

Questions for Applicant

STATE OF KENTUCKY,

Fulton County.

Sarah Jane Kirk of said State and County, desiring to avail herself of the pension allowed to Indigent Widows of Soldiers, General Assembly, approved March 11, 1912, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your full name and where do you reside? (Give State, County and Postoffice.) Sarah Jane Kirk Hickman Fulton County Kentucky
2. How long and since when have you been a resident of this State? 17th June 1888 = 24 years
3. When and where were you born and what was your maiden name? Born Sandridge Jefferson Co Tenn. 19th Day of December 1844 Sarah Jane Hendricks
4. When and where was your husband born—state his full name, and where were you and he married, and who performed the marriage ceremony. (If possible, attach certified copy marriage license in every case.)
William Montgomery Kirk was born Charlott Dickson County 11th Day of July 1838
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? 1861 enlisted Nashville Tenn. Co E Tenn Inf
6. How long did your husband serve in said Company and Regiment? 1 year
7. When and where did your husband's Company and Regiment surrender? Went back in Calvary in & out because of sickness
8. Was your husband present at the time and place when his Company and Regiment surrendered? Yes
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause and by what authority?
10. When and where did your husband die? Hickman Ky 28th Aug 1905
11. At the time of your husband's death, were you living with him as his lawful wife? Yes
12. Have you married since the death of your soldier husband? No
13. What property, real or personal, or income do you have or possess, and its gross value? None
14. Have you a family? If so, who compose such family? Live with my son Hallis Kirk
15. Name some friend, giving his name and postoffice address, who will be willing to have us write to him about your case if necessary.

Sworn to and subscribed before me, this, the
1st day of May 1912
 By S. P. Roper, Clerk
Blanche Wilson, S. C.
 of Fulton County.

Sarah J Kirk

Questions for Witnesses

STATE OF KENTUCKY,

..... County.

....., of said State and County, having been presented as a witness in support of the application of Mrs. for a pension under Confederate Pension Law, approved March 11, 1912, after being duly sworn, true answers to make to the following questions, deposes and answers as follows:

1. What is your name and what is your postoffice address?
2. Are you acquainted with the applicant, Mrs.
If so, how long have you known her?
3. Where does she reside, and how long and since when has she been a resident of this State?
4. Were you ever acquainted with her husband?
5. Were either or both of you present at the marriage?
6. How long did you know him?
7. When and where did enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this?
8. Were you a member of the same Company and Regiment at the close of the war?
9. How long did he perform regular military duty?
10. When and where was his Company and Regiment surrendered?
11. Were you with the command when it surrendered?
12. Was, the husband of applicant, present?
13. If not present, where was he?
14. When and where did he leave his command?
- For what cause?
- By whose authority did he leave?
- How do you know all this? (State fully and clearly.)
15. When and where did die?
16. Where did he reside at his death, and how long had he been a resident of Kentucky at his death?
17. Do you know of your own knowledge that applicant is the lawful widow of

18. Has she remained unmarried since her soldier husband's death, and is she now his widow?

19. What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?

Has applicant conveyed any property, in the last two years or given any away, if so, what was it, and to whom?

NOTE.—Let the witness who can answer the greatest number of the questions do so; then let the other witness state in the space below how much of the testimony of the first witness he concurs in, and whether or not he can answer any of the questions not answered by the first witness.

Sworn to and subscribed before me this day of 191... .. Witnesses.

THE FOLLOWING CERTIFICATE OF THE COUNTY JUDGE MUST BE FILLED OUT WHETHER THE APPLICANT OWNS ANY TAXABLE PROPERTY OR NOT.

I, W. G. Naylor, Judge of Pulaski County, Kentucky, hereby certify that the property assessed on the tax books of this County to Mrs. Sarah J. Kirk, the widow of William Montgomery Kirk amounts to \$ Nothing real estate and \$ Nothing personal. W. G. Naylor, Trustee. For Pulaski County, Ky.

Certificate of Clerk of Court or Notary Public

STATE OF KENTUCKY,

..... County.

I, Clerk or Notary Public, in and for said county, hereby certify that the applicant, Mrs. resides in said county, and has been a bona fide resident of this State since the day of 19...., and that the witnesses, Mr. are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witness took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

Witness my hand and official seal this day of 191...

(SEAL)

..... County.

