

(ORIGINAL)

Soldier's Application for Pension

I, Wm M Lucas.....

am a citizen of Kentucky, resident at Curlaw..... in the County of Union.....

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 "I" 1st Kentucky Cavalry for one year and.....

Company "B" 2nd Kentucky Cavalry for one year.....

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 Born in Crittenden County Kentucky March 20 1840.....

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

Answer September 1861 Company "I" 1st Ky Cavalry Capt Ned Meriwether.....

1st Lt. Jas Williams - 2nd Lt. Tom Woodley - Colonel Ben H. Nelson - Lt Col Tom Woodard; Major Caldwell; Dec 1862 in 2nd Ky Cavalry Co. "B" Captain Walter M Chesney - Col Tom Woodard

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

Answer Company - 2nd Ky Cavalry disbanded in Dec 1863 at Chattanooga Tenn. and applicant returned to home in Kentucky

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 Yes.....

If so, when and under what circumstances?

Answer Early in 1864 after returning home after command was disbanded at Chattanooga Tenn. applicant was required to take oath of allegiance

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

Answer *None - occasionally when able do light work earn \$50.00 per year*

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 *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 *Not more than \$100 per year*

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 life*

Have you an attorney to look after this application?

Answer *Yes*

If so, give his name and address?

Answer *P. H. Hinton Sturgis Ky*

Witness my hand this *7* day of *June* 191*2*

WITNESSES:

X Grant McKeehan, Physician
Postoffice Address *De Kover Ky*
....., Witness
Postoffice Address
....., Witness
Postoffice Address

William M. Lucas
P. O.
Street and No. (if any)
R. F. D. (if any)

STATE OF KENTUCKY

Union County } I, *J. E. Lilly*, Judge of said County,
certify that *Wm. M. Lucas* and his wife *Jennie Lucas* are
assessed with *no* acres, valued at \$*none*, and with \$*no* of personal property.

Witness my hand this *12* day of *August*, 191*2*.

J. E. Lilly Judge County Court.

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

STATE OF KENTUCKY

Murion County } Personally appeared before me, J. M. Thompson
Notary Public of said County, the above named Wheeler M. Lucas
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 7th day of June, 1912

My Commission Expires June 9-1916 J. M. Thompson Notary Public

STATE OF KENTUCKY

Murion County } Personally appeared before me, Frederica Rehm
Notary Public of said County, the above named Dr. Grant M. Keenan
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 W. M. Lucas
the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

Advanced age; hernia in left side; chronic dysentery and
chronic rheumatism

x Dr. Grant M. Keenan

Witness my hand and seal of office, this 10th day of June, 1912

Frederica Rehm
My Commission Expires March 21-1916

(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

County } Personally appeared before me
of said County, the above named

and 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 army.

State here what witnesses know of their own knowledge.

Witness my hand and seal of office, this day of 191...

No. 209

STATE OF KENTUCKY

Soldier's Application for Pension

Will J. Lewis

Co. Rgt.

Filed *July 16 1912*

Allowed

Read Specifications on Back.

SPECIFICATIONS

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

Approved Dec 10th 1912

W. J. Stone Commissioner

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

KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

McQuinn *Surgeon 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 filed 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

No. _____ S. _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

AUG 16 1912 191 _____

Confederate Pension Department

STATE OF KENTUCKY

FRANKFORT.

WILLIAM M. LUCAS.

Enlisted Sept. 1861, Co. I, 1st Kentucky Cavalry for 12 months, and was mustered out with the Company in Dec. 1862.

Proven by his comrades.

Indigent.

I recommend that this claim be allowed.

J. Handy Ellis
Adjutant General.

Approved by
State Pension Board

James B. McHenry

Chairman

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

Dear Sir:

Wm M. Lucas

who is an applicant for Pension under the Kentucky Pension law, claims to have been a member of Company *I - 1st Ky.* Regiment *Car.* C. S. A., and to have been

also in Co B - 2d Ky.
Car. for one year.

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

ADJUTANT GENERAL'S OFFICE

AUG 19

1946189

1912

WAR DEPARTMENT

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

WAR DEPARTMENT,

1946189

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, August 20, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The name William M. Lucas has not been found on the rolls, on file in this office, of any company of the 1st or 2d Kentucky Infantry or Cavalry, Confederate States Army, and no record has been found of the capture or parole of a man of this name as a member any such organization.

