

(ORIGINAL)

Soldier's Application for Pension

I, Larkin Nelson

am a citizen of Kentucky, resident at Adamsburg in the County of Lebanon

in said State of Kentucky, and was a soldier from the State of Ky, 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 first a member of Edgers Battalion in May 1862

and in June 1862, was transferred Co. D. H.S. as a Capt. was

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?

Answer in Wm. Nelson 1835

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

Answer I enlisted May 1862 Edgers Battalion, as a private was transferred to Co. D. H.S. as a Capt. Col. Brown, Capt. William Sanders, 1st Sgt. Sam Rowley.

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

Answer I was captured at Evansburg Va.

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

Answer yes, at Fort Delaware in June 1863

Were you paroled? If so, when and where?

Answer

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

Answer yes

If so, when and under what circumstances?

Answer yes in June 1863 to get out of prison

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

Answer *None*

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

Answer *None*

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

Answer *has no wife*

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 *since 1882*

Have you an attorney to look after this application?

Answer *No*

If so, give his name and address?

Answer

Witness my hand this *8th* day of *May*, 191*2*

WITNESSES: *W. L. Duncan* *W. M. Fulton*, Physician P. O. *Armstrong Ky*

Postoffice Address *Carter Ky* Street and No. (if any)

W. L. Duncan *James X. Southland* Witness R. F. D. (if any)

Postoffice Address *Rooney Ky*

W. L. Duncan, Witness

Postoffice Address *Carter Ky*

STATE OF KENTUCKY

Carter County } I, *R. A. Carpenter* Judge of said County,

certify that *Larkin Nelson* and his wife are

assessed with *No land* acres, valued at \$., and with \$ *No* of personal property.

Witness my hand this *10th* day of *June*, 191*2*
R. A. Carpenter Judge County Court.

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

STATE OF KENTUCKY

Barren County } Personally appeared before me, a Notary Public of said County, the above named Larkin Nelson 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 8th day of May, 1912

My commission expires Feb 14th 1914 W.K. Ratcliff Notary Public

STATE OF KENTUCKY

Learton County } Personally appeared before me, a Notary Public of said County, the above named D.M. Fulton 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 Larkin Nelson the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

That I have examined claimant and find him suffering from inguinal hernia of right side and hydrocele of left side he is not able to make support by manual labor D.M. Fulton M.D.

Witness my hand and seal of office, this 8th day of May, 1912

My commission expires Feb 14th 1914 W.K. Ratcliff 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

Barren County } Personally appeared before me, W.K. Ratcliff Notary Public of said County, the above named James Southland and William L. Duncan, 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 James Southland further make oath to the following facts touching the applicant's service in the Confederate army.

State here what witnesses know of their own knowledge.

I was personally acquainted with the Applicant while in the Army, and know he was a Soldier of good habits. We were acquainted with him before we went in the Army and our commands were together a good deal of the time, and we visited each other while in the service. I further know him now and know that he has nothing now and is not able to make a living by manual labor.

Witness my hand and seal of office, this 8th day of May, 1912

My commission expires Feb 14th 1914 W.K. Ratcliff Notary Public

J. H. Hargrave
J. E. McGowan

No. 357

STATE OF KENTUCKY

Soldier's Application for Pension

Larkin Nelson

Co. *Co. D*, *45th Va. Inf.* *1st* *Rgt.*

Filed *May 18 1912*

Allowed

Read Specifications on Back.

- SPECIFICATIONS
- 1.....
 - 2.....
 - 3.....
 - 4.....
 - 5.....

Approved
W. J. Stone *Commissioner*

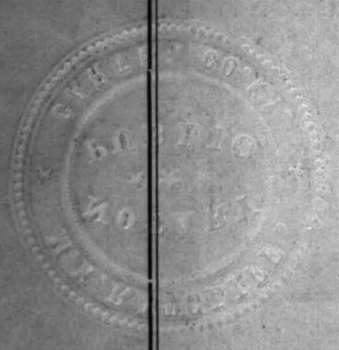
All blanks on this filing to be filled by the Pension Board
KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

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 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.



