

(ORIGINAL)

Soldier's Application for Pension

I, Ervin Arant

am a citizen of Kentucky, resident at Elva R. F. D. one

in the County of Marshall

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 G. 3rd Kentucky
regiment,

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 soldiers' 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 Marshall County Ky Nov. 21, 1844

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

Answer about March 1, 1864. Capt. Edwards, John Morgan 1st lieut, Colonel Critt Holt

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

Answer March 1865, part of my company was disbanded and sent back home to get new horses & recruits and the war ended we were disbanded by Colonel Burnett.

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 about April 1865 was carried to Paducah where I took oath at end of the war.

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

Answer None - Can't earn any thing. I did farm

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 None

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 Yes

If so, give his name and address?

Answer Wm Ruder Benton Ky,

Witness my hand this 3 day of April 1922

WITNESSES:

Thos B Helm, Physician

Postoffice Address Benton Ky R 2,

Joseph Short, Witness

Postoffice Address Elva Ky R 7 D 1,

W. R. Lewis, Witness

Postoffice Address _____

Ervin Arant

P. O. Elva Ky R 7 D 1,

Street and number (if any) _____

R. F. D. (if any) _____

STATE OF KENTUCKY

Marshave County } I, H H Lovett Judge of said County,

certify that Ervin Arant and his wife Ma E Arant

own no acres of land, valued at \$ _____, and with \$ no of personal property.

Witness my hand this 22 day of April, 1922

H H Lovett Judge County Court.

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

STATE OF KENTUCKY

Marshall

County

Personally appeared before me County Court

Clon

of said County, the above named

Ervin Arant

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 3 day of April, 1922

A. A. Nelson, Clon

Marshall County Court

STATE OF KENTUCKY

Marshall

County

Personally appeared before me Joseph Short

A. A. Nelson,

of said County, the above named

Ervin Arant,

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 Ervin Arant

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

Chronic Bright's disease and infirmities
due to his age.

Witness my hand and seal of office this 1 day of May, 1922

A. A. Nelson, Clon

Marshall County Court

(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

Marshall

County

Personally appeared before me County Court

Clon

of said County, the above named

Joseph Short

and W. R. Owens, 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 Joseph Short further make oath to the following facts touching the applicant's service in the Confederate army.

State here what witnesses know of their own knowledge.

I was in same company and well acquainted with Ervin
Arant and remember his being sent home with
myself and others in later part of March and I
came with him. We started back about April first
but could not get back and were disbanded by
Colonel Barnett. W. R. Owens knows that applicant
was in that company and made a good soldier but was
not present when his squad was disbanded.

Witness my hand and seal of office, this 29 day of April, 1922

A. A. Nelson, Clon

Marshall County Court

No. 4166

STATE OF KENTUCKY

Soldier's Application for Pension

John Brent

Co. *E*, *18th Ky Inf.* Regt.

Filed

SEP 7 1932

Allowed

Read Specifications on Back.

SPECIFICATIONS

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 *Allowed*

Oct 16-1932

W. G. Stone Commissioner

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

O.R.D.

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON, Sept. 13, 1922.

Respectfully returned to
The Confederate Pension Dept.

Frankfort
Kentucky.

with the information that there are no
rolls on file in this Department of
Co. G, 13 Regt.,

Ky. Inf. C.S.A.
and no record of the service, capture
or parole of Irvin Arant
as a member of that organization has
been found.

It is deemed proper to remark,
however, that the collection of Con-
federate States Army records on file
in this Department is far from com-
plete, and is not fully indexed, and
the failure to find the name of any
person thereon (or to find his com-
plete record) is by no means conclu-
sive evidence that such person did
not serve during some period not
covered by the records on file in
this Department.

One E. Arant, Prt. Co. G. 3 Regt. Ky. Mtd.

Inf. C.S.A. Enlisted Apr. 11. also shown

Apr. 17. 1864. at Benton. Ky. and on

muster roll May & June 1864. (last on

on file) is shown Present.

No capture, parole or later rec-

ord has been found.

IRVIN

Enlisted
Co. G, 3rd
muster roll
June, 1864, shows
Comrades testify that
served till the close
war.

Indigent.

Approved:

W J Stone.

Robert C. Davis
The Adjutant General.
Per *Due*

No. _____ S. _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

Sept 7th 1922

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

Dear Sir:

Linn A. Avant

who is an applicant for pension under the Kentucky Pension law, claims
to have been a member of Company *"G"*

Regiment *13th Ky Inf* C. S. A., and to have been

Please give me the record of this soldier.