Geo. Andrews

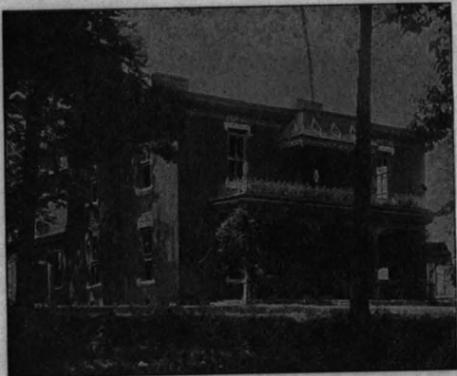
Adjutant General.

(A. G. O. 72-1)

Per

2

Received A.G.O AUG 18 1912



OLD ODD FELLOWS
AND
REBEKAHS' HOME

CHAS. CLENDENIN, Superintendent,
MRS. MARY H. CLENDENIN Matron.

TRUSTEES.

Dr. E. E. BICKERS, President, Port Royal, Ky.
Mrs. M. J. DUVAL, Vice-Pres., 353 Woodland
Ave., Lexington, Ky.
F. C. GILTNER, Sec'y & Treas., Eminence, Ky.
LOUIS BELOW, 406 E. Market St., Louisville.
S. J. DOUTHITT, New Castle, Ky.
Mrs. J. C. HELBURN, Eminence, Ky.
Mrs. IOLENE HAWKINS, Flemingsburg, Ky.

EMINENCE, KY. Feby 23rd. 1927.

Mr. J. T. George,.

Confederate Pensions.

Frankfort. Ky.

Dear Sir;

This is to inform you that Wm Lucas, Pensioner #209, and a resident
of our Home died to day, Feby 23rd, and will be buried on the Home lot
in the Eminence Cemetery.

We wish to thank you for the past favors shown to us and to
Brother Lucas,.

Very truly,.

Old Odd Fellows & Rebekahs Home.

Per.

F. C. Giltner

State of Kentucky)
County of Union) sct.

Affiant, William M. Lucas, being duly sworn, deposes and says, concerning his service as a soldier in the Confederate Army, during the war between the States, 1861 to 1865, and in the further support of his application for a Pension from the State of Kentucky, that he enlisted in the Confederate Army in September, 1861, in Company "I" First Kentucky Cavalry, C. S. A. for one year; that he served in said company and Regiment from the time of his enlistment continuously until the said Regiment was disbanded in December, 1862; that the said Company was commanded by Captain Ned Merriweather and the said Regiment by Colonel Ben Hardin Helm; that after the said Regiment was disbanded at Clinton, Tenn in Dec. 1862 he, said affiant, re-enlisted in Company "B" Second Kentucky Cavalry commanded by Colonel Tom Woodard and Company in command of Capt. Walter McChesney, and remained with said Company "B" 2nd. Ky. Cavalry until Dec. 1863 when said Regiment was disbanded at Chattanooga, Tenn; after which affiant returned to his home in Kentucky and was required to take the oath of allegiance to the United States; affiant states that the 1st. Kentucky Cavalry was what was known as one year troops and ~~so~~ also was the 2nd. Kentucky Cavalry; and that he never deserted from the said service, nor was he ever absent therefrom without leave and that he was never dishonorably discharged from said service.

Wm M Lucas

not

Subscribed and sworn to be fore me this 7th. day of June, 1912 by
William M. Lucas.

My commission expires the 9 day of June 1916.

Wm H Thompson

Notary Public for & in Union county, Ky.

State of Kentucky,
Sct.
County of Union.

In the matter of application of Willaim M. Lucas, for a pension from the State of Kentucky, under an act of the General assembly of said State approved March the 11th. 1912, this day came Sam. A. Nunn and Ira D. Nunn, who, being duly sworn depose and say that they were members of Company "8" of the first Kentucky Calv. C.S.A., and that they know that the said William M. Lucas enlisted in said Company in the month of September, 1861, and served as a private soldier in said Company from the time of his said enlistment until the month of December, 1862, at which time, the said Company and Regiment was disbanded; that the term of their enlistement as well as that of the said Lucas was for a term of one year; that said Company was commanded by Captain Ned Werriwether and the said regiment was commanded by Col. Ben Hardin Helm; that the said William M. Lucas did not desert from said army, nor was he absent therefrom without leave nor was he dishonorably discharged from said service.

