

Soldier's Application for Pension

I, Nevyn Hank

am a citizen of Kentucky, resident at Eddyville in the County of Dyon
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 B, 1st Ky Regt. C. S. A.

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 Davidson County Tennessee May 2, 1842

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

Answer April 1861 Co B, 1st Ky Regt. C. S. A., Capt Mitchell Lapite,
Col Blanton Duncan, 1st Lieut Marsup, 2nd Lieut Johnson

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

Answer Discharged with Co B, 1st Ky Regt. at Richmond, Virginia.

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, surrendered at Appomattox Va. 1865

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

Answer No, was paroled
~~When Gen Lee surrendered at Appomattox, Va. 1865~~

If so, when and under what circumstances?

Answer No, was paroled

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

Answer *Farmer, Earn from \$50⁰⁰ to \$75⁰⁰ a year*

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

Answer *Houses and Kitchen furniture*

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

Answer *Nothing but a cow, cash value \$25⁰⁰*

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 *\$100⁰⁰*

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 *Continuously for thirty year*

Have you an attorney to look after this application?

Answer *E. H. James*

If so, give his name and address? *Eddyville Ky*

Answer

Witness my hand this *10th* day of *April*, 191*2*

WITNESSES:

D. J. Travis, Physician

Postoffice Address *Eddyville Ky*

Sam H. Cook, Witness

Postoffice Address *Eddyville Ky*

T. L. Cook, Witness

Postoffice Address *Eddyville Ky*

Henry Hanks

P. O. *more Eddyville Ky*

Street and No. (if any)

R. F. D. (if any)

STATE OF KENTUCKY

Boon County

County

I, *D. P. Gray*

Judge of said County,

certify that *Henry Hanks* and his wife *Samantha Hanks* are

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

Witness my hand this *10th* day of *April*, 191*2*

D. P. Gray

Judge County Court.

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

STATE OF KENTUCKY

Lyon County } Personally appeared before me E. H. James
a Notary Public of said County, the above named Harry Hawks
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 10th day of April, 1912

E. H. James Notary Public

STATE OF KENTUCKY

Lyon County } Personally appeared before me E. H. James
a Notary Public of said County, the above named Dr. J. J. Travis
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 Harry Hawks
the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

Arteriosclerosis Chronic Bronchitis Piles and General Disability

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

(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

Lyon County } Personally appeared before me E. H. James
a Notary Public of said County, the above named Sam H. Leach
and P. L. Leach, 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 army.

State here what witnesses know of their own knowledge.

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

E. H. James Notary Public Lyon Co. Ky

My term expires Feb 8, 1916



No. 271

STATE OF KENTUCKY

Soldier's Application for Pension

Henry Hancock

Co. B - 1st Ky. Inf. Rgt.

Filed April 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.



ADJUTANT GENERAL'S OFFICE

MAY 31. 1912
1917807
WAR DEPARTMENT.

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

1917807
WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, June 1, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that Henry Hanks,
private, Company B, 1st Kentucky In-
fantry, Confederate States Army, en-
listed April 23, 1861. On the roll
of the company covering the period
from January 1 to May 13, 1862, last
roll on file, he was reported present.
No later record of him has been found.

The Adjutant General.

(A. G. O. 72-1)

Per

ADJUTANT GENERAL'S OFFICE

FRANKFORT, KY.

HENRY HANKS

Enlisted Apr. 1861, Co. B,

1st Kentucky Infantry

1 year; discharged with his

company at Richmond, Va. at

the end of the term; re-

enlisted and was transferred

at Appomattox, Va. Apr.

9, 1862.

Proven by records from

Washington and by courses.

W. S. S.

I recommend that this claim

be allowed.

Adjutant General

Approved by W. S. S.

Examined by W. S. S.

(A. G. O. 72-1)

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Franklin
Vol. 10 Eddyville
Ino. Town Eddyville
City Eddyville (No. 6943 St. Ward)

Registration District No. 410
Primary Registration District No. 6943

File No. 460
Registered No. 460

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

2 FULL NAME Henry Hawks

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH 1 1 1921
(Month) (Day) (Year)

7 AGE 82 yrs. 0 mos. 0 ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. None
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Penn

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) [Signature]
(Address) [Address]

15 Filed 17/21 1921 [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov-13-1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1921, to Jan 12 1921, that I last saw him alive on Nov 13 1921, and that death occurred on the date stated above at 6 P m. The CAUSE OF DEATH* was as follows:

Septicemia

Duration) 10 yrs. 0 mos. 0 ds.

Contributory Abscess (SECONDARY) Duration) 6 yrs. 0 mos. 0 ds.

