

Soldier's Application for Pension

I, Joseph Sullivan

am a citizen of Kentucky, resident at Sonora in the County of Hardin

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 Co G First 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?

Answer in Hardin County State of Kentucky
April 1st 1838

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

Answer In the last of Sept. 1862 Co G
1st Ky Cavalry Col. Butler
John Howell

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

Answer Was surrendered at Washington
Ga. on May 1865

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

Answer Was captured near Columbus Ky
+ was in prison in Louisville Ky for a while

Were you paroled? If so, when and where? + was exchanged at Vicksburg
Answer was paroled in Washington Ga

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

Answer yes on May 22 1865

If so, when and under what circumstances?

Answer After the war was over on my way home
I took the oath in Nashville Tenn on May 22
1865

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

Answer *I am farming a little*

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

Answer *I own a farm worth about \$250
personal property worth about \$100*

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

Answer *None*

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 *We have no income out side of what we make on our little farm*

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 *S H Bush Elizabethtown Ky*

Witness my hand this *15th* day of *April* 191*2*

WITNESSES:

John F. Gloucester Physician

Postoffice Address *Sonora Ky*

J. J. Sharon Witness

Postoffice Address *Sonora Ky*

G. K. Fickner Witness

Postoffice Address *Sonora Ky*

Joseph Sullivan

P. O. *Sonora Ky*

Street and No. (if any)

R. F. D. (if any) *no*

STATE OF KENTUCKY

Seardin County

I, *W. D. Rider* Judge of said County,

certify that *Joseph Sullivan* and his wife *Elizabeth Sullivan* are assessed with *80* acres, valued at \$ *250.00*, and with \$ *00* of personal property.

Witness my hand this *15* day of *April*, 191*2*

W. D. Rider Judge County Court.

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

STATE OF KENTUCKY

Hardin County } Personally appeared before me a Notary Public of said County, the above named Joseph Sullivan 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 19th day of April, 1912. Robt J. Greening, Notary Public, my commission Expires July 16/1914

STATE OF KENTUCKY

Hardin County } Personally appeared before me a Notary Public of said County, the above named Dr. John F. Glasscock 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 Joseph Sullivan, the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

I find applicant to be 74 yrs of age. I have attended him through two attacks of partial paralysis of the lower. This has been in the last year. He is at present unable to do manual labor.

John F. Glasscock M.D. Sonoma Ky

Witness my hand and seal of office, this 19th day of April, 1912. Robt J. Greening, Notary Public, my commission Expires July 16/1914

(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

Hardin County } Personally appeared before me a Notary Public of said County, the above named J. J. Meason and G. K. Fickner, 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...

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.

And I, G. K. Fickner one of witnesses whose name is signed hereto as witness hereby state that I served a portion of my time in same 100 and regiment with this applicant

J. J. Meason G. K. Fickner

Witness my hand and seal of office, this 19th day of April, 1912. Robt J. Greening, Notary Public, my commission Expires July 16/1914

No. 1949

STATE OF KENTUCKY

Soldier's Application for Pension

Joseph H. Sullivan

Co. Rgt.

JUN 20 1912

Filed

Allowed

Read Specifications on Back.

SPECIFICATIONS

1
2
3
4
5

Approved
W. J. Davis
Commissioner

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

KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

Filed

MAY 20 1912

W. J. Davis
Comptroller

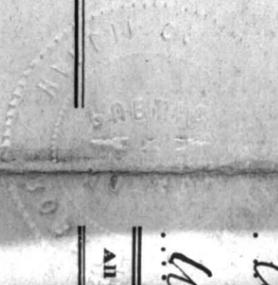
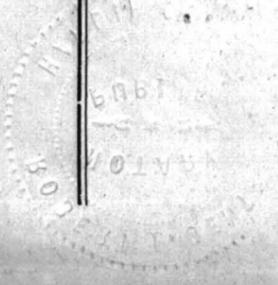
To Applicants for Pension

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.

11



....**Hardin County Court**....

Regular Term, Monday June 17 1912

PRESENT: HON. D. W. RIDER, JUDGE.

Joseph Sullivan
ON
APPLICATION FOR PENSION.

It appearing of record that Joseph Sullivan of Hardin County, Ky., filed his application for pension on May 20 1912, it being a regular County Court, held for Hardin County, and the said application was laid over until the Regular Term June 17 1912, of the Hardin County Court; and the matters coming on for proof, as required under the act passed by the Legislature on March 11, 1912, granting pensions to Confederate Soldiers, J. W. Boyd Co Atty being present

Came J. D. Pickett of Sonora Ky.,
and H. C. Skaggs of " " Ky.,
and _____ of _____ Ky.,

who testified that Joseph Sullivan has been a citizen and an actual bona-fide resident of the State of Kentucky continuously since January 1st, 1907, and now resides in Hardin County, Ky., and that the said Joseph Sullivan and wife Elizabeth Sullivan own real and personal property in this State of value of \$600.00, and that he has not an income by reason of a contract or agreement for a valuable consideration with any person able to provide such support, or by reason of partial ability, to earn a support, an income, or property or all of these combined, is able to obtain an income of \$300 per year.

