

(DUPLICATE)

# Soldier's Application for Pension

I, James F. Glash

am a citizen of Kentucky, resident at Leon in the County of Booster

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 No. 6<sup>th</sup> Ky Cavalry

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 soldier's 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? Mercer County Kentucky

Answer April 24<sup>th</sup> 1843

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

Answer July 1862. Company D. 6<sup>th</sup> Kentucky Cavalry  
Colonel Grigsby, Captain William Campbell  
First Lieutenant Phil Allen

How did you get out of the army, when and where? April 1865. near Unionville S.C.

Answer My Command surrendered to General Stoneman and we were disbanded

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

Answer Yes. Camp Douglas Ill. March 1<sup>st</sup> 1865 Exchanged

Were you paroled? If so, when and where? Exchanged and returned to

Answer my Command and ~~was~~ was never paroled

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 Farming and dont earn any thing hardly

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

Answer No Real Estate. Personal property of the value of about two hundred dollars

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

Answer My wife has no estate of any character

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 Nothing comparatively. I have not averaged fifty dollars per year for many years and my wife has no income from any source

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 All my life

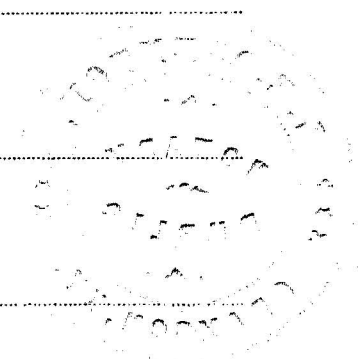
Have you an attorney to look after this application?

Answer Yes

If so, give his name and address?

Answer J. N. Hubbard and Grayson Carter, Ky

Witness my hand this 27th day of March 1915



WITNESSES:

J. Hattie Stegall, Physician  
Postoffice Address Grayson

John Christian, Witness  
Postoffice Address Grayson Ky

R. B. Thompson, Witness  
Postoffice Address Corvian Ky

James F. Clark  
P. O. Leon Ky

Street and No. (if any)

R. F. D. (if any)

STATE OF KENTUCKY

Carter County

I, J. E. Thornbury Judge of said County,

certify that James F. Clark and his wife own \_\_\_\_\_ acres of land, valued at \$ \_\_\_\_\_, and with \$ \_\_\_\_\_ of personal property.

Witness my hand this 11 day of May, 1915

J. E. Thornbury Judge County Court.

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



STATE OF KENTUCKY

*Coarter* County } Personally appeared before me  
*a Notary Public* of said County, the above named *James F. Clark*  
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 *27th* day of *March*, 191*5*  
*Winfield Scott, A.P.O.*

STATE OF KENTUCKY

*Coarter* County } Personally appeared before me  
*a Notary Public* of said County, the above named *J. Math Stovall*  
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 *James F. Clark*

the applicant, and finds him laboring under the following disabilities: Unable to earn a support by manual labor.  
*Due to general debility and old age.*

Witness my hand seal of office, this *29th* day of *March*, 191*5*  
*H. L. Opmer Notary Public*

[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

*Coarter* County } Personally appeared before me  
*a Notary Public* of said County, the above named *John Christian*  
and *W. B. Tighman*, 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 applican't service in the *Confederate* army.

State here what witnesses know of their own knowledge.  
*That they have no knowledge of  
claimants service in the Confederate  
Army*

Witness my hand and seal of office, this *27th* day of *March*, 191*5*  
*Winfield Scott, A.P.O.*

No. 3316

STATE OF KENTUCKY

### Soldier's Application for Pension

#### 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 filled 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.

*Jesse F. Clark*

Co. *Co. 6 1st Cavalry* Rgt.

Filed *March 29<sup>th</sup> 1915*

Allowed *Jesse Clark*

Read Specifications on Back.

SPECIFICATIONS

1	_____
2	_____
3	_____
4	_____
5	_____

Allowed July 15<sup>th</sup> 1915

*W. J. Stone* Commissioner.

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

*Jesse Clark*



Indorsement.

PENSION EXAMINER'S OFFICE,

FRANKFORT, KY.

JAMES F. CLARK

When he filed his application for pension he furnished no proof of his enlistment or service in the Confederate army. He claims to have enlisted in July, 1862, in Co. D, 6th Kentucky Cavalry, and to have served till the close of the war. The war records show that he was captured July 27, 1863, and was exchanged Mch. 12, 1865, on James River, Va.

Indigent.

Approved:

W J Stone.

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, May 15, 1915.

Respectfully returned to the

Examiner,  
Confederate Pension Department,  
Frankfort, Kentucky.

