

(ORIGINAL)

Soldier's Application for Pension

I, Samuel P. Reader

am a citizen of Kentucky, resident at Louisville in the County of Jefferson
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 Co. 10. 1st Ky Infantry for 1 year
Co. 10. 1st Ky Cavalry to close of war
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 Jefferson County Kentucky April 1840

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

Answer Apr 1861 at Louisville Co 10 1st Ky Infantry. Sworn into Confederate Service Maryland Heights, Md in May 1861

Oct 1862 reenlisted Co. 10. 1st Ky Cavalry
Co. 10. 1st Ky Infantry capt Thomas H. Taylor Co. 10. 1st Ky Cavalry Capt Bush Burton Capt Jeff. Reynolds

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

Answer Released from Camp Chase, Ohio at close of war 1865

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

Answer Yes, Camp Chase Ohio. 1865 after close of war

Were you paroled? If so, when and where?

Answer No

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

Answer At close of war, when released from prison

If so, when and under what circumstances?

Answer 1865. War was over

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

Answer house painter when able to work
from one to two hundred dollars

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

Answer *Two lots of ground, without improvements*
one 30 x 130. 2nd 180 x 200, Assessed value \$475⁰⁰

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

Answer *No*

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 *Nearly \$200, the largest income for several years*

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 my life*

Have you an attorney to look after this application?

Answer *Sam'l G. Tate yes*

If so, give his name and address?

Answer *Sam'l G. Tate, Louisville Ky*

Witness my hand this *16* day of *July* 191*5*

WITNESSES:

E. D. Mahan, Physician
Postoffice Address *1060 - 8th*

Charles P. Allen, Witness
Postoffice Address *2514 W. Walnut, Louisville Ky*

A. L. Bryant, Witness
Postoffice Address *Louisville Ky*

Sam'l P. Reader
P. O. *Louisville Ky*
Street and No. (if any) *1814 Bolling Ave*
R. F. D. (if any)

STATE OF KENTUCKY

Jefferson County } I, *Samuel W. Greene* Judge of said County,

certify that *Samuel P. Reader* and his wife _____
own *Two* lots as above acres of land, valued at \$*475*, and with \$ *no* of personal property.

Witness my hand this *6th* day of *May*, 191*5*

Samuel W. Greene Judge County Court.

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

The above property is assessed for \$475⁰⁰
Geo. Schlegel, Assessor Jeff Co Ky

STATE OF KENTUCKY

Jefferson County } Personally appeared before me S. G. Tate
Notary Public of said County, the above named Samuel P. Reader
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 18 day of Feb, 1915

S. G. Tate
Notary Public

STATE OF KENTUCKY

Jefferson County } Personally appeared before me S. G. Tate
Notary Public of said County, the above named E. S. Katzman

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 Samuel P. Reader
the applicant, and finds him laboring under the following disabilities: Unable to earn a support by manual labor.

1st on account of disability

Witness my hand seal of office, this 1st day of May, 1915

S. G. Tate
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

Jefferson County } Personally appeared before me S. G. Tate
Notary Public of said County, the above named Charles P. Allen

and A. L. Burt, 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.

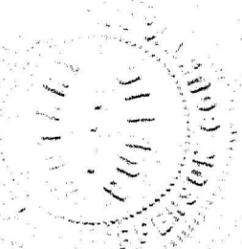
State here what witnesses know of their own knowledge.

I have known Samuel P. Reader since we were boys - we
served in the same company during the war and we have
been citizens of Louisville Ky. and friends since the war closed.
C. P. Allen

I served in the same company with Samuel P. Reader in
the Confederate Army and have known him ever since
A. L. Burt

Witness my hand and seal of office, this 18 day of July, 1915

S. G. Tate
Notary Public Jefferson County
My commission expires July 3 1918



3343
New York

STATE OF KENTUCKY

Soldier's Application for Pension

SAMUEL P. READER

Co. _____ Rgt. _____

Filed JUN 21 1915

Allowed _____

Read Specifications on Back.

SPECIFICATIONS

1	_____
2	_____
3	_____
4	_____
5	_____

Allowed July 15th 1915

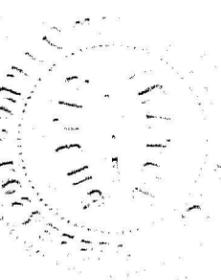
W. J. Stone Commissioner.

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

The State Journal Co., Frankfort, Ky.

MAY 3 1915

FILED IN COURT Read over
Henry W. Russell



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.

PENSION EXAMINER'S OFFICE,
FRANKFORT, KY.

SAMUEL P. READER

Enlisted Apr. 23, 1861, in
Co. D, 1st Kentucky Inf'y. and
was captured Oct. 1, 1864, and
released May 13, 1865, at Camp
Chase, O. upon taking the oath
of allegiance to the U.S. Govern-
ment. Proven by the record.

