

(ORIGINAL)

Questions for Applicant

STATE OF KENTUCKY,

Calloway County.

Susan Jane Broach of said State and County, desiring to avail herself of the pension allowed to Indigent Widows of Soldiers, General Assembly, approved March 11, 1912, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your full name and where do you reside? (Give State, County and Postoffice.)
Susan Jane Broach Murray, R. # 1 Calloway Co. Ky.
2. How long and since when have you been a resident of this State? All of my life
3. When and where were you born and what was your maiden name? March 1st 1843 in Calloway County Ky - Susan Jane Stone.
4. When and where was your husband born—state his full name, and when and where were you and he married, and who performed the marriage ceremony. (A copy of the marriage license, or affidavits of two or more persons who know when the applicant was married to her husband, must accompany the application.) Thomas G. Broach Borned May 22nd 1842 in Carroll Co. Tenn. Married about January 1874 in Calloway Co. Ky. Rev. Sheridan
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? October 1st 1861 Calloway Co. Ky. Company C. 1st Ky Cav.
6. How long did your husband serve in said Company and Regiment? About 16 months
7. When and where did your husband's Company and Regiment surrender? Don't know.
8. Was your husband present at the time and place when his Company and Regiment surrendered? Don't know.
9. If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause and by what authority? Unknown.
10. When and where did your husband die? April 24th 1919 in Calloway Co Ky
11. At the time of your husband's death, were you living with him as his lawful wife? Yes
12. Have you married since the death of your soldier husband? No
13. What property, real or personal, or income do you have or possess, and its gross value? 60 acres of land rent of farm Value \$200.00
14. Have you a family? If so, who compose such family? Myself and daughter
15. Name some friend, giving his name and postoffice address, who will be willing to have us write to him about your case if necessary A. W. Waldrop. Murray Ky.

Sworn to and subscribed before me, this, the

19 day of May, 1919

R. M. Phillips Clerk.

of Calloway County.

By H. C. Broach D.C.

Susan Jane Broach
her
Mark.

Questions for Witnesses

STATE OF KENTUCKY,

Calloway County.

W.R. Broach and Julia Johnson, of said State and County, having been presented as a witness in support of the application of Mrs. Susan Jane Broach for a pension under Confederate Pension Law, approved March 11, 1912, after being duly sworn, true answers to make to the following questions, deposes and answers as follows:

1. What is your name and what is your postoffice address? William R Broach
and Julia Johnson Murray Ky
2. Are you acquainted with the applicant, Mrs. Susan Jane Broach
If so, how long have you known her? yes about 40 years
3. Where does she reside, and how long and since when has she been a resident of this State? in Calloway
County Ky All her life
4. Were you ever acquainted with her husband? yes
5. Were either or both of you present at the marriage? no
6. How long did you know him? All of his life or at least 75 years
7. When and where did Thomas G Broach enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this?

8. Were you a member of the same Company and Regiment at the close of the war?
9. How long did he perform regular military duty?
10. When and where was his Company and Regiment surrendered?
11. Were you with the command when it surrendered?
12. Was _____, the husband of applicant, present?
13. If not present, where was he?
14. When and where did he leave his command?

For what cause?

By whose authority did he leave?

How do you know all this? (State fully and clearly)

15. When and where did Thomas G Broach die?
April 24th 1919 in Calloway Co Ky
16. Where did he reside at his death, and how long had he been a resident of Kentucky at his death? in
Calloway Co Ky About 50 years
17. Do you know of your own knowledge that applicant is the lawful widow of Thomas G Broach
yes

18. Has she remained unmarried since her soldier husband's death, and is she now his widow? Yes

19. What property effects or income has the applicant, if any, and how do you know this of your own knowledge?
60 acres of land income about \$ 200.00

Has applicant conveyed any property, in the last two years or given any away, if so, what was it, and to whom?
No.

NOTE.—Let the witness who can answer the greatest number of questions do so; then let the other witness state in the space below how much of the testimony of the first witness he concurs in, and whether or not he can answer any of the questions not answered by the first witness.

