

(ORIGINAL)

# Soldier's Application for Pension

I, C. C. Brooks

am a citizen of Kentucky, resident at Olevent Hill

in the County of Carter

in said State of Kentucky, and was a soldier from the State of Kentucky, in the war between

the United States and the Confederate States and I do hereby apply for aid under the Act of the General Assembly of

Kentucky, entitled "An Act granting pension to disabled and indigent Confederate soldiers." And I do solemnly swear

that I was a member of Company - "G" Last assigned Co. "B"

Ky. - 16<sup>th</sup> Va. Infy - under Genl Marshall, Col May  
Capt Swords

in the service of the Confederate States, and that by reason of disability and indigence I am now entitled to receive the

benefit of this Act. I further swear that I do not receive aid or pension from any other State, or from the United States,

and that I am not an inmate of any soldiers' home, and that I am unable to earn a reasonable support for myself and family.

I do further solemnly swear that the answers given to the following questions are true:

In what County, State and year were you born?

Answer 1838 at Tazewell County, Va.

When did you enlist and in what command? Give the names of the regimental and company officers under whom you served.

Answer 1861 - at Prestonburg, Ky. Under command of  
General Marshall, Col May & J. S. Williams

How did you get out of the army, when and where?

Answer Was a Prisoner and Paroled upon Exchange

Were you ever in prison? If so, state what prison and when released.

Answer Yes Camp Morton Indiana

Were you paroled? If so, when and where?

Answer Yes

Did you take the oath of allegiance to the United States Government?

Answer No

If so, when and under what circumstances?

Answer —

In what business are you now engaged, if any, and what do you earn?

Answer None unable to do anything aged 82

What estate have you in your own right, real and personal, and what is its actual cash value?

Answer homestead only value \$1200.00

No income what takes from which I may get a living

What estate has your wife in her own right, real and personal, and what is its actual cash value?

Answer none Wife Dead

State the net income of yourself and your wife from all sources for the past year. This must include all money received either from wages, rents or interest on loaned money, if any.

Answer none

Do you use intoxicants to any extent?

Answer no

How long and since when have you been an actual resident of the State of Kentucky?

Answer 50 years

Have you an attorney to look after this application?

Answer yes

If so, give his name and address?

Answer Att J Courts. Clin Hill Ky.

Witness my hand this 21 day of Sept 1920

WITNESSES:

Chas McColuse M.D., Physician C. C. Brooks  
 P. O. Clin Hill, Ky.  
 Postoffice Address Clin Hill, Ky. Street and number (if any) \_\_\_\_\_  
E. A. Evans, Witness R. F. D. (if any) \_\_\_\_\_  
 Postoffice Address Clin Hill, Ky.  
Boone Logan, Witness  
 Postoffice Address Clin Hill, Ky.

STATE OF KENTUCKY  
Carter County } I, J. R. McCell Judge of said County,  
 certify that C. C. Brooks and his wife \_\_\_\_\_  
 own 17/5 acres of land, valued at \$500.00, and with \$35.00 of personal property.

Witness my hand this 21 day of Sept, 1920.  
John P. M. M. M. M. Judge County Court.

If applicant and his wife have no property, the Judge must so certify.



STATE OF KENTUCKY

Carter County } Personally appeared before me Notary  
Public of said County, the above named C. C. Brooks  
the applicant, with whom I am personally acquainted and having the application read and fully explained to him, as well  
as the statements and answers therein made, made oath that the said statements and answers are true.

Witness my hand and seal of office, this 21 day of Sept, 1920  
A. J. Counts

STATE OF KENTUCKY

Carter County } Personally appeared before me Notary  
Public of said County, the above named Mr. Chas McKeese  
one of the subscribing witnesses to the foregoing application, and who is a physician of good standing, and being duly  
sworn says that he has carefully and thoroughly examined C. C. Brooks  
the applicant, and finds him laboring under the following disabilities: Unable to earn a support by manual labor.

Insanity unable to support himself  
by any means

Witness my hand and seal of office this 21 day of Sept, 1920  
A. J. Counts

(If possible, the two witnesses as to character should have served with the applicant in the army; and if so, let them, or either, state it in their  
oath; also any other information regarding applicant's army service.)

