

Soldier's Application for Pension

I, Robert L. Bowman

am a citizen of Kentucky, resident at Wilmore in the County of Jessamine

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 Private Co. H. 5th Regiment of Kentucky Infantry

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 fam-

ily. 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 Jessamine County, Kentucky, Sept 9th 1838

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

Answer Sept 10. 1862 - 5th Regiment Kentucky Infantry Col. Perkins
Lieut Col. George Connor, Capt J. M. White

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

Answer was wounded at Peach tree branch went to hospital stayed until after ^{sumner}

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

Answer no

Were you paroled? If so, when and where?

Answer no

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

Answer no

If so, when and under what circumstances?

Answer no

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 3 acres of land with small home, value \$150

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 not exceeding \$200 two hundred dollars

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 of my life

Have you an attorney to look after this application?

Answer no

If so, give his name and address?

Answer

Witness my hand this 15th day of April 1912

WITNESSES: Robert C. Bowman

..... M. Mathews, Physician P. O. Wilmore Ky

Postoffice Address Nicholasville Ky Street and No. (if any)

..... Gilford Haver, Witness R. F. D. (if any)

Postoffice Address Wilmore Ky

..... James M. White, Witness

Postoffice Address Nicholasville Ky

STATE OF KENTUCKY

Jessamine County } I, W. H. Phillips, Judge of said County,

certify that Robert C. Bowman and his wife are

assessed with No acres, valued at \$ Nothing, and with \$ Nothing of personal property.

Witness my hand this 17 day of June 1912

W. H. Phillips, Judge County Court.

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

STATE OF KENTUCKY

Jessamine County } Personally appeared before me a Notary Public of said County, the above named Robert C. Bowman 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 15th day of April 1912. Notary Public Jessamine County Ky., My Commission expires February 16, 1916

STATE OF KENTUCKY

Jessamine County } Personally appeared before me a Notary Public of said County, the above named W. H. Mathews 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 Robert C. Bowman the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

He is suffering with rheumatism and the attendant disabilities due to his age. W. H. Mathews

Witness my hand and seal of office, this 19th day of April 1912. 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

Jessamine County } Personally appeared before me a Notary Public of said County, the above named Lilford Mays and James M. White, 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 Lilford Mays 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.

The said Lilford Mays says that he joined the same Company and Regiment at the same time, and that from the day of enlistment to July 22nd 1864 was together that he was a brave soldier, that after their return from the army they have been neighbors and that he has been and honored and respected citizen; and that he is dependant. And the said James M. White says that he was Captain of Co. F 5th Regt. Kentucky Infantry of which the applicant was a member, that he was a good soldier and has been a good moral citizen ever since.

Witness my hand and seal of office, this 15th day of April 1912. Notary Public Jessamine County Ky., My Commission expires February 16, 1916

No. 60

STATE OF KENTUCKY

Soldier's Application for Pension

Robert S. Brown

Co. *A* Rgt. *2*

Filed *May 20 1912*

Allowed

Read Specifications on Back.

SPECIFICATIONS

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

Approved
W. J. Stone Examiner
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.

БНГНБ Б ЮННЗЛОИ
ACLA. 1862001111

ROBERT C. BOWMAN.

Enlisted Sept. 10, 1862, Co. F,
5th Kentucky Mtd. Inf., and was
surrendered May 4, 1865 and
was paroled at Selma, Ala. in
June 1865. Proven by the
record and comrades.

Indigent.

W J S

I recommend that this
claim be allowed

J. P. Sandwell
Adjutant General

Approved by State Pension Board
James A. McHenry
Chairman State Pension Board

No. _____ S. _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUL 2 - 1912 191

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

Dear Sir:

Robt C. Bowman

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company *F-5th Ky*
Regiment *Inf.* C. S. A., and to have been

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

Form V. S. 1-B-100m-9-9-30

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

1. PLACE OF DEATH
County *Jessamine*
Vot. Prec. *Bethel #3* Registration District No. *170*
Inc. Town _____ Primary Registration District No. *5827*
City _____ (No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME *Robert C. Bowman*
(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 or Divorced (write the word) *Married*