The Union records of prisoners of war show that James F. Clark, private, Company D, 6th Kentucky Cavalry, C.S.A., was captured July 23, 1863, at Lexington, Kentucky, and was forwarded from Camp Morton, Indiana, to Camp Douglas, Illinois, August 18, 1863.

Said records also show that James M. Clark, private, company and regiment mentioned, was captured July 27, 1863, at Richmond, Kentucky; was received August 22, 1863, at Camp Douglas, Illinois; was paroled at last named place March 2, 1865, and sent to Point Lookout, Maryland, for exchange, and was received March 10-12, 1865, at Boulware's & Cox's Wharves, James River, Virginia.

Neither the name James F. Clark nor the name James M. Clark has been found on the only roll of the company mentioned, covering period from November 1, 1862, to February 28, 1863, on file in this office, and nothing additional has been found of record bearing on the subject of inquiry.

*H. J. McLean*  
The Adjutant General.

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

HEADQUARTERS

# Confederate Pension Department

W. J. STONE, EXAMINER  
FRANKFORT, KY.

May 12th 1915

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

Dear Sir:

James F. Clark

who is an applicant for Pension under the Kentucky Pension law, claims  
to have been a member of Company "D" - 6th Kentucky  
Regiment Cavalry C. S. A., and to have been

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Please give me the record of this soldier.

Respectfully,

*W. J. Stone*  
Examiner.

Received A.G.O

MAY 14 1915



Carter County Court  
Regular Term  
May 10<sup>th</sup> 1915

Commonwealth of Kentucky  
County of Carter

Personally appeared  
before me County Judge of Carter County  
Kentucky and in open Court the  
County Attorney being present  
Andrew Jaeger whose post office  
address is in Carter County Kentucky  
and William Gony who's post office  
address is in Mason Carter County  
Persons whom I certify to be of lawful  
age and respectable and entitled to  
credit and being by me duly sworn  
according to law. State in relation to  
the claim of James F. Clarke C. D.  
6<sup>th</sup> Ky Cavalry Confederate Army  
That they each have known the  
deponent for at least twelve years  
that he is not the owner of any Real  
Estate. That he has his wife and  
property of any kind. That he has a  
single horse cow and mule worth about  
one hundred and twenty five dollars  
(\$25<sup>00</sup>) That he is an old man and

From the infirmity of age is totally  
unable to earn a support by manual  
labor and that he has no income  
of any amount. That each of them  
are in no manner related to this  
claimant and are not concerned  
in the prosecuting of his claim for  
pension under the Law of the Treasury.  
From the testimony of the  
aforesaid witnesses it is my  
judgment that the claimant is  
entitled to pension under the  
Law as passed by the General  
Assembly of the Territory and  
approved March 11<sup>th</sup> 1912

Witness my hand as Judge  
of the Capital County Court  
this the 10<sup>th</sup> day of May 1915

J. E. Horsburg, J. C. C.



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

1 PLACE OF DEATH

County Cartersville Registration District No. \_\_\_\_\_  
 Inc. Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

2 FULL NAME James F. Clark

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX male 4 COLOR OR RACE w 5 Single  Married  Widowed  or Divorced  (Write the word)

6 DATE OF BIRTH April 24 1883  
 (Month) (Day) (Year)

7 AGE 79 yrs. 8 mos. 26 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

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

9 BIRTHPLACE (State or country) Ind.

PARENTS  
 10 NAME OF FATHER not known  
 11 BIRTHPLACE OF FATHER (State or country) Ind.  
 12 MAIDEN NAME OF MOTHER ll  
 13 BIRTHPLACE OF MOTHER (State or country) ll

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_  
 (Address) \_\_\_\_\_

15 Filed \_\_\_\_\_, 1923 Registrar \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Jun 21, 1923  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jun 1, 1923, to Jun 21, 1923, that I last saw him alive on Jun 18, 1923, and that death occurred on the date stated above at 4:15 p.m.  
 The CAUSE OF DEATH\* was as follows:

Chronic Bright's Disease  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. G. Mackell, M. D.  
Jun 21, 1923 (Address) Cartersville, 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 \_\_\_\_\_, 1923

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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.

Gregoryville, Ky., January 24 1928

Mr H. J. Stone  
Frankfort, Ky

Sir I beg to inform you that James F. Clark whose Pension Certificate No. was 3316 is dead. He died January 20 1928.

His Voucher having just been filled and sent in his widow Lydia Clark wants you to advise what steps to take that she may draw this money, and that she may continue to receive this Pension of \$12.00 per month as it will be her only support.

Please send information and necessary blanks in the inclosed envelope.

Yours Truly,  
H. N. Crank  
Notary Public

Gregoryville, Ky.