STATE OF KENTUCKY

Carter County } Personally appeared before me Notary Public  
of said County, the above named Ed Evans  
and Boone Logan, two of the subscribing witnesses to the foregoing application,  
with whom I am personally acquainted, and known to me to be citizens of veracity and standing in this community, and who  
make oath that they are personally acquainted with the foregoing applicant, and that the facts set forth and statements  
made in this application are correct and true, to the best of their knowledge and belief, and that they have no interest in  
this claim, and that said applicant's habits are good and free from dishonor. And they further  
make oath to the following facts touching the applicant's service in the \_\_\_\_\_ army.

State here what witnesses know of their own knowledge.

He knows nothing of the army service of  
the applicant  
but  
all other statements relative to his health  
his financial standing are true

Witness my hand and seal of office, this 21 day of Sept, 1920  
A. J. Counts

No. 4028

STATE OF KENTUCKY

### Soldier's Application for Pension

*L. B. Barber*

Co. \_\_\_\_\_ Regt. \_\_\_\_\_

Filed NOV 20 1920

Allowed \_\_\_\_\_

Read Specifications on Back

#### SPECIFICATIONS

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 *Approved*

*Jan 15-1921*

*Mrs. A. Stone* Commissioner.

All blanks on this filing to be filled by the Pension Board  
The State Journal Co., Frankfort, Ky.

#### To Applicants for Pension

The material facts to be proven in the pension claim, under the laws of the State of Kentucky, are as follows

- 1. Service in army.
- 2. Present disability.
- 3. Indigency.
- 4. How you got out of the army.
- 5. Character as a soldier and citizen.
- 6. Applications will not be filed unless certificates of doctor and County Judge are filed out.

- 1. May be proven by officers or comrades.
- 2. May be proven by physician's certificate.
- 3. May be proven by neighbors and by certificate of County Judge.
- 4. May be proven by filing parole or discharge, or in case these have been lost or destroyed, by officers or comrades who know the facts.
- 5. May be proven by comrades and citizens.



Indorsement.

PENSION EXAMINER'S OFFICE,  
FRANKFORT, KY.

C. C. BROOKS

Who enlisted May 10th,  
1864, in Co. E, 10th Ky. Cav.  
and was captured June 12th,  
1864, at Cynthiana, Ky. and  
imprisoned at Camp Morton,  
Ind., and was forwarded for  
exchange June 14, 1865.  
Proven by the record.

Indigent.

Approved:

W J Stone.

10/26/65  
WAR DEPARTMENT,  
THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, 11-26-20.

Respectfully returned to *Department*  
*of Pensions State of Ky.*  
*Frankfort*  
*Ky.*

with the information that *The name*  
*C. C. Brooks appears on*  
*rolls of Co. E, 10th Regt. 14*  
*Cal. Cav. (also known as Major)*  
*Roll for Sep. to Dec 31/64*  
*(Pastor file) shows him*  
*Capt. Enlisted May 10/64*  
*at Smiths Co, Va. Absent,*  
*Captured at Cynthiana, Ky.*  
*June 12/64.*  
*War records of war records*  
*show him paroled at*  
*Camp Morton, Ind. and*  
*forwarded for exchange*  
*June 14/65 transferred*  
*for exchange Feb 17/65.*

*P. C. Harris*

The Adjutant General.

Per W. D.

No. ....S.....

HEADQUARTERS

# Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

Nov. 20th 1920

GEN. W. P. HALL,  
Adjutant General, U. S. A.,  
WASHINGTON, D. C.

Dear Sir:

C. C. Brooks

who is an applicant for pension under the Kentucky Pension law, claims  
to have been a member of Company "C" - 10th Ky. Vol. Inf'y.

Regiment..... C. S. A., and to have been

Gen'l. Marshall

Col. May

Capt. Swango

Please give me the record of this soldier.

Respectfully,



Examiner.

Received A. G. ...



Carter County Court.  
October Term, 1920.