- Note—1. Before any questions are answered, the Clerk or Notary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God." 2. Additional affidavits may be attached, if blank spaces are insufficient. 3. All affidavits must be made before an officer using a seal. 4. Only widows who were the wives of soldiers need apply—and are now widows. Those married since Jan. 1st, 1890, not entitled. 5. Two witnesses are necessary to make out claims. 6. Attach certified copy marriage license in every case, or certificate of County Court Clerk, under seal, that license is filed in his office duly certified by officiating minister, or the affidavit of the officiating minister, or the affidavit of a witness of the ceremony, or the affidavit of two witnesses who knew them as man and wife, prior to January 1, 1890, and knew that they were living together on the date of his death.

NOTICE TO APPLICANTS.

The Widows' Pension Law, passed by the Kentucky Legislature, provides for the widows of *soldiers only*, and they must have been residents of the State of Kentucky since January 1, 1907.

Widow must have married prior to 1890.

To be eligible the applicant must have remained a widow after the death of her soldier husband, and must be indigent.

Read the questions in the application carefully and answer them fully.

Read the law, and unless you come clearly under the laws it will be useless to file application.

No. 407

**Widow's
Indigent Pension**

Name *Sarah Jane Kirk*

JUL 20 1912

Filed *N. M. ... 18, 1912*

By *Blanche Helm - D.C.*

Widow of *William M. Kirk*

*S. T. Roper - Clerk
D.C.*

*Approved
W. J. Stone
Examiner*

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

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

1937390

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, July 24, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that William M. Kirk, second lieutenant, Company E, 11th Tennessee Infantry, Confederate States Army, entered the service May 18, 1861, and that he was dismissed from the service, as shown by roll dated April 30, 1862.

Henry O. Mc Cain
Adjutant General.

7

Indorsement

Confederate Pension Department

STATE OF KENTUCKY

FRANKFORT.

MRS. SARAH J. KIRK,

WIDOW OF WILLIAM M. KIRK, who
enlisted May 18, 1861, Co. E,
11th Tennessee Inf'y. Two

witnesses swear that the company
was enlisted for 12 months, and
at the end of the time the com-
pany was re-organized and the
captain and the Lieutenant Kirk
because of some disability, de-
clined to re-enlist at that
time. Shown by the record and
and also by comrades.

Indigent.

ADJUTANT GENERAL'S OFFICE

JUL 22 1937 1912

WAR DEPARTMENT

I recommend that this claim be allowed.

J. Handley
Adjutant General.

Approved by State
Pension Board
James M. McCreary
Chairman

No. _____ W. _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER
FRANKFORT, KY.

JUL 20 1862 191 _____

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

Dear Sir:

Mrs. _____

Sarah J. Kirk

who is an applicant for pension under the Kentucky Widows' Pension Law,
claims that her husband _____

Wm M. Kirk

was a member of Company _____

6 Regiment *11th Tenn* C. S. A.,

and was _____

Inf.

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

State of Tennessee

Richmond
COUNTY

Marriage Certificate

This Certifies that *Wm M. Fish*
and *Sarah Houchick*
were united by *A. C. Wheeler* in the

HOLY BONDS OF MATRIMONY

On the *25* day of *December*, in the year of our Lord ~~18~~*1912*

As appears of record in my office in Marriage Record, book *5586-58*, page *33*

This *12th* day of *April* 19*12*



T. R. Richards
CLERK OF THE COUNTY COURT

SECTION 12 OF THE KENTUCKY PENSION LAW PROVIDES THAT

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

No. 407
PENSION CERTIFICATE OF
Mrs. Sarah J. Kirk

Payable Quarterly

by the

Treasurer of Kentucky

at Frankfort,
Kentucky.

SECTION 12 OF THE KENTUCKY PENSION LAW PROVIDES THAT

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

No. 407

PENSION CERTIFICATE OF

Sarah J. Kirk

Payable Quarterly

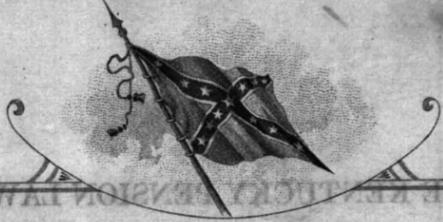
by the

Treasurer of Kentucky

at

Frankfort, Kentucky.

No. 407



COMMONWEALTH OF KENTUCKY

DEPARTMENT OF CONFEDERATE PENSIONS

It is hereby certified

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

Mrs. Sarah J. Kirk (Widow of William M. Kirk)

who was a member of Company B, 11th Regiment of Tennessee
Infantry, C. S. A.

is entitled to a pension at the rate of
Ten dollars per month, to commence
on the Twentieth *day of* July *one thousand*
nine hundred and Twelve.

Given at the office of the Adjutant General

this Seventh day of May
one thousand nine hundred and Thirteen.