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Henrietta Bowman*

6. DATE OF BIRTH (month, day, and year) *Apr. 9, 1838*

7. AGE Years *73* Months _____ Days *3* If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) *Ky.*

13. NAME *Isaac Bowman*

14. BIRTHPLACE (city or town) (State or country) *Ky.*

15. MAIDEN NAME *DK*

16. BIRTHPLACE (city or town) (State or country) *DK*

17. INFORMANT *Chas. H. West* (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place *Burial* Date *Apr. 14, 1931*

19. UNDERTAKER *J. A. Guyn* (Address) _____

20. FILED *9-14*, 19*31* *Virginia P. Reynolds* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Apr. 12, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *June 10, 1931* to *Sept. 12, 1931*

Last saw him alive on *Sept. 10, 1931*, death is said to have occurred on the date stated above, at *2:00* p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage Date of onset _____

Contributory causes of importance not related to principal cause: *High Arterial Tension*

Wrist Disability

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury *1931*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____

(Signed) *J. C. Gillispie*, M. D. (Address) *Belmont, Ky.*

ADJUTANT GENERAL'S OFFICE
 1931418
 WAR DEPARTMENT.

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

1931418
 WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, July 6, 1912.

Respectfully returned to the

Examiner,
 Confederate Pension Department,
 Frankfort, Kentucky.

The records show that Robt. C. Bowman, private, Company F, 5th Kentucky Mounted Infantry, Confederate States Army, enlisted September 10, 1862, and that he was surrendered May 4, 1865, and paroled at Selma, Alabama, in June, 1865.

Wm. P. Johnston
 Adjutant General.

Very respectfully,
 PHILIP P. JOHNSTON
 Adjutant General.

ROBERT C. BOWMAN.

Enlisted Sept. 10, 1862, Co. F,
 5th Kentucky Mt. Inf., and was
 surrendered May 4, 1865 and
 was paroled at Selma, Ala. in
 June 1865. Proven by the
 record and comrades.
 Indigent.

W. J. S.

at _____, Ky., for his certifi-
 cate.

The within account is respectfully returned with the re-
 quest that same be executed upon the attached form, in dupli-
 cate, and forwarded to _____

SIR:
 Approved by State Pension Board
 Frankfort, Ky.
 W. J. S.
 Adjutant General's Department,
 State of Kentucky

Received A.G.O JUL 4 1912

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

Form V. 2-1-10-10-2-2-10

1. FULL NAME: _____
 2. PLACE OF DEATH: _____
 3. CITY: _____
 4. TOWN: _____
 5. COUNTY: _____
 6. REGISTRATION DISTRICT NO.: _____
 7. PRIMARY REGISTRATION DISTRICT NO.: _____
 8. REGISTRATION DISTRICT NO.: _____
 9. FILE NO.: _____
 10. REGISTERED NO.: _____

11. DATE OF BIRTH: _____
 12. SEX: _____
 13. COLOR OR RACE: _____
 14. MARRIAGE: _____
 15. OCCUPATION: _____
 16. INDUSTRY OR BUSINESS: _____
 17. TRADE, PROFESSION OR VOCATION: _____
 18. DATE OF DEATH: _____
 19. PLACE OF DEATH: _____
 20. CAUSE OF DEATH: _____
 21. MEDICAL PARTICULARS: _____
 22. PERSONAL AND STATISTICAL PARTICULARS: _____
 23. MEDICAL CERTIFICATE OF DEATH: _____

24. DATE OF DEATH: _____
 25. TIME OF DEATH: _____
 26. PLACE OF DEATH: _____
 27. CAUSE OF DEATH: _____
 28. MEDICAL PARTICULARS: _____
 29. PERSONAL AND STATISTICAL PARTICULARS: _____
 30. MEDICAL CERTIFICATE OF DEATH: _____

31. NAME: _____
 32. BIRTHPLACE: _____
 33. MAIDEN NAME: _____
 34. BIRTHPLACE: _____
 35. INFORMANT: _____
 36. BURIAL, CREMATION, OR REMOVAL: _____
 37. UNDERTAKER: _____
 38. FILED: _____

39. SIGNATURE: _____
 40. ADDRESS: _____

41. DATE OF DEATH: _____
 42. TIME OF DEATH: _____
 43. PLACE OF DEATH: _____
 44. CAUSE OF DEATH: _____
 45. MEDICAL PARTICULARS: _____
 46. PERSONAL AND STATISTICAL PARTICULARS: _____
 47. MEDICAL CERTIFICATE OF DEATH: _____

48. NAME: _____
 49. BIRTHPLACE: _____
 50. MAIDEN NAME: _____
 51. BIRTHPLACE: _____
 52. INFORMANT: _____
 53. BURIAL, CREMATION, OR REMOVAL: _____
 54. UNDERTAKER: _____
 55. FILED: _____

56. SIGNATURE: _____
 57. ADDRESS: _____

58. DATE OF DEATH: _____
 59. TIME OF DEATH: _____
 60. PLACE OF DEATH: _____
 61. CAUSE OF DEATH: _____
 62. MEDICAL PARTICULARS: _____
 63. PERSONAL AND STATISTICAL PARTICULARS: _____
 64. MEDICAL CERTIFICATE OF DEATH: _____

Q. 3 How long have you known him, Capt?

Ans. Over 50 years.