Sworn to and subscribed before me this 19
day of May, 1919
R. M. Phillips Clerk.
W. R. Broach D. C.
W. R. Broach
Julia Johnson
Witnesses

THE FOLLOWING CERTIFICATE OF THE COUNTY JUDGE MUST BE FILLED OUT WHETHER THE APPLICANT OWNS ANY TAXABLE PROPERTY OR NOT.

I, R. M. Phillips Judge of Callaway County, Kentucky,
hereby certify that the property assessed on the tax books of this County to Mrs. Susan Jane Broach
the widow of Thomas H. Broach amounts to \$ 1925 real estate and
\$ 300 personal. R. M. Phillips J. C. C. Trustee.
Licensed by Thomas For Callaway County, Ky.

Certificate of Clerk of Court or Notary Public

STATE OF KENTUCKY,

Callaway County.

I, R. M. Phillips Clerk or Notary Public, in and for said county, hereby
certify that the applicant, Mrs. Susan Jane Broach resides in said county, and has been
a bona fide resident of this State since the 5 day of March, 1843 and that the wit-
nesses, Mr. W. R. Broach and Julia Johnson
are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions the applicant and said witnesses took the oath here-
prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and sub-
scribed.

Witness my hand and official seal this 19 day of May, 1919

(SEAL)

R. M. Phillips Clerk
W. R. Broach D. C.

- Note—1. Before any questions are answered, the Clerk or Notary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God."
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before an officer using a seal.
4. Only widows who were the wives of soldiers need apply—and are now widows. Those married since Jan. 1st, 1890, not entitled.
5. Two witnesses are necessary to make out claims.
6. Attach certified copy marriage license in every case, or certificate of County Court Clerk, under seal, that license is filed in his office duly certified by officiating minister, or the affidavit of the officiating minister, or the affidavit of a witness of the ceremony, or the affidavit of two witnesses who knew them as man and wife, prior to January 1, 1890, and knew that they were living together on the date of his death.

NOTICE TO APPLICANTS

The Widows' Pension Law, passed by the Kentucky Legislature, provides for the widows of *soldiers only*, and they must have been residents of the State of Kentucky since January 1, 1907.

Widow must have married prior to 1890.

To be eligible the applicant must have remained a widow after the death of her soldier husband, and must be indigent.

Read the questions in the application carefully and answer them fully.

Read the law, and unless you come clearly under the laws it will be useless to file application.

No. 3967

Widow's
Indigent Pension

Name Susan Jane, et al

RES. 1-1-1907

May 26, 1919

Widow of Samuel et al

Ed. M. Phillips

Approved

Oct 15 1919

Commissioner

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



Indorsement.

PENSION EXAMINER'S OFFICE,

FRANKFORT, KY.

SUSAN JANE BROACH
widow of
THOMAS G. BROACH

Who enlisted Oct. 1, 1861,
in Company C, 1st Kentucky
Cav. for 1 year, and was
discharged in February, 1863.
Proven by comrades.

Property: \$2,000.00

Approved:

W J Stone.

J. H. Churchill

Funeral Home

"The House of Service"

PHONE 7

Exclusive Ambulance

MURRAY, KENTUCKY

J. M. Lucas,
Frankfort, Ky

Dear Sir,

Mrs. Susan Broach died

this morning at her home near

Coldwater in Calloway Co. Please

forward necessary blank for application
of Burial allowance of \$100.00

Very truly yours

J. H. Churchill

In the matter of the application of Susan Jane Breach for Pension, I this day heard evidence in open court touching her financial worth and property holdings, and from the evidence of H.C.Breach and C.W.Waldrop, both of Murray Ky, I find that she owns 60 acres of land in her own right, and that same is worth \$2000.00, and that she owns no other property except some household and kitchen furniture, of no market *value* whatever.

On this finding and the application, I hereby to the extent it is my duty so to do recommend that her said application be granted.

Witness my hand as Judge of the Calloway County Court

This June 27 1919.

W. H. Whipple, J. C. C.

Affiants A.H. Waldrop and R.E. Broach say that they have been well acquainted with Thomas G. Broach and wife Susan J. Broach his wife, and they know of their own knowledge that they lived together as man wife many years prior to 1890, and from that date until the death of said Thomas G. Broach.

