

(ORIGINAL)

# Soldier's Application for Pension

I, Cassius Jasper Roland

am a citizen of Kentucky, resident at near Newsum in the County of Quinn

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 "A" 1st Kentucky 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?

Answer I was born in 1848, but can not be any more definite.

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

Answer I in the latter part of August, 1864, enlisted in 1st Kentucky Battalion, was under Col. Paul, Captains James Combs, Lieut Alley Hunt, 2nd Lieut Wm Hunt, Orsely Sergeant, Ephraim Montgomery

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

Answer I surrendered at Mt. Sterling, Ky., after the war was closed in May 1865 I surrendered to Gen. Hobbs

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

Answer No

Were you paroled? If so, when and where?

Answer Yes, at Mt. Sterling, after the war was over, May 1865

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

Answer Yes, I think I did but am not sure whether it was a parole or whether I took the oath of allegiance. I was sworn and given a paper which I have lost.

Answer At Mt. Sterling after the war was over, May 1865.

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

Answer Working at odd jobs when I am able to work.

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

Answer No.

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

Answer No.

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 About \$100.00.

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 John W. Douglas, Quantico, Ky.

Witness my hand this, the 22nd day of April, 1912.

WITNESSES:

Attest Enoch Barnes, Ench. Jacob Roland, Physician P. O. Quantico, Ky., R.F.D. #2. J. A. Estes, Postoffice Address Quantico, Ky. Street and No. (if any). A. A. Holliday, Witness R. F. D. (if any). Postoffice Address Quantico, Ky., R.F.D. #2. G. W. Jackson, Witness Postoffice Address Georgetown, Ky., R.F.D. #2.

STATE OF KENTUCKY

Quantico County } I, W. P. Yancy, Judge of said County, certify that Enoch Roland and his wife are assessed with No. acres, valued at \$ No., and with \$ No. of personal property.

Witness my hand this, the 22nd day of April, 1912.

W. P. Yancy, Judge County Court.

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

STATE OF KENTUCKY

Owen County } Personally appeared before me, Walter McWhorter,  
County Court Clerk of said County, the above named Crook Roland  
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, the 22<sup>nd</sup> day of April, 1917.

Walter McWhorter ckrccc

STATE OF KENTUCKY

Owen County } Personally appeared before me, Walter McWhorter,  
County Court Clerk of said County, the above named J. A. Estes & J. H. Christian  
two 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 Crook Roland

the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

The said Crook Roland has dislocated shoulder, said to have occurred in Civil War  
by being thrown from horse; left arm broken between elbow and wrist; cataract  
of bladder; and Schistosomiasis. On account of which ailments, the  
said Roland is not able to earn a support by manual labor for him-  
self or family or any material part of a support.

The witness J. H. Christian concurs with the foregoing diagnosis  
of J. A. Estes, states that the said Roland is not able to earn any  
material part of a support by manual labor.

Witness my hand and seal of office, this, the 22<sup>nd</sup> day of April, 1917.

Walter McWhorter ckrccc

(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

Owen County } Personally appeared before me, Walter McWhorter,  
County Court Clerk of said County, the above named A. A. Holiday  
and G. W. Jackson

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 state-  
ments made in this application are correct and true, to the best of their knowledge and belief, and that they have no in-  
terest in this claim, and that said applicant's habits are good and free from dishonor. And.....

further make oath to the following facts touching the applicant's service in the Confederate States army.

State here what witnesses know of their own knowledge.

A. A. Holiday states that he and the said applicant joined the said  
army at the time mentioned by said applicant; that they were together in  
the same company from the time they joined until the close of the war and that  
they both surrendered to gether with their command after the close of the war.  
He further states that the said applicant is not able to earn a support for him-  
self or family by manual labor or any material part of a support.

The witness G. W. Jackson concurs in the testimony of A. A. Holiday.

Witness my hand and seal of office, this, the 22<sup>nd</sup> day of April, 1917.

Walter McWhorter ckrccc

No. 339

STATE OF KENTUCKY

Soldier's Application for Pension

*Ernest Jackson* .. *Robert Lewis*

Co. .... *1st Lt. Co. Cavalry* .. Rgt.

Filed ..... JUN 17 1912

Allowed .....

Read Specifications on Back.

SPECIFICATIONS

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

*Approved*

*W. J. Stone* .. *Examiner*  
Commissary

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.

STATE OF KENTUCKY  
ADJUTANT GENERAL'S OFFICE,  
FRANKFORT, KY..

ENOCH J. ROLAND.  
Enlisted Aug 1864 in Co. A-  
5th Ky. Cav. and surrendered  
at Mt. Sterling, Ky. May  
1865. Proven by two comrades.  
Indigent.