(Signed) H. H. Woodson, M. D. Nov 13 1921 (Address) Eddyville

*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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Pleasant Hill DATE OF BURIAL Nov 14 1921

20 UNDERTAKER Sam Glenn ADDRESS Kelland

Copy attested [Signature] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

CERTIFICATE OF DEATH
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]

СЕРТИФИКАТЪ НА СМЪРТТА ПО СТАНДАРТА НА СЪЕДИНЕНИИ СЪЩАСТИ
СЪСТАВЕН ОТ СЪЕДИНЕНИИ СЪЩАСТИ И АМЕРИКАНСКОТО СЪВЕЩАНИЕ ЗА ПУБЛИЧНОТО ЗДРАВЬЕ

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 Planter, Physician, Compositor, 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) *Ottom 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*, 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: *Former (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"); *Dysitherya* (avoid use for "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, 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), *29ds.*, *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OR 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*; *Resolter wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

Notes.—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, pyæmia, septicæmia, tetanus.

DEATH OF PERSON (Name, first, last, and middle initial, if known) *John William Brown*

RESIDENCE (Street, number, city, county, and State) *123 Main St., New York, N. Y.*

DATE OF BIRTH (Month, day, and year) *Jan. 1, 1870*

DATE OF DEATH (Month, day, and year) *Dec. 15, 1915*

PLACE OF DEATH (City, county, and State) *New York, N. Y.*

DEATH OF PERSON (Name, first, last, and middle initial, if known) *John William Brown*

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No. 271



SECTION 12 OF THE KENTUCKY CONSTITUTION PROVIDES THAT
No pension money shall be paid to any person who has not become
entitled to the same by the legal process of the law, whether
TAHT IN LAW PROVIDES THAT

COMMONWEALTH OF KENTUCKY

DEPARTMENT OF CONFEDERATE PENSIONS

It is hereby certified

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

Henry Hanks

who was a member of Company "B" Regiment First
Kentucky Infantry

Confederate States Army, is entitled to a pension at the rate of Twelve
dollars per month, to commence on the First day of
August one thousand nine hundred and eighteen.

Given at the office of the Commissioner of Pensions

this First day of August
one thousand nine hundred and eighteen.

W. J. Stone

Commissioner.



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 PENSIONS

It is hereby certified

No. 271
PENSION CERTIFICATE OF
Henry Hawks

Payable Quarterly

by the

Treasurer of Kentucky

at

Frankfort, Kentucky.

John Gray 1-19-18

Department of Confederate Pensions
Frankfort, Kentucky

Commissioner of Pensions

W. F. Moore
Commissioner

State of Kentucky.

Oldham County./////// Sct:

This day personally appeared before me Horace B. Pellock
 a Notary Public Oldham County Kentucky, John Bowman,
 age 72 years, and (Cooney) Burch age 74 years, and who after being first
 duly sworn, states in relation to the claim of Henry Hanks, late of Co, B,
 First Kentucky Regiment, for Pension under Act General Assembly Kentucky
 March 11th, 1912, That they each served in the Confederate Army with said
 Henry Hanks; that they enlisted at Louisville, Ky. in April
 1861---That affiant John Bowman, enlisted at said time in Company B First
 Kentucky Regiment; and affiant T.H. Bush, or Cooney Bush, enlisted at said time
 in Company C of said First Kentucky Regiment, and that affiants each
 served with the said Henry Hanks in said regiment until they were
 mustered out, which was May 13th 1862; and affiants further state that
 said Hanks made a brave and gallant soldier.

Affiants further state that the above statement of facts are made from
 their personal knowledge; and that they have no interest in this claim.

Witnesses

T.H. Burch

John Bowman

Subscribed and sworn to before me by John Bowman, and T.H. Busch, this
24 day of May 1912; and I certify that said witnesses are
 reputable and worthy of belief, and that I have no interest in this claim
 and am not concerned in its prosecution.

Horace B. Pellock Notary Public
Oldham Co Ky

My Commission Expires July 10th, 1913.

May, term, Lyon County Court. May 27, 1912.

In the matter of application of Henry Hanks for pension act
March 11, 1912.

Came the following witnesses, who being duly sworn testified in
relation to said claims as follows:

My name is Sam G. Cash, I am a Resident of Lyon County, Ky.

I am 46 years old, occupation farming.

I have known the applicant, Henry Hanks for 20 years, and has
been a citizen and resident of 20 years.

He has no income. He has no~~y~~ property. He has no profession or
trade to support him. He is not able to earn a living by
manual labor.

My name is Daniel J. Travis, Resident of Lyon County, Ky,
age 38, occupation practicing physi cian.

I have known the applicant Henry Hanks for 11 years and has been a
resident of Lyon County for that period of time.

He has no real estate or personal property. He has no income

He is not able to earn a support by manual labor, h~~a~~s wife
has no estate or income.

I T.P.Gray, certify that the above named witnesses are reputable
citizens of Lyon County and are entitled to credit.

Witness my hand as Judge of the Lyon County Court, this 27th, day
of May, 1912.

T. P. Gray

Judge Lyon Co. Court.