RECEIVED
SEP 11 1922
OLD RECORDS DIVN.

Respectfully,

W. J. Stone

Examiner.

13 Received A. G. O. SEP 19

M A R S H A L L C O U N T Y C O U R T .

ORDERS.....May Term, 1 day, 1 day of May-1922.

~~Ervin~~ Ervin Arant

To/// Application for Pension.

This day this action came on regularly for hearing and upon proof heard in open Court it is adjudged by the Court that Ervan Arant was a Soldier in the Confederate Army, Company "G" 3rd Kentucky Regiment, that he served in said Army for a period of more than twelve months, that he is at presentv disabled from all kinds of manual labor, that he has no property of any kind whatever and that their is no contract or provision for his support to any extent, that his character as a soldier and citizen is good and that these findings be certified to the Pension Commissioner together with a copy of his Application for final adjudication.

H.H.Lovett, Judge
Marshall County Court.

Att,

A. A. Nelson, Clerk
Marshall County Court.

STATE OF KENTUCKY.....(
County of Marshall.....(Sct.

I, A. A. Nelson, Clerk of the County Court of said County, do certify that the above and foregoing is a true and correct copy of the order of the Marshall County Court in the matter of the Application of Ervin Arant for Confederate Pension as appears of record in my said office.

Given under my hand this the 1 day of May 1922.

A. A. Nelson Clerk
Marshall County Court.

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

1 PLACE OF DEATH

County *Marshall*

Vot. Pct. *Carl Level*

Inc. Town

City

Registration District No.

Primary Registration District No.

(No. St. Ward)

File No.

Registered No.

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

2 FULL NAME *Irwan Arant*

MARGIN RESERVED FOR BINDING
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.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH		
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 Single Married <i>Married</i> Widowed or Divorced (Write the word)		16 DATE OF DEATH <i>April 15</i> , 192 <i>3</i> (Month) (Day) (Year)			
6 DATE OF BIRTH <i>Nov. 21</i> , 19 <i>04</i> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <i>Apr. 9</i> , 192 <i>3</i> , to <i>Apr. 15</i> , 192 <i>3</i> , that I last saw h. <i>alive</i> on <i>April 15</i> , 192 <i>3</i> , and that death occurred on the date stated above at <i>9:30 am</i> .				
7 AGE <i>78</i> yrs. <i>4</i> mos. <i>24</i> ds.		IF LESS than 1 day or min?		The CAUSE OF DEATH* was as follows: <i>Acute Bronchitis</i>			
8 OCCUPATION (a) Trade, profession or particular kind of work <i>Farmer</i> (b) General nature of industry, business or establishment in which employed (or employer)					(Duration) yrs. mos. ds. <i>10</i>		
9 BIRTHPLACE (State or country) <i>Ky</i>					Contributory <i>Acute Pneumonia</i> (Secondary)		
PARENTS	10 NAME OF FATHER <i>Hugh Arant</i>		11 BIRTHPLACE OF FATHER (State or country) <i>South Carolina</i>		(Duration) yrs. mos. ds. <i>5</i>		
	12 MAIDEN NAME OF MOTHER <i>Barbery Hadsoe</i>		13 BIRTHPLACE OF MOTHER (State or country) <i>Ky</i>		(Signed) <i>J. B. Helms Jr.</i> , M. D. <i>4-16</i> , 192 <i>3</i> (Address) <i>Benton Ky</i>		
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	(Informant)					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	
(Address)					19 PLACE OF BURIAL OR REMOVAL <i>Carl Level</i> DATE OF BURIAL <i>Apr. 16</i> , 192 <i>3</i>		
15 Filed <i>Apr. 25</i> 192 <i>3</i> <i>McCarl Shemus</i> Registrar					ADDRESS <i>Johnson Bros Benton Ky</i>		

J. WILEY PARK

General Merchandise

WILEY, KY.

BENTON, KENTUCKY R. 2. 4-17-23 -

Pension Commissioner,
Frankfort, Ky.

Sir.

I am returning voucher for Irwan Arant.
He died April 15th 1923.
His widow Mrs. Loretta E. Arant, wants and badly
needs the \$36.00 now due, and also wants and expects
the pension for herself, as widow of a bona fide
pensioner. As she has appointed me, as an
agent, to see about it, I am writing you to find
out just how to proceed in this matter.
Hoping to hear from you soon, I am

Very Respectfully
J. Wiley Park.

Benton, Ky.
Rt. 2.