## (DUPLICATE)

# Soldier's Application for Pension

am a citi	zen of Kentucky, resident at Leon in the County of Lanter
in said S	tate of Kentucky, and was a soldier from the State of Lintuity, in the war betwee
	ed States and the Confederate States and I do hereby apply for aid under the Act of the General Assembly of
درو کے جانب افاعل	, entitled "An Act granting pension to disabled and indigen Confederate soldiers." And I do solemly swea
	s a member of Low facy pli 6 Ty Cavaley
in the ser	vice of the Confedate States, and that by reason of disability and indigence I am now entitled to receive th
benesit 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 furth	er solemnly swear that the answers given to the following questions are true:
In robat E	County, State and year were you form? Much County Henterly
Answer	Afril 24 1/543
Wher	and in what command? Give the names of the reigmental and company officers under whom you
served.	
Angwer	July 1862 Company D. 6th Youturky Carrily only Hrigsby Coptain William Campbell Lientenant Phil Felon
oll	only Migsby Johtwie William Campble
tint	Tientenant Thil felon
Tow did z	on get out of the army, when and where? April 1865: Man Marionville &
1nswer ]	My Commanded to Leunal Stoneman Ed cor
Vere MOM	over in arisans If so state what arisan and whom malagood
Inswer <b>L</b>	paroled? If so, when and where? Exchanged and relieved to
Vere you	paroled? It so, when and where? Lauraged and returns to
Inswer Z	my Command and pour was now francley
1 -0.5" (	ke the oath of allegiance to the United States Government?
nswer	
	and under what circumtances?
nswer	
r what bu	siness are you now engaged, if any, and what do you earn?
11 00 11 0 m	Farming and dont samany thing hardly

Moleral Estate Pins	oud what is its actual cash value?
nower to veta sauce sur	
about workenden a	or all of
hat estate has your wife in her own right, real and personal	
nswer My wife has must	ati Jany Chanales
ate the net income of yourself and your wife from all source	es for the past year. This must include all money received
ther from wages, rents or interest on loaned money, if any.	
	istuited you not
praged fifty dollaw f.	unyear for suren effers
ud my with has me is	cour for any lower
o you use intoxicants to any extent?	
77.	
nswer / C	the State of Kontucky
ow long and since when have you been an actual resident of	ine Blute of Renlucky?
nswer III	
lave you an attorney to look after this application?	్ ఎక్కాడ్స్ . మారాజు
nswer 90	
so, give his name and address?	A series Complete
so, give his name and address?	Grayon Carlito 1/4
nswer J. H. J.	Grayoon Carlines 79
nswer All Aday of Mach	Grayoon Carlines Ja
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TITNESSES:  JANUARY STABLE , Physician	Layos Holarda) P.O. Long
ostoffice Address Thomas Physician	P.O. Low Street and No. (if any)
Ostoffice Address That I witness	P.O. Low Street and No. (if any)
Ostoffice Address Wayson 49	P.O. Kolards  P.O. Kolards  Street and No. (if any)  R. F. D. (if any)
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Ostoffice Address Nayon G  Postoffice Address Nayon G  Postoffice Address Nayon G  Costoffice Address Nayon G  Costoffice Address Nayon G  Costoffice Address Nayon G  County	P.O. L. Street and No. (if any)  R. F. D. (if any)  I, J. E. Harmbury Judge of said County,  d his wife

ith whom I am personally acquainted, and known to me to be citizens of veracity and standing in this community, and who also only that they are personally acquainted with the foregoing applicant, and that the facts set forth and statements ade in this application are correct and true, to the best of their knowledge and belief, and that they have no interest in its claim, and that said applicant's habits are good and free from dishonor. And		N_ **	7.0			41
witness my hand seal of office, this 49 day of March  Witness my hand seal of office, this belief the seal can be a supplication  Witness my hand seal of office, this belief have served with the seplecal in the	Caran		County $P$	ersonally appeared be	fore me	
witness my hand seal of office, this 49 day of March  Witness my hand seal of office, this belief the seal can be a supplication  Witness my hand seal of office, this belief have served with the seplecal in the	Hotary fur	blic of	said County th	re above named Se	un Filos	
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The material facts to be proven in the pension claim, under the laws of the State of Kentucky, are as follows:

- Service in army.
- Present Disability.
- Indigency.