Personally appeared before me, County Judge of Carter County, State of Kentucky, and open Court, S. M. Thyle and R. F. Tyron both of Olive Hill, Carter County, Kentucky, and who after being duly sworn according to law deposes and states in relation to the Claim of C. C. Brooks, of Olive Hill, Ky., for Confederate Pension as follows, towit: We have each known C. C. Brooks for more than ten years. He is a citizen and resident of Carter County, Kentucky, and has been so continuously so for more than ten years.

We know of our personally knowledge and belief that the said applicant, has no means of support; is very old and unable to earn his own support by labor. That he has not rents, or income whatever from any source.

We are not related to the Claimant in anyway whatever and are not interested in the prosecution of this claim either directly or indirectly.

S. M. Thyle  
R. F. Tyron

Subscribed and sworn to by S. M. Thyle and R. F. Tyron before me Judge of Carter County Court, this the 16 day of October 1920.

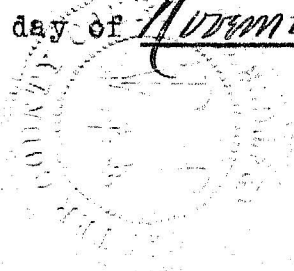
J. C. C. McKee  
J. C. C. Kentucky.

\*\*\*\*\*

Carter County Court.

Upon hearing the evidence in open Court of the above named witness, in behalf of the Claim of C. C. Brooks, and from my own personal knowledge of the income of this applicant, I hereby recommend the said C. C. Brooks by allowed the amount due by law, and it is so ordered.

Given under my hand and seal of Office this the 16 day of November 1920.



J. C. C. McKee  
County Judge of Carter County, Ky

STATE OF KENTUCKY  
CONFEDERATE PENSION DEPARTMENT  
FRANKFORT

W. J. STONE, COMMISSIONER

December 20th, 1920.

C. C. Brooks,  
Olive Hill, Ky.

Dear Sir:-

Your application for pension was received here Nov. 20th, 1920, and has just been reached for examination.

You furnish no proof of your enlistment or service in the Confederate Army, but I find from the records the date of your enlistment in the 10th Kentucky Cav., and the record of your capture, imprisonment, and exchange, which completes the proof in your case except as to the time you lived in Kentucky.

The pension law provides that an applicant shall have lived in Kentucky continuously as an actual bona fide resident since the 1st day of January, 1907, and the proof now on file with your application only shows that you have lived here since 1910. If you have lived here longer than that it will be necessary for you to produce the proof showing exactly how long you have lived here or a pension cannot be allowed you.

Yours truly,

*W. J. Stone*

Commissioner.

WJS-C

Kindly refer to the Opposite Page for  
My Affidavit.

Yours truly,

C. C. Brooks,

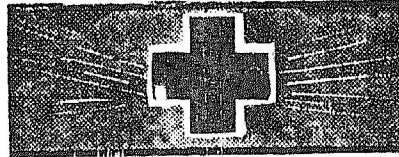


# OLIVE HILL RED CROSS CHAPTER

OLIVE HILL, KY.

**Executive Committee:**

E. A. EVANS, Chairman  
J. F. KIRBY, Treasurer  
R. T. KENNARD, MRS. H. L. WOODS  
MRS. EMMA WILSON.  
MISS LILLIAN OGG, EXECUTIVE SEC.



Commonwealth of Kentucky.

County of Carter..

Affidavits.

Personally appeared before me a Notary Public Carter County, Kentucky, A. J. Stumber and F. M. Saunders both of Carter County, State of Kentucky, and whose post office Addresses are Olive Hill, Carter County, Ky, and who after being duly sworn according to law deposes and states as follows, towit. We each have known the Claimant C. C. Brooks for the Past thirty(30) years, and know of our own personal knowledge, that he has live at Olive Hill Carter County during all of that time, In fact he was living here at the time I first met him which was some time in 1889 or 1890. He has been a continous citizen of Carter County, Kentucky since that date, and has never at any time moved from this place, and is now a citizen of Olive Hill Kentucky,; He was residing here at and long time prior to Jan. 1st, 1907: We are not related to the claimant in anyway whatever, either by blood or marriage.

Subscribed and sworn to by A. J. Stumber  
and F. M. Saunders before me this the 22nd, day of  
December 1920.