J. Sandys Ellis
Adjutant General.

Countersigned

W. J. Stone
Examiner of Pensions.

No. 407



COMMONWEALTH OF KENTUCKY

DEPARTMENT OF CONFEDERATE PENSIONS

It is hereby certified

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

Sarah J. Kirk (Widow of William M. Kirk
who was a member of Company "B" Regiment Eleventh
Tennessee Infantry

Confederate States Army, is entitled to a pension, at the rate of Twelve
dollars per month, to commence on the First day of
August one thousand nine hundred and eighteen.

Given at the office of the Commissioner of Pensions

this First day of August
one thousand nine hundred and eighteen.

W. J. Stone

Commissioner.

State of Tennessee, Dickson County:-

Personally appeared before me, T.R. Dickson, Clerk of the County Court of said County, the undersigned H.H. Henderson, known to me to be a reputable citizen of said County, residing at Charlotte, Tennessee, who being first duly sworn deposed and said as follows:-

I am 68 years of age; I served as a private in Company E Eleventh Tennessee Infantry from May 1st 1861 to spring of 1864. I was very well acquainted with William M. Kirk; he was from my home county, (Dickson County, Tenn.) He enlisted in the Confederate service in 1861 at the same time as I did and we were both sworn in at the Capitol at Nashville, Tenn. on the same day. W.M. Kirk went out as 3rd Lieutenant of my Company, (Co. E. 11th Tenn. Inf.)

We were sworn in for 12 months service. At the expiration of that time, our Company was at Cumberland Gap. Some of our officers took advantage of the privilege of resigning at the end of the said twelve months and a re-organization was effected at Cumberland Gap. Our Captain, #Capt. James Mallory and said Lieut. W.M. Kirk, on account of some disabilities, which I do not now recall, were among the officers electing to return home. Lieut. Kirk afterwards rejoined the army, but I do not know with what Company or regiment he served.

He was a good soldier and officer and liked by his men. I used to know W.M. Kirk's wife, formerly Miss Sarah Hendricks, of Dickson County, Tenn., but it is many years since I saw her.

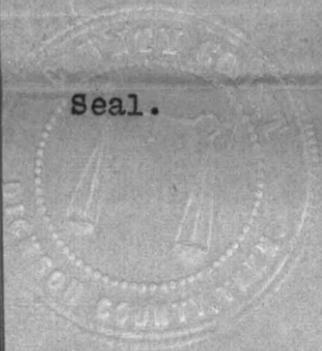
H.H. Henderson
.....

Sworn to and subscribed before me, this the 6th day of May, 1912, at my office at Charlotte, Tennessee.

T.R. Dickson
.....

Seal.

Clerk of the County Court of Dickson County, Tennessee.



State of Tennessee

Dickson County

Personally appeared before me, T.R. Dickson, Clerk of the County Court of said County and State, the undersigned, W.H. Binkley, known to me to be a reputable citizen of said County, residing at Charlotte, Tennessee, who being first duly sworn deposed and says as follows:

I am 71 years old, I served as a private in Company E Eleventh Tennessee Infantry from May 1st. 1861 to Sept. 1863. I was very well acquainted with William M. Kirk, he was from my home County (Dickson County, Tennessee). He enlisted in the Confederate service in 1861 at the same time as I did, and we were both sworn in at the Capitol at Nashville, Tenn. on the same day. W.M. Kirk went out as Third Lieutenant of my Company, (CO E 11th. Tenn. Inf)

We were sworn in for 12 months service, at the expiration of that time, our Company was at Cumberland Gap. ~~Some of our officers~~ some of our officers took advantage of the privilege of resigning at the end of the said 12 months and a re-organization was effected at Cumberland Gap. Our Captain, Capt. ^{James} Mallory, and said Lieutenant, W.M. Kirk, on account of some disabilities, which I do not now recall, were among the officers electing to return home. Lieut. Kirk afterwards re-joined the army, but I do not know with what Company or Regiment he served.

He was a good Soldier and officer and liked by his men. I used to know W.M. Kirk's wife, formerly Miss Sarah Hendricks, of Dickson County, Tenn, but it is many years since I saw her.

W.H. Binkley

Sworn to and subscribed before me, this the 6th. day of May 1912, at my Office at Charlotte, Tenn.

T.R. Dickson
Clerk of the County Court of
Dickson County, Tennessee.

FULTON COUNTY COURT.

REGULAR July 8th Term 1912.