W J S

I recommend that this claim  
be allowed.

*Handy Ellis*  
Adjutant General.

Approved by the State  
Pension Board.

*James B. McHenry*  
Chairman.

(A. G. O. 35.)

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

HEADQUARTERS

# Confederate Pension Department

W. J. STONE, EXAMINER  
FRANKFORT, KY.,

June 19th, 1912.

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

Dear Sir:

Enoch J. Roland,

who is an applicant for Pension under the Kentucky Pension law, claims  
to have been a member of Company "A" - 1st Kentucky  
Regiment Cavalry C. S. A., and to have been  
Col. Wm. Ward; Captain James Cantrill.

Please give me the record of this soldier.

Respectfully,

*W. J. Stone*  
Examiner.

FRANK S. CONNELLY  
COUNTY ATTORNEY, GALLATIN COUNTY  
WARSAW, KENTUCKY

April 5, 1930.

Commissioner of Confederate Pensions,  
Frankfort, Ky.

Dear Sir:-

Enoch J. Roland, holder of pension certificate No. 339,  
died January 7, 1930. He did not leave sufficient estate to defray the  
expense of his burial. Since he died between dates of the payment of  
his pension, I am writing to inquire if there is anything due his  
estate on his pension from the time of his last payment until the date  
of his death. His relatives are very poor, and if there is anything due  
it would help very much in paying the balance due on his burial.  
Please let me hear from you so that I can inform his relatives, who  
are obligated to pay the amount due the undertaker.

Respectfully yours,

*F. S. Connelly*

ADJUTANT GENERAL'S OFFICE

JUN 21 1912

1927081

WAR DEPARTMENT.

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

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, June 22, 1912.

Respectfully returned to the

Examiner,  
Confederate Pension Department,  
Frankfort, Kentucky.

The name Enoch J. Roland has not been found on the rolls, on file in this office, of Company A of any 1st Kentucky Cavalry, Confederate States Army, and no record has been found of the capture or parole of a man of that name as of any such organization.

*Henry J. O'Connell*  
Adjutant General.

STATE OF KENTUCKY  
ADJUTANT GENERAL'S OFFICE

FRANKFORT, KY.

ENOCH J. ROLAND

Enlisted Aug 1864 in Co. A -  
5th Ky. Cav. and surrendered  
at Mt. Sterling, Ky. May  
1865. Proven by two comrades.

Indigent.

W 1 2

I recommend that this claim  
be allowed.

Adjutant General.

Approved by the State  
Pension Board.

Chairman.

FRANK E. CONNELLY  
COURT ATTORNEY, GALLATIN COUNTY  
WARSAW, KENTUCKY

April 8, 1912.

Commissioner of Confederate Pensions,  
Frankfort, Ky.

Dear Sir:-

Enoch J. Roland, holder of pension certificate No. 559,  
died January 7, 1910. He did not leave sufficient estate to defray the  
expense of his burial. Since he died between dates of the payment of  
his pension, I am writing to inquire if there is anything due his  
estate on his pension from the time of his last payment until the date  
of his death. His relatives are very poor, and if there is anything due  
it would help very much in paying the balance due on his burial.  
Please let me hear from you so that I can inform his relatives, who  
are obliged to pay the amount due the undertaker.

Respectfully yours,

*Frank E. Connelly*

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County GallatinVot. Pct. Warsaw

Inc. Town \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 555Primary Registration District No. 5212

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME Enoch Jasper Roland(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single \_\_\_\_\_ Married \_\_\_\_\_  
Widowed Widower or Divorced \_\_\_\_\_  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of Mrs. Julia Roland, decd.  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH January 1, 1844  
(Month) (Day) (Year)7 AGE 86 yrs. 6 mos. \_\_\_\_\_ ds. IF LESS than 1  
day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry, business or establishment in which employed (or employer) Owen Co. Ky.9 BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country)10 NAME OF FATHER R. A. Roland11 BIRTHPLACE OF FATHER (city or town) Ky.  
(State or country)12 MAIDEN NAME OF MOTHER Mary Ann Skirvin13 BIRTHPLACE OF MOTHER (city or town) Ky.  
(State or country)14 (Informant) William Roland  
Sparta, Ky.  
(Address)15 Filed 1-7-, 1930. C. L. Carlton.  
RegistrarFile No. 1

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

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 7, 1930.  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from Dec. 23, 1929, to Jan. 7, 1930,  
that I last saw him alive on Jan. 6, 1930,  
and that death occurred on the date stated above at 9:30 A.  
The CAUSE OF DEATH\* was as follows:  
Organic heart lesion and general senility.