S. A. Nunn
Ira D. Nunn

Subscribed and sworn to before by Sam A Nunn and Ira D. Nunn this
the 24 day of July 1912.

My commission expires the 9 day of Jan, 1914.

E. Whitecoller

Notary Public for Union County, Kentucky.

UNION COUNTY COURT.

Wm.M. Lucas

vs. application for pension -- Proof and finding of court.

Commonwealth of K ENTUCKY

This cause coming on to be heard and the application having been filed at the July term of this court and caused to lie over to the 1st. day of the August Term of this Court for hearing, and upon being called was continued to this day because of the absence of G. T. Berry, County Attorney, and upon being called for trial, the Commonwealth was represented by G. T. Berry, County Attorney, and the applicant introduced the following testimony in addition to the application and affidavits attached thereto.

Wm. M. Lucas (applicant) That he was born in Crittenden County, Kentucky, in the year 1840, and had resided continuously in this State since birth and a resident of Union County, Ky. since 1864; that he had not resided out of this state for as much as one year since the 1st. day of January, 1907; that he owns no real property at all, and that he owns no personal property except some household goods of the value of perhaps \$50.00 or ~~75.00~~; that his wife owns no property at all, either real or personal; that he is not able to earn a support by manual labor because of rheumatism and rupture; that when he is able to work he gets \$25.00 per month for his labor, but that he could not get work regularly; that he has no other trade or calling by which he could earn a support; that his wife was not able to work except light household work and that their combined labors did not bring an income from all sources of more than ~~\$250.00~~ \$250.00 per year.

J. M. Hunter ----- That he was well acquainted with the applicant and had lived by him for five years and had known him to be a citizen of Union county, Ky. for more than ten years last past; that he had resided in this state continuously since the 1st. day of January, 1907 and had not resided out of this state since that time; that applicant was unable in his opinion to earn a support by manual labor because he was afflicted with rheumatism and rupture; that applicant owned no property of any kind except a few household goods, worth not more than \$100.00; that applicants wife was not able to earn a support by manual labor. Whereupon G. T. Berry on behalf of the Commonwealth waived the introduction of further proof.

Wherefor the Court finds from the foregoing testimony in addition to the affidavits filed with the application, that the applicant, Wm. M. Lucas, served in the Confederate Army for ~~more~~ more than one year that that he did not desert from said service, and that he is and has been a citizen of this state continuously since before the 1st. day of January, 1907; that he has not as much as \$2500.00 worth of property, both real and personal combined and that the income that both he and his wife earn from all source is not as much as \$300.00 per year; and that applicant has no other means of support than his labor; and that he is not able to earn a support by manual labor.

In testimony whereof I, J. E. Lilly, Judge of the Union County Court have hereunto set my hand this 12th. day of August, 1912.

111111

J. E. Lilly

Judge of Union County Court

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Derry

Vot. Pct. W. Esp.

Inc. Town

City

Registration District No. 702

Primary Registration District No. 5703

(No. St. Ward)

File No.

Registered No. 7

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

2 FULL NAME William Lucas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE W. 5 Single Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH 1839
(Month) (Day) (Year)

7 AGE 88 yrs. mos. ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Not known

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas Cleudener

(Address) Emmence Ky.

15 Filed 2/24, 1927 Florence E. Clifford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 23, 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, to Feb. 23, 1927, that I last saw him alive on Feb. 23, 1927, and that death occurred on the date stated above at 12 m.

The CAUSE OF DEATH* was as follows: Uremic Poisoning

(Duration) yrs. mos. ds.

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

(Signed) E. E. Beckers, M. D.
2-24, 1927 (Address) Emmence 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 Emm. Cemetary DATE OF BURIAL 2-24, 1927

20 UNDERTAKER M. C. Cartys Rickets ADDRESS Emmence Ky.

Certified copy made March 31-1927
(0427) Florence E. Clifford Registrar

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.

**REVISED 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 *Plumber*, *Physician*, *Composer*, *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*. 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 for "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.; *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" as 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); *28da*; *Bronchopneumonia* (secondary); *10 da*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Imitation," "Marasmus," "Old age," "Shock," "Tranema," "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 OF INJURY and qualify as ACCIDENTAL, SUICIDE, OR HOMICIDE, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis fetidus*) 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, pyemia, septicemia, tetanus.