Property: \$475.00.

Approved:

W J Stone.

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON, June 24, 1915.

Respectfully returned to the
Examiner,
Confederate Pension Dept.,
Frankfort, Ky.

The records show that Samuel P.
Reader, private and sergeant, Co. D,
1st Kentucky Infantry, and Co. D, 1st
Kentucky Cavalry, C.S.A., enlisted
April 23, 1861, and that he was
captured near Gladsville, Va., Oct.
1, 1864, and released at Camp Chase,
Ohio, May 13, 1865, on taking the
oath of allegiance to the U.S.

H. P. McCaw
The Adjutant General.
me

No. _____ S. _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

June 21st 1915

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

Dear Sir:

Samuel P. Reader

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company "D" - 1st Kentucky
Regiment Inf. (for 1 year) C. S. A., and to have been
and was with Company D, 1st Kentucky Cavalry
till close of war.
Released from Camp Chase, O. at close of war.

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

STATE OF KENTUCKY)
COUNTY OF JEFFERSON)

JEFFERSON COUNTY COURT

At the Court held on the 17th day of June, 1915,

IN RE Application of Samuel P. Reader of Co. D.

1st. Ky. Inf. and Cav., for Confederate Pension.

This case coming on to be heard and the Court hearing testimony in open Court; the County Attorney being present, a brief substance of the testimony of each witness is as follows:

APPLICANT: Samuel P. Reader, 1814 Bolling Ave., Louisville, Ky.
Witness : Prof. W. B. Maple, 210 West Chestnut St., Louisville, Ky.
" : M. S. Jean, 2131 Douglas Blvd., Louisville, Kentucky.

testified that the applicant was a Confederate Soldier; that he has resided in this State continuously since January 1, 1907; that they have known him personally for several years; that he is unable to earn his living by manual labor, and is not able to earn a living by reason of any knowledge, art or skill in any profession, trade or craft. He does not receive a pension from the United States or any foreign government; that he does not possess a net income of \$300.00 per year; that he has no property to the amount of \$2500.00; that he has no contract or agreement with any one for his support, nor is he able by reason of the combined partial ability to earn a support.

I therefore find that the applicant has been a citizen and resident continuously since January 1, 1907, of Jefferson County and the State of Kentucky, and has no means of support of any kind and that the Doctor and two lay witnesses to application and witnesses heard, are reputable witnesses entitled to credit.

I recommend that the application for pension be granted.

Samuel W. Greer
JUDGE.

COMMONWEALTH OF KENTUCKY
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

LOUISVILLE, KY.

No. **1324**

I, J. F. Blackerly, State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the CERTIFICATE OF DEATH of

PLACE OF DEATH

County of Jefferson on file in THE BUREAU OF VITAL STATISTICS of Kentucky.

Voting Precinct No. _____ Registration District No. 755 File No. _____
Primary Registration District No. 2025 Registered No. 2782

Incorporated Town _____ (No. 2538 Bank St., _____ Ward) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

City Louisville Full Name Samuel P. Reader
(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)

6 ~~DATE OF BIRTH~~
7 AGE 86 yrs. 2 mos. 13 ds. IF LESS than 1 day hrs or min?

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Samuel Reader

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MARRIAGE NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. Claude Reader
(Address) 9588 Bank St

File July 6 1926 L. A. Crutcher Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 1st, 1926
(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from July 1, 1926 to July 1st, 1926 that I last saw him alive on June 30, 1926 and that death occurred on the date stated above at 2 a

m. The CAUSE OF DEATH* was as follows:

Senility
(Duration) _____ yrs _____ mos _____ ds

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

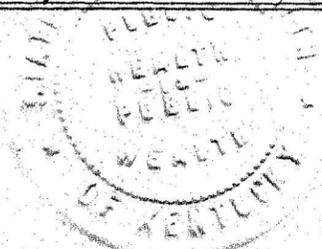
Signed Geo. H. Zimmerman, D. July 1, 1926 (Address 401 N. 26th St)

*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 Pensylvania Pen DATE OF BURIAL July 7, 1926
UNDERTAKER Term Crutcher & Co ADDRESS Brachel Ky



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed, at Louisville, Ky., this 9th day of August in the year of our Lord one thousand nine hundred and twenty six
J. F. Blackerly
State Registrar.

Louisville, Ky., Aug 9th 26.

Mr. J. T. George, Commissioner,
Frankfort, Ky.

Dear Sir:-

Replying to your favor of
July 30th, we are therewith enclosing
the necessary certificates as we
understand it.

We wish to thank you for your
kindness in this matter.

A. Claude Reader
2538 Bank St.
Lou. Ky.