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

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) J. M. Stallard, M. D.  
1/7, 1930 (Address) Sparta, Ky.

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

19 PLACE OF BURIAL OR REMOVAL Concord, Ky. DATE OF BURIAL Jan. 9, 193020 UNDERTAKER C. L. Carlton & Son ADDRESS Warsaw, 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.

FRANK S. CONNELLY

COUNTY ATTORNEY, GALLATIN COUNTY

WARSAW, KENTUCKY

April 11, 1930.

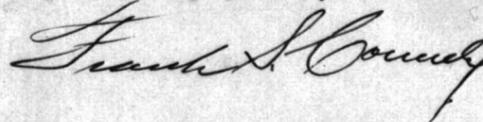
Mr. John M. Lucas,  
Confederate Pension Commissioner,  
Frankfort, Kentucky.

Dear Sir:-

IN RE: Enoch J. Roland.

I have qualified as the administrator of the estate of Enoch J. Roland, decd. A copy of the order of appointment is inclosed herewith. I am also inclosing certified copy of the certificate of the registrar. As said administrator I hereby make claim for the amount of accrued pension due said Enoch J. Roland at the time of his death.

Respectfully yours,



**Statement of occupation.**—Precise statement of 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*, *Composer*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Engineer*, etc. But in many cases, especially in industrial employment 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) *Auto mobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Mahager," "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 years)*. 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 symptom 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, peritonum*, 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), *29 ds.*; *Bronchopneumonia (secondary)*, *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "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 septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means or injury and quality as accidental, suicidal, or homicide definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber around of head—homicide*; *Poisoned by carbolic acid—probable suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE—Individual offices may add to above list of desirable terms and refuse to accept certificates containing them. Thus the form in New York City states: "Certificates will be returned or additional information which give any of the following diseases without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsion, hemorrhage, gastritis, erysipelas, meningitis, hemorrhage, necrosis, peritonitis, phlebitis, pneumonia, septicemia, tetanus." But general adoption of this nomenclature can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN  
 State of Kentucky,  
 County of Gallatin,  
 I, C. L. Carlton, Local Registrar for the county and state aforesaid, do certify that the foregoing death certificate on the reverse side hereof is a true and correct copy of the death certificate of Enock Jasper Roland as the same appears of record in my office.

Subscribed and sworn to before me by C. L. Carlton this 11th day of April, 1930.  
 My commission expires 1/23/32.  
 Notary Public.

Dear Sir:—

IN RE: Enock J. Roland.

Frankfort, Kentucky.

Mr. John M. Lucas,  
 Confederate Pension Commissioner,  
 Frankfort, Kentucky.

APRIL 11, 1930.

FRANK S. CONNELLY,  
 COUNTY ATTORNEY, GALLATIN COUNTY,  
 WARSAW, KENTUCKY.

I have qualified as the administrator of the estate of Enock J. Roland, decd. A copy of the order of appointment is inclosed herewith. I am also attaching herewith copy of the death certificate of Enock J. Roland as said administrator I hereby make claim for the amount of accrued pension due said Enock J. Roland at the time of his death.

Respectfully yours,  
 Enock J. Roland

# VOUCHER

I, \_\_\_\_\_ Make oath that I am the identical person named in pension Certificate No. \_\_\_\_\_, dated \_\_\_\_\_, 19\_\_\_\_, in my possession and now exhibited; that I come within the law upon which said certificate was issued; that I am entitled to and hereby make claim for the payment of SIXTY DOLLARS (\$60.00) pension now due, at the rate of twenty dollars per month, from NOVEMBER 1st, 1929, to FEBRUARY 1st, 1930.

and that my post-office address to which I desire the check in payment mailed is as follows:

If pensioner signs by mark or illegibly, two witnesses who write must sign here.

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.  
 Pensioner's signature must be written here in full as name appears in the head of this voucher  
 In every case the pension certificate must be carefully compared with the voucher by the officer who  
 The officer will also see that post-office address are correctly stated and that the pensioner's address  
 The officer will be held strictly responsible for the correctness of his certificate of pension in every instance.  
 Vouchers must be returned to the Pension Department by February 1st, 1930, or November 1st, 1929, for  
 the purpose of the pension check may be paid promptly each quarter.

Street and No. or R. F. D. route.  
 Post-office.  
 State.