Indorsement

Confederate Pension Department

STATE OF KENTUCKY

FRANKFORT.

LARKIN NELSON.

Enlisted April 1, 1862, Co. D, 45th Virginia Inf'y.; captured March 2nd, 1865; released June 20, 1865 at Fort Delaware, Md.

Proven by records.

Indigent.

W J S

I recommend that this claim be allowed.

J. Handy
Adjutant General.

Approved by the State Pension Board.

James M. McHenry
Chairman.

No. _____ S. _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUN 14 1912 191

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

Dear Sir:

Larkin Nelson

who is an applicant for Pension under the Kentucky Pension law, claims to have been a member of Company *D-45th Va.*

Regiment *Inf Vols.* C. S. A., and to have been

First was a member of Edger's Bat. in May 1862 and in June 1862 was transferred to above.

In prison at Ft Delaware in June 1865

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

ADJUTANT GENERAL'S OFFICE
JUN 17. 1925154 1912
WAR DEPARTMENT.

Address: "The Adjutant General
War Department, Washington, D. C"

1925154
WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, June 18, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that Larkin Nelson, private, Company D, 45th Virginia Infantry, Confederate States Army, enlisted April 1, 1862; that he was captured March 2, 1865, at Waynesboro, Virginia, and released June 20, 1865, at Fort Delaware, Delaware, on taking the oath of allegiance.

Henry P. McLean
Adjutant General.

STATE OF KENTUCKY
LARKIN NELSON
Private, Company D, 45th Virginia Infantry, Confederate States Army, enlisted April 1, 1862; that he was captured March 2, 1865, at Waynesboro, Virginia, and released June 20, 1865, at Fort Delaware, Delaware, on taking the oath of allegiance.
Proven by records.
Indigent.
W 3 8
I recommend that this claim be allowed.
Adjutant General.
Approved by the State Board.
[Signature]
Adjutant General.

J. GUTHRIE COKE, President

W. B. HERNDON, Vice-President

F. S. WILSON, Cashier

AUBURN BANKING COMPANY

CAPITAL STOCK \$45,000.00

AUBURN, KY.

Nov. 7th 1929.

Annie Belle Fogg, Pension Com.,
Frankfort Kentucky.

Dear Madam:

Enclosed you will find a certified copy of my appoint as Administrator of the Estate of H.C. Hayes . You will please send the necessary voutcher to fill out to collect the amount of Pension due the estate of H.C.Hayes.

Yours very truly



Vice President.

Copy

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

1 PLACE OF DEATH
County Lewis File No. _____
Vot. Pct. Warry Registration District No. 259 Registered No. 16
Inc. Town _____ Primary Registration District No. 4
City _____ (No. _____ St. _____ Ward _____)
2 FULL NAME Larken Nelson
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word) <u>Widowed</u>	16 DATE OF DEATH <u>Dec 14</u> , 19 <u>29</u> (Month) (Day) (Year)	
6 DATE OF BIRTH (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw h_____ alive on _____, 192____, and that death occurred on the date stated above at _____ m.	
7 AGE <u>91</u> yrs. <u>11</u> mos. <u>15</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			The CAUSE OF DEATH* was as follows: <u>Paralysis following</u> <u>Purpura fever</u> (Duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) _____, M. D. _____, 192____ (Address) _____	
9 BIRTHPLACE (State or country) <u>va</u>			*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
10 NAME OF FATHER <u>Nathan Nelson</u>			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ In the _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ d. Where was disease contracted, _____ if not at place of death? _____ Former or usual residence _____	
11 BIRTHPLACE OF FATHER (State or country) <u>va</u>			19 PLACE OF BURIAL OR REMOVAL <u>William Scott</u>	
12 MAIDEN NAME OF MOTHER			DATE OF BURIAL <u>12-16</u> , 19 <u>29</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>va</u>			20 UNDERTAKER ADDRESS _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. N. Berry</u> (Address) <u>Emerson</u>				
15 Filed <u>12/15</u> , 19 <u>29</u> <u>W. H. Hamilton</u> 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.