Q. 4 Is he at this time able to earn a support by manual labor?

Ans. He is not.

Q. 5 Is he able to earn a support by reason of his knowledge
art or skill in any profession trade or craft?

Ans. Is not.

Q. 6 Has he been a continuous resident of this State since
January 1st. 1907?

Ans. Yes, sir.

Q. 7 Does he receive any pension from the United States govern-
ment or from any other State or foreign government?

Ans. No, sir.

Q. 8 Has he a net income amounting to \$300.00 ' year?

Ans. Not that I know of.

Q. 9 Has he property to the amount of \$2500.00?

Ans. No, sir.

County Attorney, W.M.Watts being present declines to
cross examine the witness.

Tilford Nave, witness for the applicant, Robert C. Bowman,
who being first duly sworn and examined by N.L.Bronaugh, testified
as follows:

Q. 1 Your name is Tilford Nave?

Ans. Yes, sir.

Q. 2 How old are you, Mr. Nave?

Ans. 76 years old.

Q. 3 Do you know the applicant, Robert C. Bowman?

Ans. I do.

Q. 4 How long have you known him?

Ans. I have known him since 1853.

Q. 5 Is he able to earn a support by manual labor.

Ans. No, sir.

Q. 5 Is he able to earn a support by reason of his knowledge
art or skill in any profession, trade or craft?

Ans. No, sir,

Q. 6 Does he draw a pension from the United States government
or from any other State or foreign government?

Ans. Does not that I know of.

Q. 7 Has he lived in this State continuously since Jany. 1st 1907?

Ans. Yes, sir.

Q. 8 Has he a net income amounting to as much as \$300.00
a year?

Ans. Not that I know of.

Q. 9 Has he property of the value of \$2500.00?

Ans. No, sir,

County Attorney, W.M. Watts, being present declines to
cross examine the witness.

H. L. MCLEAN, PRESIDENT
J. D. GUERRANT, V. PRES.
W. G. BUSH, CASHIER

FIRST AMERICAN BANK

CAPITAL AND SURPLUS \$34,000.00

WILMORE, KY.

Sept. 30th. 1931.

RECEIVED
OCT 2 1931
DEPARTMENT OF EDUCATION

Commonwealth of Kentucky,
Department of Confederate Pensions,
Frankfort, Ky.

Gentlemen:

My husband Robert C. Bowman, who was drawing pension under Pension Certificate No. 60, passed away on Sept. 12th. 1931. I am his widow and have been living with Mr. Bowman, continuously since 1905.

It is my understanding that I am entitled to draw this pension, as Mr. Bowmans widow and if this is correct, will you please mail me necessary forms to executed and return to you.

Very truly yours,

Henrietta Bowman
Henrietta Bowman
Wilmore, Ky.

JESSAMINE COUNTY COURT.

In the matter of the application of Robert C. Bowman for Pension under the Confederate Pension act.

BE IT REMEMBERED, that on the 17th day of June, 1912, the applicant introduced the following proof before W. H. Phillips, Presiding Judge of the Jessamine County Court bearing upon the above application.

Robert C. Bowman, applicant, who being first duly sworn and examined by N. L. Bronaugh, testified as follows:

Q. 1 Your name is Robert C. Bowman?

Ans. Yes, sir.

Q. 2 You are applicant for pension under the Confederate Pension Act?

Ans. Yes, sir.

Q. 3 Where do you live, Mr. Bowman?

Ans. Live down here on Jessamine Creek in Jessamine County.

Q. 4 Jessamine County, Kentucky?

Ans. Yes, sir.

Q. 5 How long have you lived in Jessamine County, Kentucky?

Ans. Pretty much all my life.

Q. 6 How old are you?

Ans. 74. Will be in September.