- tificates of Dector and County Judge are filled How you got out of the Army.
  Character as a Soldier and Citizen.
  Applications will not be filed unless cer-

₹	
be	
proven by	
ΔÇ	
officers	
OF	
officers or comrades.	

- May be proven by physician's certificate.
- May be proven by neighbors and by certificate of County Judge.
- May be proven by filing parole or disknow the facts. destroyed, by officers or comrades who charge, or in case these have been lost or
- Ü May be proven by comrades and citizens.

STATE OF KENTUCKY

Soldier's Application for Pension

Allowed Me Dair

Read Specifications on Back.

All blanks on this filing to be filled by the Pension Board SPECIFICATIONS Commissioner.

The State Journal Co., Frankfort, Ky.

#### 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 daptared July 27, 1865, 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,

PRETSAL

E. EXAMINER

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most fram a bus at 2.0.

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. M. Cam.
The Adjutant General.

Form No. 74—A. G. O. Ed. Mar. 17-15—75,000.

### HEADQUARTERS

# Confederate Pension Department

W. J. STONE, EXAMINER FRANKFORT, KY.

	applicant fo		s F.			kv Pen	sion la	ıw. cla	 ims
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Regiment .	Cavalı				C. S.				
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Please	e give me tl	ie record	t of this	: soldier	•	Sec.			

Higher Turn 1915 Denneralth of Winterly Sou in County Judge of Casta County Hutuly and in her Court The County Altoney fring present Andrew Janges whore frost office ddies tim bush County furticle Il Williams gonly whore port office celdres is trayon burta Gounts prom whom faiting to be of lawfull ege and respectable and entitled to eredix and fring by me duly promi reending to law. Hali in whation to e plain of frem F. Clark los. Consely Confederat Army hat They each han Town The Elgengeer for at heart twelve man Atte is but the proner Jacony Cleal ytak niche the his joih and with of use Rind. That he has a elig hors low and send with about y Hundred and twenty fin dollar

Darter County Court

from the infirmating of age is totaly labor and hat he has no income of any amount. That each of thing an in no manner belatet to this Placement and an introncerned in the prosecution of hisoland for Sur in iliche the Zaw of flier lexity. From the Testeriony of The your and wither the is it fulgerent that the claimant is setelled there in with the · few as framed by The General Chrowl March 1 5912 Mitigers way to went was Judge to Capter Gounty Court This the 10 days May 1915 J. E. Thireibuy 1: . J. C. C.

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.

11--3184

Form V. S. 1-125m-6-19-19 COMMONWEA	LTH OF KENTUCKY
The state of the s	ard of Health VITAL STATISTICS
- 1 11 / 1 1 / 1	TE OF DEATH File No
Vot. Pct. Legary Wegistration Distri	ct NoRegistered No
	ion District No
City(No	
2 FULL NAME JAMES	& Clark
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Married Widowed Morried Or Divorced (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
	H3 from 1 HEREBY CERTIFY, That I attended deceased
7 AGE (Month) (Day) (X	that I last saw had alive on 1925,
79 yrs. 8 mos. 26 ds. orm	
8 OCCUPATION . A	The CAUSE OF DEATH was as follows:
(a) Trade, profession or particular kind of work	- MA - 121 - 1 B + 1 2 1 1 1 1 2 1 2 1 2 1
(b) General nature of industry, business or establishment in	Wing were 18 segue to the contract
which employed (or employer)	
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER MAY INVOVA	(Signed) (Duration) yrs. mos. ds.
or PATHER (State or country)	State the Disease Causing Death or, in deaths from Violett Causes state (1) Means of Injury and (2) Thether Accidental, Suicidal or Homicidal.
OF PATHER (State or country)  L  M  12 MAIDEN NAME OF MOTHER  1. MAIDEN NAME OF MOTHER	Causes state (1) Means of Injury and (2) Thether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran-
	sients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	at place In the of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLE	If not at place of death?
(Informant)	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	
	20 UNDERTAKER ADDRESS
Filed , 192 Regis	

Thrankfort Say

Sir of beg to

inform you that, fames It. Black

whoes Pension Certificate No. was 3316

is dead, the died faminary 20 1928

this Coucher having just been filled

and sent in his widdow Lydia Clark

wants you to advise what steps to take

that she may done this money, and that

she may continue to recieve this fension

of 1/2 so per month: as it will be her

only support

Vense send information and nesary

blanks in the inclosed enrelope.

Yours Truly.

If I brank

Noting Public

Shegoryville, My.