Emerson Ky 12, 28. 1929
Commissioner of Federal Pensions
Frankfort Ky
in regard to Larkin Nelson
he died here the 14 1929
at my place is what is due
him could I collect it as
I buried him & waited on him
in his illness do they allow any
thing for burial
yours
Nelson Perry
PS Enclose Pension certificate

РЕВИЗИРОВАННЫЙ СТАНДАРТ СЕРТИФИКАТА СМЕРТИ
 REVISED UNITED STATES STANDARD
 CERTIFICATE OF DEATH

Approved by U. S. Census and American Public Health Association

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plumber*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use for "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin); "Cancer," a less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping Cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc.

Birthplace.—The contributory, (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2 days*; *Bronchopneumonia* (secondary), *10 ds.*. Never report mere symptoms or terminal conditions, such as "Asphyxia," "Anæmia," (mere symptoms), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For **VIOLENT DEATHS** state means of injury and qualify as ACCIDENTAL, SUICIDE, or HOMICIDE, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanica*) may be stated under the head of "Contributory."

NOTE.—Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cholera, childbirth, convulsions, hemorrhage, emphysema, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.

1. NAME OF DECEASED (Print name in full) FIRST NAME MIDDLE NAME LAST NAME		2. SEX Male Female	
3. AGE (State age in years, months, and days) Years Months Days		4. BIRTHPLACE (State country, territory, or possession) Country Territory Possession	
5. OCCUPATION (See instructions on page 1) Occupation		6. PLACE OF BIRTH (State country, territory, or possession) Country Territory Possession	
7. STATE OF DEATH (State whether natural, accidental, or suicidal) Natural Accidental Suicidal		8. PLACE OF DEATH (State whether at home, in hospital, or elsewhere) Home Hospital Elsewhere	
9. CAUSE OF DEATH (See instructions on page 1) Cause of death		10. PLACE OF BURIAL OR REMOVAL (State whether in cemetery, or elsewhere) Cemetery Elsewhere	
11. SIGNATURE OF DECEASED (If known) Signature		12. SIGNATURE OF UNDERTAKER (Print name in full) Signature	
13. DATE OF DEATH (State day, month, and year) Day Month Year		14. PLACE OF DEATH (State whether at home, in hospital, or elsewhere) Home Hospital Elsewhere	

AUBURN BANKING COMPANY

CAPITAL STOCK \$45,000.00

AUBURN, KY.

Sept 11th 1929

Confederate Pension Department,
Frankfort Kentucky.

Gentlemen:

Mr. H.C. Hayes has resently
died, his certificate No is 354. We would
thank you to send us the necessary paper
and instrutions so that his widow may
obtain Pension. We would like to know if
their was any provision as to burial expenses
pass in the last laws in regard to Pensions.

Yours very truly

W. B. Herndon
Vice President.

September, 11th, 1929-

Mr. W. B. Herndon.
Auburn, Kentucky.

My dear Sir:

Your letter of September 11th informing us of the death of Mr. H. C. Hayes has been received. You failed to give us the date of his death, this is necessary in order that we may know the amount due his estate. There is no provision made in the Confederate pension law for burial expenses. I am sending you widows application blanks and a copy of the pension law with sections #6 and #11 marked, which will give you information as to how the widow's application should be filed, I also inclose information as to how the amount due the estate of Mr. Hays may be collected,

Very Truly,

Comm.

John Lucas.

December, 31, 1929-

Mr. Nelson Perry.
Emerson, Ky.