Q. 7 You are a Citizen of the United States and State of Kentucky?

Ans. Yes, sir.

Q. 8 Are you able to earn your support by manual labor?

Ans. No, sir.

Q. 9 Are you able to earn your support by reason of your knowledge and skill in any profession, trade or craft?

Ans. No, sir.

Q. 10 Do you receive a pension from the United States or from any other State or foreign government?

Ans. No, sir.

JESSAMINE COUNTY COURT.

In the matter of the application of Robert C. Bowman for Pension under the Confederate Pension Act.

FINDING OF FACTS.

This matter having been heard before the undersigned Judge of the Jessamine County Court, the Court finds that the name of the applicant is Robert C. Bowman, and that said Bowman resides in Jessamine County, Kentucky and his post-office address is Wilmore, R. R. No. 1. That he is a Citizen of the United States and of the State of Kentucky, and that said Bowman is unable to earn a support by manual labor and is unable to earn a support by reason of his knowledge, art or skill in any profession, trade or craft. That he does not receive a pension from the United States or from any other State or foreign government and has resided in the State of Kentucky continuously ever since the 1st. day of January, 1907 and has not within that time been absent from the State of Kentucky for a period of one year. That ~~he does not own property~~ said Nave does not possess an income amounting to \$300.00 a year and does not own property amounting to \$2500.00. in value. That said Nave's wife does not possess property or income sufficient to suitably support herself and family including the applicant, and the applicant's support is not provided for by any contract made with any other person and he is not able by the combined efforts of his ability to labor together with any income to earn an income equivalent to \$300.00 a year.

W. H. Phillips

Judge Jessamine County Court.

*I consider this claim meritorious and
recommend it - always
W. H. Phillips J. C. C.*

Q. 11 Have you lived in the State of Kentucky continuously since the 1st. day of January, 1907?

Ans. Yes, sir.

Q. 12 Have you a net income amounting to \$300.00. a year?

Ans. No, sir.

Q. 13 Have you property amounting to \$2500.00?

Ans. No, sir. Haven't got any.

Q. 14 No property at all?

Ans. No.

Q. 15 Is your wife living, Mr. Bowman?

Ans. Yes, sir.

Q. 16 Has she property or income sufficient to suitable support herself and family including you?

Ans. No, sir. She has not.

Q. 17 Is your support provided for or secured by reason of any contract or agreement made for a valuable consideration with a person able to provide such support?

Ans. No, sir.

Q. 18 Are you able by the combined efforts of your ability or partial ability to earn a support together with your income or property to obtain an income equivalent to \$300.00 ' year?

Ans. No, sir.

County Attorney, W. M. Watts, being present, declines to cross examine the witness.

James M. White, witness for applicant Robert C. Bowman, who being first duly sworn and examined by N.L. Bronaugh, testified as follows:

Q. 1 Your name is James M. White?

Ans. Yes, sir.

Q. 2 Are you acquainted with the applicant, Robert C. Bowman?

Ans. Yes, sir.

H. L. McLEAN, PRESIDENT
J. D. GUERRANT, V. PRES.
W. G. BUSH, CASHIER

FIRST AMERICAN BANK

CAPITAL AND SURPLUS \$34,000.00

WILMORE, KY.

Oct. 20th. 1931.

Mr. J. M. Lucas, Commissioner,
Confederate Pension Department,
Frankfort, Ky.

Dear Mr. Lucas:

I have been appointed administrator of the estate of Robert C. Bowman, deceased, and I am enclosing herewith copy of the order of the Court Making the appointment, together with a copy of the Certificate of the Registerar, showing the date of death Sept. 12th. 1931.

We are returning therewith the Voucher mailed to Mr. Bowman and wish you would please forward voucher to be filled out by the Adminsitator.

Very truly yours,

C. G. West, Jr.
Admx. Estate of Robert C. Bowman.

October, 2, 1931-

Mrs. Henrietta Bowman,
Wilmore, Ky,

My dear Madam:

Your letter informing us of the death of your husband, Robert C. Bowman on September, 12th, has been received. There is due his estate \$28.00 being accrued pension, from August 1st to September, 12th inclusive, and I inclose information as to how this amount may be collected.

You state you have been living with Mr. Bowman since 1905, I presume this was the date of your marriage. if so, You were married too late to render you eligible for a pension, for the reason, the law states a widow must have married her veteran husband previous to January 1st 1890 to be eligible for a pension,

Very Truly,

Comm.