

(ORIGINAL)

Soldier's Application for Pension

I, E. A. Krum

am a citizen of Kentucky, resident at Sullivan 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 E Kentucky 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 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 Livingston (now Crittenden) County, Kentucky, in 1837.

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

Answer In Aug. 1861, 1st Ky. Cavalry, Col. Allen, Capt. Maryweather

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

Answer I was discharged, in 1863, near Murphysboro, Tenn.

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

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

Answer *Farming*

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

Answer *Land, stock, etc. listed at twelve hundred dollars.*

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 *Nothing*

Do you use intoxicants to any extent?

Answer *None.*

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 *27th* day of *April*, 191*2*.

WITNESSES:

John L. Reynolds, M.D., Physician P. O. *Sullivan Ky.*

Postoffice Address *Blackford, Ky.* Street and No. (if any)

J. H. King, Witness R. F. D. (if any)

Postoffice Address *Leadstone Ky.*

Carou Morgan, Witness

Postoffice Address *Blackford, Ky.*

STATE OF KENTUCKY

Buttindun County } I, *John L. Reynolds*, Judge of said County,

certify that *J. A. Humm* and his wife are

assessed with *120* acres, valued at \$ *800⁰⁰*, and with \$ *00* of personal property.

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

John L. Reynolds Judge County Court.

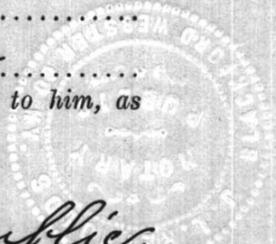
If applicant and his wife have no property, the Judge must so certify.

STATE OF KENTUCKY

Webster County } Personally appeared before me...
a Notary Public of said County, the above named S. A. Nunn
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 27th day of April, 1912.

My Com. Expires Feb'y 16, 1914. J. L. Reynolds, Notary Public



STATE OF KENTUCKY

Webster County } Personally appeared before me...
Public of said County, the above named John L. Reynolds, M.D.
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... S. A. Nunn
the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

Owing to Crispipelas, Rheumatism, and a general disability, the applicant is unable to make a support by manual labor.

John L. Reynolds, M.D.

Witness my hand and seal of office, this 27th day of April, 1912.

My Com Expires Jan'y 22-1914 P. T. White, 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

Webster County } Personally appeared before me...
Notary Public of said County, the above named J. A. King
and Aaron Morgan, 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 said witnesses further make oath to the following facts touching the applicant's service in the Confederate army.

The applicant, S. A. Nunn, to our personal knowledge, entered the Confederate service in 1861, and was honorably discharged in 1863. Since the close of the Rebellion, we have been personally associated with the applicant and know that he is unable to make a support by manual labor.

Witness my hand and seal of office, this 27th day of April, 1912.

J. L. Reynolds, Notary Public
My notarial commission will expire on Feb'y 16, 1914.



No. 2326

STATE OF KENTUCKY

Soldier's Application for Pension

S. A. Plunk

Co. Rgt.

Filed JUN 21 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

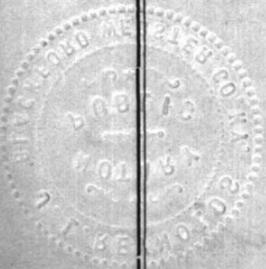
KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

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

JUN 24 1912

1927986

1912

WAR DEPARTMENT

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

1927986
WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON, June 25, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

There are no rolls on file in this office of the 1st (Helm's) Kentucky Cavalry, Confederate States Army, and no record has been found of the capture or parole of a man named S. A. Nunn as of that organization.

Henry P. McLean
Adjutant General.

Indorsement.

STATE OF KENTUCKY
ADJUTANT GENERAL'S OFFICE,
FRANKFORT, KY.,

S. A. NUNN.

Who claims to have enlisted in August 1861 in Company I, 1st Kentucky Cavalry, and to have been discharged in 1863, which is proven by two of his comrades. Property: \$1300.

W J S

I recommend that this claim be allowed.

Adjutant General.

Allowed by the State Pension Board.

Chairman.

No. _____ S _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUN 21 1912

191

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

Dear Sir :

S. A. Mum

who is an applicant for Pension under the Kentucky Pension law, claims

to have been a member of Company *D - Ky.*

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

Capt. Helm

Capt. Menninger

Enlisted in Aug. 1861.

Discharged in 1863 near

Muskegeton, Tenn.

Please give me the record of this soldier.

Respectfully,

W. J. Stone

Examiner.

Samuel A. Nunn, Sullivan, Kentucky.

74 years of age.

Am a resident of Crittenden County, Kentucky, and have been all of my life. Am a farmer and have no other profession or trade. Own farm of 117 acres, worth \$8 or \$10 per acre. Owe \$300, secured by mortgage on the land. Own 2 horses-worth \$125- One cow and calf-\$30- sow and 6 pigs-\$10 or \$12; 2 yearlings \$20; 7 sheep-\$1.50 or \$2.00 per head. No other property. No income from any other source than farm. Have wife and two grandchildren dependent upon me for support. Wife has no property. Have been renting my farm. My rent amounted to 100 bushels corn last year and about \$86 for tobacco.

