

Soldier's Application for Pension

I, Thomas E. Carter
am a citizen of Kentucky, resident at Dry Ridge in the County of Grant
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 K of the 9th Ky. Mounted 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 Grant County, Kentucky, April 13th 1841

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

Answer Nov. 1. 1862, in John Morgan's command, Col. W. G. P. Breckinridge, Capt. James M. Frazer, orderly Sargeant, William Craigmore

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

Answer Captured at Washington, Georgia, 1865

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

Answer No

Were you paroled? If so, when and where?

Answer never was paroled

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

Answer yes

If so, when and under what circumstances?

Answer At Nashville, Tenn. 1865, was in captivity and took oath and went home

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

Answer *In no business and earn nothing*

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

Answer *No estate whatever*

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

Answer *She has 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 *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 *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 *18th* day of *April*, 191*2*.

WITNESSES:

N. S. Matthews, Physician P. O. *Thomas E. Carter*

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

Witness R. F. D. (if any) _____

Postoffice Address *J. J. Webb*, Witness

Post office address, *Williamstown Ky*

Postoffice Address *Wm. Page*, Witness

STATE OF KENTUCKY

Grant County } I, *W. J. Simmons*, Judge of said County,

certify that *T. E. Carter* and his wife *wife lives in Kenton Co.* are

assessed with *no* acres, valued at \$ _____, and with \$ *no* of personal property.

Witness my hand this *20th* day of *June*, 191*2*.

W. J. Simmons Judge County Court.

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

STATE OF KENTUCKY

Grant County } Personally appeared before me, H. W. Webb, Clerk of the County Court of said County, the above named Thomas E. Carter 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 18th day of April, 1917.

H. W. Webb, Clerk Grant Co. Court

STATE OF KENTUCKY

Grant County } Personally appeared before me, H. W. Webb, Clerk of the County Court of said County, the above named Dr. N. S. Matthews 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 Thomas E. Carter

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

and that he is blind in the right eye, vision in the other not more than one half normal, applicant is also suffering from Parosis of the bladder, which he cannot retain his water, and there is a constant dripping of urine, applicant also suffers from Rheumatism in right arm to such an extent that it disables him in use of said arm 50 per cent, I further find him suffering from "Chronic Bronchitis"

Witness my hand and seal of office, this 29th day of April, 1917.

H. W. Webb, Clerk Grant County Court

(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

Grant County } Personally appeared before me, H. W. Webb, Clerk of the County Court of said County, the above named James P. Webb and John Conrad, 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 they

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 witness James P. Webb states that he served in the Confederate Army and that he frequently saw the applicant Thomas E. Carter in service in the same army.

The witness John Conrad states that he served in the Confederate Army in the same Company and Regiment with the applicant Thomas E. Carter, and was continually with him until he was captured and put in prison and frequently saw him in the service after he was paroled.

Witness my hand and seal of office, this 12th day of May, 1917.

H. W. Webb, Clerk Grant County Court

H. E. Carter

No. 163

STATE OF KENTUCKY

Soldier's Application for Pension

Thos. E. Carter

Co. Rgt.

Filed JUL 10 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.

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 THIRTY-SIX DOLLARS (\$36.00) pension now due, at the rate of twelve dollars per month, from MAY 1, 1925, to AUGUST 1, 1925.

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.

Pensioner's signature must be written here in full as name appears in the head of this voucher
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 _____, 1924, 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.

Magistrate's signature.

Official character.

Post-office address.

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

ADJUTANT GENERAL'S OFFICE

1934475

WAR DEPARTMENT.

Application of T. E. Carter for pension under
Confederate Pension act.

T. E. Carter the applicant being sworn testified:
I am 71 years old, I own no property
of any kind, have not income of \$300⁰⁰
or any amount; I have serious kidney trouble
and am not able to do manual labor
I served in Confederate Army from
1864 to 1865. My wife is living in Kenton County
Ky. and has \$400⁰⁰ or \$300⁰⁰ all told. I
have no contract with my son or any one
to support me.

— Jas. F. Webb of Williamstown Ky testified:
I have known applicant many years, he
has been a citizen of Grant County Ky contin-
uously since I have known him, more than
30 years. He has no property that I know
of and is not able to earn a support.

— Jerry Ramey of Williamstown Ky testified:
I have known applicant since 1862, he is disabled
and can not earn a support, don't
know of any property he owns. He has been
a citizen continuously since I first knew
him.

From the sworn testimony of Jas F. Webb
and Jerry Ramey who are personally known
to me to be worthy of belief and from my
personal knowledge of applicant's phys-
ical and financial condition, I find

that the applicant is wholly unable to
earn his support and that he has not
an income of \$300⁰⁰ or any amount,
that he has no property whatever and
no one upon whom he can depend for
support; that he is a citizen of the County
of Grant & State of Ky. and has resided in said
State continuously since the close of the
war of the rebellion; and recommend
that a pension be granted him

Given under my hand this 40th day of
June 1914
W. Simmons J. C. C.

State of Ky }
Grant County }

W. Simmons, hereby certify that Dr. A. S. Mat-
thews the physician and Jas. F. Webb
and John Conrad whose affidavits ac-
company T. Charles' application are rep-
utable citizens and worthy of belief

Attest W. Simmons J. C. C.

T. Charles
Proof of Applica-
tion heard in
open court & finding
of facts and ground
to recommendation
Court of Ky