Notary Public  
Notary Public Carter County,  
Kentucky.

L. S.

*The commission expires Feb. 25, 1921.*

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. ....

1 PLACE OF DEATH  
County **Carter.**

Registered No. **321.**

Vot. Pct. .... Registration District No. ....

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

Inc. Town **Olive Hill ky.** Primary Registration District No. ....

City ..... (No. .... St. .... Ward)

2 FULL NAME **Charles Campell Breeks.**

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX **Male** 4 COLOR OR RACE **White.** 5 Single Married **widower** or Divorced (Write the word)

16 DATE OF DEATH **August the 2. 1927.** (Month) (Day) (Year)

6 DATE OF BIRTH **November the 12th 1888.** (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **June the 20th to August the 21 1927** that I last saw h..... alive on **August 2. 7.** 192.....

7 AGE **88 y 8. 21.** IF LESS than 1 day ..... hrs. or ..... min?

and that death occurred on the date stated above at.....m.

8 OCCUPATION (a) Trade, profession or particular kind of work..... **railroad employe** (b) General nature of industry, business or establishment in which employed (or employer).....

The CAUSE OF DEATH\* was as follows:  
**Cerebral Hemorage.**

9 BIRTHPLACE (State or country) **Tazwell Co VA.**

Contributory **Chronic Parenchyna tnsphritis** (Secondary) **and Artil schlnosis.** (Duration) ..... yrs. .... mos. .... ds.

10 NAME OF FATHER **James Breeks.**

(Signed) **Chales Mc Cleese.** M. D.

11 BIRTHPLACE OF FATHER (State or country) **Tazwell Co. VA.**

....., 192..... (Address).....

12 MAIDEN NAME OF MOTHER **Polly Asberry.**

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

13 BIRTHPLACE OF MOTHER (State or country) **State of VA.**

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

at place ..... In the of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds. Where was disease contracted,

(Informant) .....

if not at place of death?..... Former or usual residence .....

(Address) .....

19 PLACE OF BURIAL OR REMOVAL **Olive Hill ky.** DATE OF BURIAL .....

15 **August the 3. 1927.** Filed ..... 192..... Registrar **C.W. Henderson.**

20 UNDERTAKER **C.W. Henderson.** ADDRESS **Oll ve.hill ky.**

A. C. Copey Attest. *C. W. Henderson* Registrar

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—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.



COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Carter

File No. ....

Vot. Pct. 15 Registration District No. ....

Registered No. ....

Inc. Town ..... Primary Registration District No. ....

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

City Olive Hill, Ky. (No. .... St., ..... Ward)

2 FULL NAME Chas. Campbell Brooks

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—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.

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE White 5 Single  Married  Widowed  or Divorced  Widower  
(Write the word)

6 DATE OF BIRTH ..... 1927  
(Month) (Day) (Year)

7 AGE ..... yrs. .... mos. .... ds. IF LESS than 1 day ..... hrs. or ..... min?

8 OCCUPATION  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

**PARENTS**

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) .....  
(Address) .....

15 Filed ..... 192..... Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Aug. 2, 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1927, to Aug. 2, 1927, that I last saw him alive on Aug. 2, 1927, and that death occurred on the date stated above at 11:25p.

The CAUSE OF DEATH\* was as follows:  
Cerebral Hemorage

.....(Duration) ..... yrs. .... mos. .... ds.  
Contributory Chronic Parenchymatous hepatitis & Arterio Sclerosis  
.....(Duration) 15 yrs. .... mos. .... ds.  
(Signed) Chas. McCleese M. D.  
Aug 3, 1927 (Address) Olive Hill, Ky.

\*State the Disease Causing Death or, in deaths from violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
at place ..... In the  
of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
Where was disease contracted,  
if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
..... 192.....

20 UNDERTAKER ADDRESS

Olive Hill, Ky.

August 4, 1927

Department of Confederate Pensions,  
Frankfort, Ky.

Dear Sir:

You will find inclosed copy of death Certificate of C. C. (Charles Campbell) Brooks of Olive Hill, who is a confederate pensioner under Certificate number 4028 issued the 15th, day of January, 1921.