R. B. Thurman, Blackford, Kentucky.

Joseph H. King, Gladstone, Kentucky.

Know Mr. S. A. Nunn. Know that he is a resident of Crittenden County, Kentucky. Am acquainted with his financial and physical condition, and know that he has no other property or income except that stated by the applicant.

The above named witnesses are personally known to me to be worthy of credit, and I find from evidence that Samuel A. Nunn applicant, owns real estate of the value of \$ 1000⁰⁰, and personal property of the value of \$ 200⁰⁰ ^{owns \$300⁰⁰} That he has no income of \$ _____, and is not able to earn a support by manual labor, and has no profession, trade, or calling from which to derive an income.

Subscribed Judge
Crittenden County

Alamogordo N. Mex.

Dec - 8 - 1931

Confederate Pension Dept.

Frankfort, Ky.

attention Mr John M. Lucas:-

My late

mother-in-law saved her pension vouchers for the past few years intending that they should be used for her burial.

I have them all. Shall I send them all at once to you or how shall I go about cashing them.

Mother Tinsley was a Va. "Lee" and most all her people were in the Confederate Army. awaiting your reply I am

Most sincerely

Mrs H. J. Tinsley.

Alamogordo,

New Mexico.

M. J. TINSLEY

AMERICAN BANK NOTE CO. NEW YORK

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

File No. _____
Registered No. _____

1. PLACE OF DEATH
County Crittenden
Vot. Pct. Rosebud Registration District No. 390
Inc. Town _____ Primary Registration District No. 4862
City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Samuel Arthur Nunn
(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 (Use the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ann Nunn

6. DATE OF BIRTH Sept. 30, 1837

7. AGE Years 95 Months 3 Days 18 If LESS than 1 day hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE Crittenden Co. Ky.

13. NAME John Nunn

14. BIRTHPLACE Crittenden County

15. MAIDEN NAME Emily Love

16. BIRTHPLACE Ky.

17. INFORMANT Mrs. W. N. Weldon
(Address) Marion, Ky. R. R. No. 2

18. (BURIAL) CREMATION, OR REMOVAL Place Rosebud Date 1-19-33, 19____

19. UNDERTAKER W. O. Tucker
(Address) Marion, Ky.

20. FILED 2-11-1933 JOHN G. BELLAMY
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan. 18, 1933, 19____

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1933 to Jan 18, 1933, 19____
I last saw him live on Jan 17, 1933, death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Broncho Pneumonia Date of onset _____
Senility _____

Contributory causes of importance not related to principal cause:
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
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) T. Atchison Frazer, M. D.
Marion, Ky.
(Address)

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.

5856

Blackford, Ky. January 20, 1933

Commissioner of Confederate Pensions,
Frankfort, Kentucky

Dear Sir:

S. A. Nunn, a Confederate Veteran, pension certificate No. 2226, died January 18, 1932, leaving a widow, Mrs. Ann S. Nunn, surviving him and no children under age. Please send necessary papers to make application for pension for her. Before his death, S. A. Nunn had fixed up his pension papers and sent them in to you. If the check come on to him, what must we do with it?

I am a son of S. A. Nunn, deceased.

Yours very truly,

Alcar Nunn
Sullivan, Ky. R. F. D. 1

*info material +
number etc*

January, 23, 1933-

Mr. Osear Nunn.
Sullivan, Ky.

My dear Sir:

Your letter of January 20th informing us of the death of S. A. Nunn on January 18th has been received. There is due his estate \$78.00 being accrued pension from November 1st, 1933 to January 18th 1933, inclusive, and I inclose information as to how this amount may be collected. I also am sending you widows application blanks and a copy of the pension law which will give you information as to how the application should be filed.

Very Truly,

Comm.

LAW OFFICE
J. W. BLUE, JR.
1-3 OLD POST OFFICE BUILDING
MARION, KY.

February 14th. 1933

Mr. John M. Lucas,
Confederate Pension Commissioner,
Frankfort, Kentucky.

Dear Sir:-

At the request of Mr. Oscar Nunn, administrator of his father, Samuel A. Nunn, I herewith enclose copy of order of his appointment as administrator and copy of death certificate, with the request that you send to him voucher for amount due Mr. Nunn at the time of his death.

Mr. Oscar Nunn's address is Sullivan, Kentucky, RFD.

Yours very truly,



2226

LAW OFFICE
J. W. BLUE, JR.
1-3 OLD POST OFFICE BUILDING
MARION, KY.

March 14th 1934

Hon. J. M. Lucas, Commissioner,
Confederate Pensions,
Frankfort, Kentucky.

Dear Sir:-

I received your letter of March 6th., several days ago, in reference to the death of my mother, and note that the Department pays \$100.00 on funeral expenses. My father Samuel Arthur Num died on 18th day of January 1933, and I was appointed his administrator. I have never received the \$100.00 on funeral expenses but have paid the undertaker. I am enclosing receipt from the undertaking firm and request that you send me check for \$100.00 to apply on my father's funeral expenses.

Yours very truly,

Osca Num