Duration (Date of death)
 Duration (Date of beginning of illness)
 (Signed)
 (Address)
 My commission expires Jan. 11, 1930.
 Notary Public, Henry County, Ky.
Subscribed and sworn to before me by Florence C. Gifford Registrar the 31-1927

509

STATE OF KENTUCKY
CONFEDERATE PENSION DEPARTMENT
FRANKFORT

November 17th, 1921.

W. J. STONE, COMMISSIONER

William M. Lucas,
Sesser, Ill.

Dear Sir:-

I see from your last voucher that you are now in Illinois. Notify me when you left Kentucky.

You are probably aware of the law as to residence in the State of Kentucky as to pensions. The pension Act states that if a pensioner removes from this State, or is absent therefrom for a period of three months, the name shall be removed from the roll. It also states that the pensioner may return to this State and file an affidavit with this Department setting out that he has returned to make this his permanent residence, and his name can be restored to the roll as of the date of receipt of affidavit.

Yours truly,

W. J. Stone

Commissioner.

WJS-C

State of Kentucky
Sct.
Union County.

The affiant, William M. Lucas being duly sworn according to law says, that in answer to the above letter that he is a bona fide resident of the State of Kentucky, and that Sturgis, Union County, Kentucky, is home, that he made a short visit to the State of Illinois and was absent from the State of Kentucky, only six weeks and five days, and with non intention of leaving the State of Kentucky permanently, and that he is now and expects to make Sturgis, Union County, Kentucky, his permanent residence.

William M. Lucas

Subscribed and sworn to be fore me by William M. Lucas this the 23d. day of November, 1921.
My commission expires March, 12th. 1924.

J. Mack Thompson
Notary Public Union County, Ky.



No. 209



duplicate.

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF CONFEDERATE PENSIONS

It is hereby certified

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

William M. Lucas,

who was a member of Company I Regiment

1st Kentucky Cavalry,

Confederate States Army, is entitled to a pension at the rate of Twelve dollars per month, to commence on the sixteenth day of

Augustm one thousand nine hundred and 12-

Given at the office of the Commissioner of Pensions

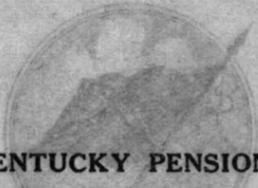
this 23rd day of July,

one thousand nine hundred and 25/

died Feb 23rd 1927-

J. F. George
Commissioner.

Old Old Fellows & Rebels Home
EMINENCE, 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.

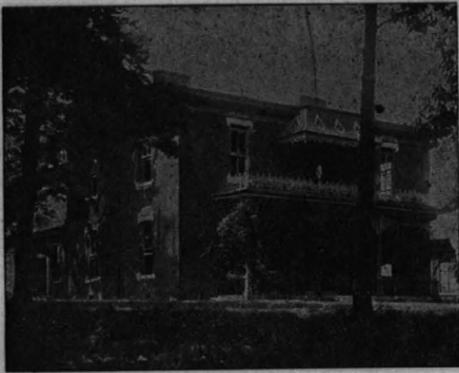
DEPARTMENT OF CONFEDERATE PENSIONERS

It is hereby certified

No. 209	PENSION CERTIFICATE OF	William M. Lucas,
	Payable Quarterly	
	by the	
	Treasurer of Kentucky	
	at	
	Frankfort, Kentucky.	

Department of Confederate Pensioners
July 1898

[Faint signatures and stamps]



OLD ODD FELLOWS
AND
REBEKAHS' HOME

CHAS. CLENDENIN, Superintendent,
MRS. MARY H. CLENDENIN Matron.

TRUSTEES.

Dr. E. E. BICKERS, President, Port Royal, Ky.
Mrs. M. J. DUVAL, Vice-Pres., 353 Woodland
Ave., Lexington, Ky.
F. C. GILTNER, Sec'y & Treas., Eminence, Ky.
LOUIS BELOW, 406 E. Market St., Louisville.
S. J. DOUTHITT, New Castle, Ky.
Mrs. J. C. HELBURN, Eminence, Ky.
Mrs. IOLENE HAWKINS, Flemingsburg, Ky.

EMINENCE, KY.

March 29th. 1927.

J.T.George,.

Frankfort. Ky.

Dear Sir; ,

I enclose papers as adminstrator of Willim Lucas deceased and ask
that if they are in proper shape that you send me voucher for the \$9.20
due him on pension account. Thanking you for the favors shown us and Mr.
Lucas since he has been at our Home, I am,.

Very truly,.

F. C. Giltner