Tom Dillon Sr , whose post office is Hickman Kentucky, being duly sworn states that Mrs Sarah Jane Kirk is a resident of Hickman Fulton County Kentucky, and that she has been an actual bona fide resident of the state of Kentucky, for 15 years, and that she is unable to earn support by reason of her Knowledge, art, or skill in any profession trade or craft,

F.S.Moore, whose post office is Hickman Kentucky, being duly sworn states that Mrs Sarah Jane Kirk is a resident of Hickman Fulton County Kentucky, and that she has been an actual bona fide resident of the state of Kentucky, for 15 years, and that she is unable to earn support by reason of her knowledge, art or skill in any profession, trade or craft,

I.W.A.Naylor Judge of Fulton County, Court, certify that the above named witnesses, Tom Dillon Sr, and F.S.Moore, and reputable and entitled to credit,

I recommend that this application be granted,

W. A. Naylor
Judge Fulton County Court,

D. A. NEWTON & BRO.

GROCERIES AND FEEDSTUFFS

Buyers of Sunflower Seed, Pecans, Poultry, Furs, Hides and Junk
CUMB. 'PHONE 155

HICKMAN, KY..

Feb. 5-25

Mr. J. T. George.

Commissioner of Confederate Pensions

Frankford Ky.

Dear Sir:

Attached you will find the
Papers of Mrs Sarah J. Kirk.
I have been appointed admr.
for her estate.

So please mail her
last check. to me.

Very truly yours
D. A. Newton

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

File No.

1 PLACE OF DEATH

County Julton

Registered No. 11

Vot. Pct. 12

Registration District No. 548

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

Inc. Town 2186

Primary Registration District No. 5190

City

(No. St. Ward)

2 FULL NAME

Sarah J Kirk

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single Married married Widowed or Divorced (Write the word)

6 DATE OF BIRTH Dec 19 1843
(Month) (Day) (Year)

7 AGE 82 yrs. 1 mos. 1 ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Mr. Hendrix

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Pookie Kirk

(Address) Hickman Ky.

15 Filed Jan 5 1925 Estelle Dobson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 20 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1-10, 1925, to 1-20, 1925, that I last saw h. live on 1-20, 1925, and that death occurred on the date stated above at

The CAUSE OF DEATH* was as follows:

cancer of uterus
(Duration) 2 yrs. mos. ds.

Contributory (Secondary)

(Signed) Chas Curlier, M. D. 1-20 1925 (Address) Hickman 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 of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted,

if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL City Cem. DATE OF BURIAL Jan 21 1925

20 UNDERTAKER St Louis Lurn. Co. ADDRESS Hickman, Ky

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.

copy - Estelle Dobson Reg
Feb 5 - 1925.

REVISÉD 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 *Planter*, *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 of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma*, etc., of(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping Cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc.

The contributory, (secondary or intercurrent) affection need not be stated unless important. Example *Measles* (disease causing death), 29ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, 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 tetanus*) 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, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyaemia, septicaemia, tetanus.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NAME OF DECEASED: *John Doe*

RESIDENCE: *123 Main St, City, State*

DATE OF DEATH: *Jan 15, 1912*

AGE: *45*

SEX: *Male*

STATE OF DEATH: *Accidental*

MEANS OF INJURY: *Struck by railway train*

CAUSE OF DEATH: *Myocardial infarction*

CONTRIBUTORY CAUSES: *None*

SIGNATURE OF PHYSICIAN: *J. H. Smith*

DATE: *Jan 15, 1912*

PLACE OF DEATH: *Home*

EDUCATION: *High School*

OCCUPATION: *Farmer*

PREVIOUS ILLNESS: *None*

PREVIOUS SURGERY: *None*

PREVIOUS TRAUMA: *None*

PREVIOUS TOXICITY: *None*

PREVIOUS INFECTION: *None*

PREVIOUS CONSUMPTION: *None*

PREVIOUS ALCOHOLISM: *None*

PREVIOUS DRUGS: *None*

PREVIOUS ACCIDENTS: *None*

PREVIOUS SUICIDE: *None*

PREVIOUS HOMICIDE: *None*

PREVIOUS MURDER: *None*

PREVIOUS OTHER: *None*

PREVIOUS UNKNOWN: *None*

PREVIOUS UNRECORDED: *None*

PREVIOUS UNCLASSIFIED: *None*

PREVIOUS UNIDENTIFIED: *None*

PREVIOUS UNDETERMINED: *None*

PREVIOUS UNEXPLAINED: *None*

PREVIOUS UNACCOUNTED: *None*

PREVIOUS UNRECORDED: *None*

PREVIOUS UNCLASSIFIED: *None*

PREVIOUS UNIDENTIFIED: *None*

PREVIOUS UNDETERMINED: *None*

PREVIOUS UNEXPLAINED: *None*

PREVIOUS UNACCOUNTED: *None*