STATE OF KENTUCKY, } SCT:
HARDIN COUNTY.

I, D. W. RIDER, Judge of the County Court, aforesaid, certify that John T. Glasscock, physician of Sonora Ky., and J. J. Mason of " " Ky., and G. K. Tichenor of " " Ky., are reputable citizens, and are entitled to credit on oath; and it appearing from the evidence heard, that Joseph Sullivan is a citizen of Hardin County, Ky., and has not been absent therefrom, as a resident, for a period of one year, and that he has been a bonafide resident of the State of Kentucky since January 1st, 1907; and that he has not an income of \$300 per year, and see no cause why he should not be granted a pension.

This June 17 1912

D. W. Rider
Judge Hardin County Court.

STATE OF KENTUCKY, } SCT:
HARDIN COUNTY.

I, F. G. CORLEY, Clerk of the County Court, and State aforesaid, certify that the foregoing is a true copy of all orders, etc., in the Pension Application of Joseph Sullivan, as it appears of record in this office.

Given under my hand this 17 day of June 1912

F. G. Corley Clerk.
By _____ D. C.

ADJUTANT GENERAL'S OFFICE

JUN 24 1912
1927766
WAR DEPARTMENT.

Address: "The Adjutant General,
War Department, Washington, D. C."
1927766

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, June 25, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The Confederate records show that Joseph Sullivan, private, Company G, 1st Kentucky Cavalry, Confederate States Army, enlisted September 17, 1862.

The prisoner-of-war records show Joseph Sullivan, same organization, paroled at Washington, Georgia, May 11, 1865, and released on oath of allegiance at Nashville, Tennessee, on May 22, 1865.

Henry P. Green
Adjutant General.

JOSEPH SULLIVAN.

Enlisted Sept. 17, 1862, Co. G, 1st Confederate Cavalry; was surrendered and paroled at Washington, Ga. May 11, 1865, and released at Nashville, Tenn. May 11, 1865. Proven by the record and copy of oath filed with application.

Property: \$600.00

W J S

I recommend that this claim be allowed.

J. Sandy Ellis
Adjutant General.

Allowed by the State Pension Board.

James M. McCreary
Chairman.

UNITED STATES OF AMERICA.

I *Joseph Sullivan* of the
County of *Hardin* State of *Ky* do

solemnly swear that I will support, protect, and defend the Constitution and Government of the United States against all enemies, whether domestic or foreign; that I will bear true faith, allegiance, and loyalty to the same, any ordinance, resolution, or laws of any State, Convention, or Legislature, to the contrary notwithstanding; and further, that I will faithfully perform all the duties which may be required of me by the laws of the United States; and I take this oath freely and voluntarily, without any mental reservation or evasion whatever.

Subscribed and Sworn to before me at *Frankfort, Ky*

this *22* day of *June* 1865.

Stuart Provost Marshal General, Dept. Cumberland. *Joseph Sullivan*

The above-named has *Dark* complexion, *Brown* hair, and *Grey* eyes; and is *5* feet *5* inches high. Was formerly a *Soldier* in Co "*B*" 1st *Ky* Regiment *Bay* in Rebel army.

No. _____ S _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY,

JUN 20 1912 191 _____

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

Dear Sir:

Joseph Sullivan

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company *G-1st Ky.*

Regiment *Leav.* C. S. A., and to have been

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Please give me the record of this soldier.

Respectfully,

W. J. Stone

Examiner.

COMMONWEALTH OF KENTUCKY

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

LOUISVILLE, KY.

No. 85

I, J. F. Blackerby, State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the CERTIFICATE OF DEATH of

PLACE OF DEATH Joe Sullivan
County of Hardin on file in THE BUREAU OF VITAL STATISTICS of Kentucky.

Voting Precinct No. _____ Registration District No. 642 File No. 25257
Primary Registration District No. _____ Registered No. 16

Incorporated Town _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)
City _____ (No _____ St., _____ Ward)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.") Full Name Joe Sullivan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 4 - 11 - 1888
(Month) (Day) (Year)

7 AGE 88 yrs. 6 mos. 27 ds.
IF LESS than 1 day 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) Kentucky

10 NAME OF FATHER William Sullivan

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Cordellia Garrison

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Sullivan
(Address) Sonora Ky

Filed Nov 9 1926, Robert Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 28, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from Oct 20, 1926 to Oct 28, 1926
that I last saw him alive on Oct 28, 1926

and that death occurred on the date stated above at 3 P

m. The CAUSE OF DEATH* was as follows:
Chronic Nephritis
(Duration) 6 yrs. 6 mos. 27 ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. F. Blackerby, M. D.
Oct 28, 1926 (Address) Sonora 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 Sullivan Burying Ground DATE OF BURIAL Oct 28, 1926

20 UNDERTAKER William & Pattison ADDRESS Sonora Ky

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed, at Louisville, Ky., this 17 day of January in the year of our Lord one thousand nine hundred and Twenty Seven

J. F. Blackerby
State Registrar.