A. H. Waldrop

R. E. Broach

Subscribed and sworn to

before me by A.H. Waldrop

and R.E. Broach

June 28 1910.

E. D. Phillips

Judge of the Calloway County Court.

COPY

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

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

File No. _____

1 PLACE OF DEATH

County FAYETTE

Registered No. 1

Vot. Pot. _____ Registration District No. 500

Inc. Town LEXINGTON Primary Registration District No. 2165

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MARY BURNS McROHAN

(a) Residence No. 467 W. SECOND 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 F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of JOHN McROHAN

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min. 90

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

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) IRELAND (State or country)

13. NAME BILLIE BURNS

14. BIRTHPLACE (city or town) IRELAND (State or country)

15. MAIDEN NAME MISS SULLIVAN

16. BIRTHPLACE (city or town) IRELAND (State or country)

17. INFORMANT Tom McRohan (Son) (Address) Carlisle, Ky

18. BURIAL, CREMATION, OR REMOVAL Place Carlisle, Ky Date 1-3-33, 19__

19. UNDERTAKER Mathas-Potts & Co. (Address) Carlisle, Ky

20. FILED 1-12-33, 19__ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1932 to Jan 1, 1933

I last saw her alive on Jan. 1, 1933, death is said to have occurred on the date stated above, at _____ m.

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

BRONCHO - PNEUMONIA Date of onset 12-24

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____ Clinical signs
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 _____ 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) W. N. CAIN, M. D.
(Address) 200 N. Upper

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.

1. PLACE OF DEATH

County Calloway

Vot. Pot. S. Brindley

Inc. Town _____

Registration District No. _____

Primary Registration District No. _____

Registered No. _____

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs. Susan Broach

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widow</u>
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of <u>Thomas Broach</u>		
6. DATE OF BIRTH <u>March 5th 1843</u>		
7. AGE	Years <u>90</u>	Months <u>-</u>
	Days <u>13</u>	If LESS than 1 day hrs. _____ min. _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent at this occupation		
12. BIRTHPLACE <u>Kentucky</u>		
13. NAME <u>Geo. Strong</u>		
14. BIRTHPLACE <u>Kentucky</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE		
17. INFORMANT <u>J. P. Stead</u> (Address) <u>R#1 - Murray, Ky.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Boehrs Cem.</u> Date <u>Mar 19th 1933</u>		
19. UNDERTAKER <u>A. Churchie</u> (Address) <u>Murray, Ky.</u>		
20. FILED _____, 19 _____ Registrar,		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar 18th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1933 to Mar 18, 1933
I last saw her alive on Mar 18, 1933, death is said to have occurred on the date stated above, at 1:00 p. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Lobar Pneumonia

Contributory causes of importance not related to principal cause:
Stroke

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 _____ 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? _____ If so, specify _____
(Signed) C. H. Jones, M. D.
(Address) Lynn Grove, Ky.

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.

CITY OF MURRAY, KENTUCKY

Councilmen:
H. C. Broach
J. T. Wallis
H. E. Elliott
Dr. W. H. Graves
R. P. Holland
E. J. Beale

Officials:
Ed Filbeck, Mayor
John G. Ryan, Attorney
Chas. B. Grogan, Clerk
A. S. Brooks, City Judge
J. F. Hays, Chief of Police

April 4, 1933.

Hon. J. M. Lucas, Pension Commissioner,
Frankfort, Kentucky.

Dear Mr. Lucas:

Enclosed find death certificate of Susan Jane Broach. Also, copy appointing administrator, for which, please send voucher of pension to Ira T. Broach, Murray, Kentucky, RFD#4.

Yours truly,

H. C. Broach

March, 20, 1933-

Mr. J. H. Churchill,
Murray, Ky.

My dear Sir:

Your letter informing us of the death
of Mrs. Susan Broach received. I inclose the voucher
for her burial expense, and I inclose information
as to how the amount due her estate may be collected.
Will you kindly give this to the person appointed
to settle her estate,

Very Truly,

Comm.