Since there is \$36.00 due the estate at the time of his death, I take it for granted that this can be had the same as in the U. S. Pension Department to pay funeral expenses or for reimbursement to the person or persons paying said bill.

If this be true kindly send me to the above address, the proper application blank for reimbursement, in order that this can be had to meet this obligation, or used for reimbursement.

The proper evidence will be furnished showing that this man died with no income whatever except the \$12.00 per month and left no personal property otherwise.

Yours truly,

ALBERT J. COUNTS.

AJC:K.



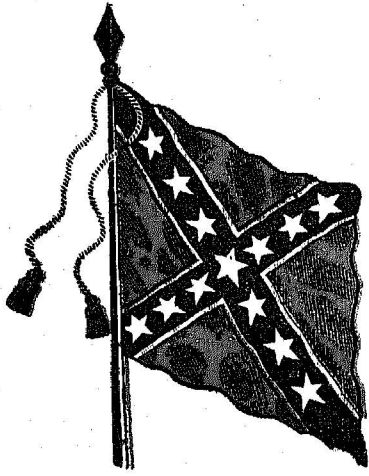
August, 5, 1927-

Mr. Albert J. Counts.  
Olive Hill, Ky.

My dear Sir:

Your letter informing us of the death of C. C. Brooks on August 2nd, has been received, a check for \$36.00 will be issued in his name on August, 15th- as we had made out the pay-roll before we received news of his death. The administrator may endorse this check and use it as any other part of the estate, Please furnish this office with a copy of the Order of the Court appointing the Administrator as this is necessary for our records.

Very Truly,



OFFICE OF  
COMMISSIONER OF  
CONFEDERATE PENSIONS

J. T. GEORGE, COMMISSIONER

FRANKFORT, KENTUCKY

August, 5, 1927-

Mr. Albert J. Counts.  
Olive Hill, Ky.

My dear Sir:

Your letter informing us of the death of C. C. Brooks on August 2nd, has been received, a check for \$36.00 will be issued in his name on August, 15th- as we had made out the pay-roll before we received news of his death. The administrator may endorse this check and use it as any other part of the estate, Please furnish this office with a copy of the Order of the Court appointing the Administrator as this is necessary for our records,

Very Truly,

A handwritten signature in cursive script, appearing to read "J. T. George".



Albert J. Counts  
Attorney-at-Law  
Olive Hill, Kentucky

August 19, 1927

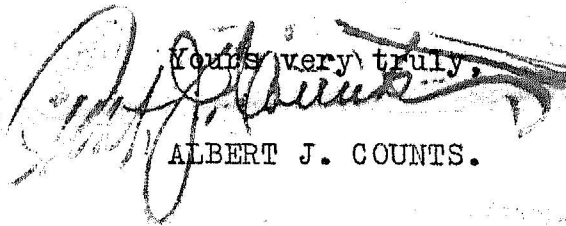
Commissioner of Confederate Pensions,  
J. T. George, Commissioner,  
Frankfort, Ky.

Dear Sir:

As per the inclosed return letter  
you will find the copy of the order of the court  
appointing the administrator of the estate of  
C. C. Brooks, together with death certificate.

You will kindly send this check to  
Robert Hayes, Olive Hill, Kentucky, care of  
A. J. Counts, Box 233, since Mr. Hayes is a  
Railroader and is often out of town, and oblige.

Yours very truly,



ALBERT J. COUNTS.

AJC:K.

Carter County Court,

Special Session 19th., day of August 1927.

Hon. John R. McGill, Judge, present and presiding.

On motion it is ordered by the Court that Robert Hayes be and he is hereby appointed Administrator of the personal property of C. C. Brooks, deceased, and was permitted by the Court to enter into an acknowledged bond to the Commonwealth of Kentucky, in the penal sum of One Hundred (\$100.00) Dollars with Albert J. Counts as his surety, which surety is approved, and bond accepted, and the said Robert Hayes being in open Court was duly sworn as by law required and entered upon his duties as such Administrator.

Copy Attest:

*Major M. Moby.*  
Clerk Carter County Court.