

(ORIGINAL)

Soldier's Application for Pension

I, J. P. Perkins

am a citizen of Kentucky, resident at Grove Center 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 D - 10th Ky Cavalry with General
John A. Morgan's Command

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? Jefferson County
Answer State of Kentucky year 1840

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

Answer in August 1862 10th Ky Cavalry Adam Johnson
Col Robert Martin Lieut Col J. M. Hamonack Captain
Will Gardner 1st Lieutenants J. D. Omer Second Lieut

How did you get out of the army, when and where? I was on a raid with General Morgan in Indiana
Answer When General Robert E. Lee surrendered I was a Prisoner

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

Answer Camp Douglas Chicago Ill Released 16 day June 1865

Were you paroled? If so, when and where?

Answer no sir

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

Answer Yes Sir I suppose we did we all lined up running like crazy
If so, when and under what circumstances? the oath was led by gentle officers

Answer the close of War found me in Prison and only they

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

Answer no business house Earned \$20.00 Last 12 months

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

Answer We own Home and Lot it is worth about \$1000.00
Five hundred dollars & other Property valued \$200.00

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

Answer no Estate

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 not over \$20.00

Do you use intoxicants to any extent?

Answer no sir

How long and since when have you been an actual resident of the State of Kentucky?

Answer from Birth 74 years

Have you an attorney to look after this application?

Answer no sir

If so, give his name and address?

Answer

Witness my hand this 5th day of Dec 1914
J. H. Perkins

WITNESSES:

F. M. Sloan, Physician P. O.

Postoffice Address Grove Center Ky Street and No. (if any)

J. D. Henry, Witness R. F. D. (if any)

Postoffice Address Glasgow Ky

M. M. Lynch, Witness

Postoffice Address Newshaw Ky

STATE OF KENTUCKY

Union County } I, Wm M Berry Judge of said County,

certify that J. H. Perkins and his wife

own 1 lot & house acres of land, valued at \$715, and with \$ No of personal property.

Witness my hand this 11 day of Jan, 1915

Wm M Berry Judge County Court.

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

No. 3291

STATE OF KENTUCKY

Soldier's Application for Pension

W. S. Perkins

Capt. Rgt.

Filed APR 10 1915

Allowed

Read Specifications on Back.

SPECIFICATIONS

1
2
3
4
5

Allowed Apr 26th 1915

W. S. Perkins Commissioner.

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

Specs not given 11/15

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.

Indorsement.

PENSION EXAMINER'S OFFICE,

FRANKFORT, KY.

J. W. PERKINS

Enlisted Aug. 15, 1862, in Co. D, Johnson's 10th Ky. Cav.; was captured July 20, 1863, in Ohio, and released June 13, 1865, upon taking the oath of allegiance. Proven by the record.

Property: \$1200.00.

Approved:

W J Stone.

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, April 16, 1915.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that J. W. Perkins, private, Company D, 10th (Johnson's) Reg't Kentucky Cavalry, C.S.A., enlisted August 15, 1862, in Union County, Ky.; that he was captured at Cheshire, Ohio, July 20, 1863, and was released at Camp Douglas, Ill., June 13, 1865, on taking the oath of allegiance.

R. P. Baird
The Adjutant General.

No.S.....

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

April 10th 1915

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

Dear Sir:

J. W. Perkins

who is an applicant for Pension under the Kentucky Pension law, claims to have been a member of Company "D" - 10th Kentucky Regiment Cavalry C. S. A., and to have been

.....
.....
.....
.....
.....
.....
.....
.....
.....

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

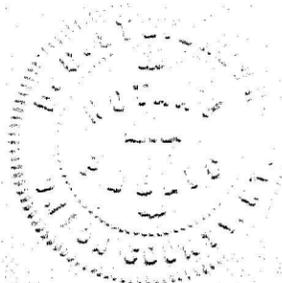
State of Kentucky)
Union County)

Personally appeared before ^{D. C. Stevenson} Notary Public of said County the above named M. M. Lynch, one of the subscribing witnesses to the foregoing attached application, with whom I am personally acquainted and known to me to be a citizen of veracity and standing in this community, and whom makes oath that he is 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 his knowledge and belief, and that ~~they are~~ he has no interest in this claim, and that said applicant's habits are good and free from dishonor.

Witness my hand and seal of office, this 9th day of July 1915

D. C. Stevenson

Notary Public Union County, Ky.
My Commission Expires Feb. 22nd. 1916



Union Quarterly Court
Regular March Term, March, 1st, 1915.

I Wm. M. Berry, Judge of the Union County Court for the state of Kentucky, hereby certify that the application of J. W. Perkins of Union County for confederate pension was filed in the office of the Clerk of the Union County Court on January, 11th, 1915 and left open for hearing on the 1st day of the March Term, 1915 of said court.

I further certify that on the hearing of said application by me on that date March, 1st, 1915, in open court the hereto attached evidence of J. W. Perkins, applicant whose post office address is Grove Center, Ky., J. N. Martin whose post office address is Morganfield, Ky., Lee Thomas whose post office address is Grove Center, Ky was heard by and before me in open court.

I find that the claim of said J. W. Perkins for a confederate pension is a just and meritorious claim and should be allowed. I further certify that the said witnesses, J. W. Perkins, J. N. Martin and Lee Thomas are reputable persons and entitled to full credit. I also further certify that Dr. D. M. Sloan, J. D. Henry and M. M. Lynch who are subscribing witnesses to the application herein are reputable persons, and entitled to full credit.

Given under my hand as Judge of the Union County Court,
this March, 1st, 1915.


Judge of the Union County Court.

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

1 PLACE OF DEATH

County Union
Vot. Prec. Grave Center
Inc. Town 8-7691
City _____

Registration District No. 114005
Primary Registration District No. _____

File No. _____
Registered No. _____

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

2 FULL NAME John W Perkins
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6 DATE OF BIRTH July 3 1870
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) _____ (State or country) ky

PARENTS
10 NAME OF FATHER Oliver Perkins
11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) va
12 MAIDEN NAME OF MOTHER Anna Martin
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) va

14 (Informant) _____ (Address) _____

15 Filed: 9/22, 19 1927 Registrar A. F. Waller

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 27 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Sept 1, 1927, that I last saw him alive on Sept - 1, 1927, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows:

Excessive Poison
(Duration) cont. 1 week yrs. _____ mos. _____ ds.

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

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) D. M. [Signature], M. D.
9/22, 1927 (Address) _____

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Bethel cemetery DATE OF BURIAL 9/23, 1927

20 UNDERTAKER A. F. Waller ADDRESS _____

MARGIN RESERVED FOR BLENDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

Grave Center Ky
Oct 15 1927
Confederate Pension Officer
Enclosed find my appointment
as Administrator of J. W. Perkins Estate
also copy of Death Certificate
G. W. Sloan