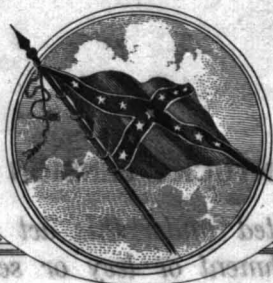
My dear Sir:

Your letter of December 28th informing us of the death of Larkin Nelson, on Dec, 14th has been received. There is due his estate \$29.35 being accrued pension from November 1st, to December, 14th inclusive, and I inclose information as to how this amount may be collected. This Department does not allow burial expenses. But, the amount due the estate of Mr. Nelson may be used for this purpose, or as any other part of the estate,

Very Truly,

Comm.

No. 357



SECTION 17 OF THE KENTUCKY CONSTITUTION PROVIDES THAT
No pension shall be granted to a person who has not been a member of the
Confederate States Army, or who has not been a member of the
Confederate States Navy, or who has not been a member of the
Confederate States Marine Corps, or who has not been a member of the
Confederate States Air Force, or who has not been a member of the
Confederate States Coast Guard, or who has not been a member of the
Confederate States Army of the Air, or who has not been a member of the
Confederate States Army of the Sea, or who has not been a member of the
Confederate States Army of the Land, or who has not been a member of the
Confederate States Army of the Sky, or who has not been a member of the
Confederate States Army of the Earth, or who has not been a member of the
Confederate States Army of the Water, or who has not been a member of the
Confederate States Army of the Fire, or who has not been a member of the
Confederate States Army of the Wind, or who has not been a member of the
Confederate States Army of the Sun, or who has not been a member of the
Confederate States Army of the Moon, or who has not been a member of the
Confederate States Army of the Stars, or who has not been a member of the
Confederate States Army of the Planets, or who has not been a member of the
Confederate States Army of the Universe.

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF CONFEDERATE PENSIONS

It is hereby certified

That in conformity with the laws of the Commonwealth of Kentucky;

Larkin Nelson

who was a member of Company "D" Regiment 45th

Virginia Infantry

Confederate States Army, is entitled to a pension at the rate of Twenty
dollars per month, to commence on the First day of
March one thousand nine hundred and 28

Given at the office of the Commissioner of Pensions

this 15th day of April
one thousand nine hundred and 28

B. F. Day
Commissioner.

SECTION 17 OF THE KENTUCKY PENSION LAW PROVIDES THAT

§ 415-b. No pension granted under this act while due or to become due to a pensioner, shall be liable to attachment or levy or seizure by, or under, any legal or equitable process whatever, whether same remains with the State, or in course of transmission to the pensioner entitled thereto.

DEPARTMENT OF CONFEDERATE PENSIONS

No. 357

PENSION CERTIFICATE OF

John W. Nelson

Payable Quarterly

by the

Treasurer of Kentucky

at

Frankfort, Kentucky.

John W. Nelson
Commissioner of Pensions
The State of Kentucky
Frankfort, Ky.
1865

CARTER COUNTY COURT,

REGULAR JUNE TERM, 1912.

State of Kentucky,

County of Carter,

By an Act of the General Assembly of the State of Kentucky granting to all indigent Confederate Soldiers a Pension, approved March the TWELFTH, 1912.

In the matter of the Pension Claim of Larkin Nelson whose Post-Office Address is Armstrong Carter County, Kentucky, personally appeared before me, J. C. McCallum of Gayson Ky, and W. A. Burchett both citizens and residents of Carter County, and known to me to be reputable and entitled to credit states in relation to the above claim as follows, to-wit:-

I know the applicant, Larkin Nelson and know him to be a citizen of Kentucky, and a bona-fide resident since 1907: and has been continuously so since 1907: Know that he is not able to earn his support by manual labor, skill or profession, art or craft: and that he does not possess a net income to exceed THREE HUNDRED DOLLARS per year.

COUNTY JUDGES' RECOMMENDATION.

From the evidence above I approve the merits of this claim.

R. A. Carpenter

Judge of Carter County.