State of Kentucky, County of \_\_\_\_\_, ss.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1929, and I certify that the pensioner, above named, has this day exhibited to me his pension certificate, above described, and was fully identified as the pensioner named herein or her

It is the duty of the pensioner to provide a true and correct copy of his pension certificate to the Pension Department, and to see that it is properly filed and indexed. If the pensioner fails to do so, he will be liable for the amount of the pension which he is entitled to receive. The Pension Department will not be responsible for the loss of any pension certificate which is not properly filed and indexed.

(L. S.)  
 John X. Doe  
 Mark

Magistrate's signature.  
 Official character.  
 Post-office address.

(IF ANY ERASURES OR ALTERATIONS APPEAR ON THIS VOUCHER, THE MAGISTRATE MUST CERTIFY ABOVE HIS SIGNATURE TO THE JURAT THAT THEY WERE MADE BEFORE ITS EXECUTION.)

Name **Enoch J. Roland.**

**February, 1930**

**VOUCHER**

**\$60.00**

RETURN TO

**JOHN M. LUCAS,  
COMMISSIONER OF CONFEDERATE PENSIONS  
FRANKFORT, KY.**

**INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.**

1. This voucher may be executed before any officer authorized to administer an oath and having a seal.
2. In every case the pension certificate must be carefully compared with the voucher by the officer who executes it.
3. The officer will also see that post-office addresses are correctly inserted in the proper spaces in the voucher, particularly the address to which the check is to be mailed. He will also give his own postoffice address after his official title on the face of voucher.
4. The officer will be held strictly responsible for the correctness of his certificate of identity in every particular.
5. Vouchers must be returned to the pension Department, by February 1st, May 1st, August 1st, or November 1st, following the execution of the vouchers in order that checks may be paid promptly each quarter.

All acts involved in the execution or correction of vouchers must be performed in the presence of the officiating officer who must certify to the correctness of his own signature on the face of the voucher in the space indicated.

1. Signature by mark should appear thus  
his  
**John X Doe**  
mark

2. Street and number, P. O. box number, R. F. D. route, or "General Delivery" must appear in P. O. Address in case of residence within carrier delivery. "General Delivery" addresses will be accepted in such case only if no other address as above is available.

3. Jurat must be dated.

Magistrate's signature

Official character

Post-office address

APPEAR ON THIS VOUCHER, THE MAGISTRATE MUST CERTIFY ABOVE THAT THEY WERE MADE BEFORE ITS EXECUTION.

-----  
John Lucas.

April, 7, 1930-

Mr. Frank S. Connely,  
Warsaw, Ky.

My dear Sir:

Your letter of April 5th informing us of the death of Enoch J. Roland, On January 7th received. There is due the estate of Mr. Roland \$44.65 being accrued pension from November 1st, to January 7th inclusive, and, I inclose information as to how this amount may be collected.

Very Truly,

Comm.

Regular May Term, held at Owenton, Ky., on the 27 day of May 1912,  
County Judge, W. P. Yancey, present and presiding:-

The application of Enoch Jasper Roland for pension under an act of the  
General Assembly of Kentucky approved March 11th, 1912, granting pensions to indigent Confederate  
Soldiers or their widows, having been filed in this Court on or before the regular April, 1912, term and  
lain over until this, a subsequent regular term thereof; the following is a brief memorandum of the sub-  
stance of the testimony of each witness heard by me touching said claim:-

Witnesses:- W. B. O'Banion and R. N.  
Roland, P. O., Owenton Ky. R. D. No. # 4,  
Each testify that the applicant Enoch Jasper  
Roland is now, and has been for the last  
25 years a resident of Owen County, Ky.;  
that he owns no property of any kind,  
either real or personal; that his wife owns  
no property of any kind, either real or  
personal, income nothing; that by reason  
of old age and bodily infirmity is unable  
to earn living by manual labor; that  
he does not draw a pension from any  
State or from the Government of the United States,

And I find from all the evidence adduced the following facts proven:-

That the applicant, Enoch Jasper Roland, is now and has continuously been dur-  
ing the 20 years last past, a citizen of Owen County, Kentucky; that he joined the Confede-  
rate States army in Aug., 1864, and served continuously in said army until the war closed;  
that he is now and has at all times been a good citizen; that, during said war he was a  
good soldier; that neither he nor his wife owns any property of any kind whatever; that  
he is not able to earn a support by manual labor; that neither he nor his wife has  
any source of income whatever; that he is not an inmate of any soldier's home; that  
he does not draw any pension from this state, from any other state, from the United States,  
nor from any foreign State. I further certify that I am personally acquainted with  
all the witnesses who have testified hereto, and that all of them are reputable and  
are well known to the community.

Wherefore upon the merits of the claim I recommend that the pension applied for by

Enoch Jasper Roland be granted

W. P. Yancey,  
Judge of the Owen County Court.