesight.)
That my postoffice address is. Ch. State of Florida.	wounds received, or loss of limbs and eyesight.) County of Mashington, (Claimants must sign name in full.)
That my postoffice address is. Classia. State of Florida. Attest: (1) Abh. P. Tree.	wounds received, or loss of limbs and eyesight.) County of Mashington, (Chaimants must sign name in full.)
That my postoffice address is. Classia. State of Florida. Attest: (1) Abh. P. Tree.	wounds received, or loss of limbs and eyesight.) County of Mashington, (Claimants must sign name in full.)
(Here state any very state of Florida. Attest: (1)	wounds received, or loss of limbs and eyesight.) County of Manhington, (Chimants must sign name in full.) A. D. 1905 tion, etc., were fully made known and explained to the applicant
That my postoffice address is	wounds received, or loss of limbs and eyesight.) County of Mashington, (Chaimants must sign name in full.) tion, etc., were fully made known and explained to the applicant of direct or indirect, in the prosecution of this claim.
(Here state any very state of Florida. Attest: (1)	wounds received, or loss of limbs and eyesight.) County of Mashington, (Chaimants must sign name in full.) tion, etc., were fully made known and explained to the applicant of direct or indirect, in the prosecution of this claim.
That my postoffice address is	wounds received, or loss of limbs and eyesight.) County of Mashington, (Chaimants must sign name in full.) tion, etc., were fully made known and explained to the applicant of direct or indirect, in the prosecution of this claim.