Soldier's Application for Pension

I, Robert Jordan

am a citizen of Kentucky, resident at Hendricks in the County of Magoffin 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 F 10th Ky 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 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 I Was Born in Magoffin County Kentucky about the year 1844

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

Answer I enlisted in Oct 1862 Add Martin was my Captain Benjamin Caudill was my Colonel

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

Answer When war was over I was Discharged in Scott Co. Va. Apl 1865

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 no

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

Answer I am trying to farm a little I earn about $20.00 pr year

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

Answer Nothing

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

Answer Nothing

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 about $50.00 Fifty Dollars

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 B. W. Higgins of Salyersville Magoffin Co. Ky.

Witness my hand this 18th *day of* April 1912.

Robert his x mark Jordan

WITNESSES:

M. C. Kash M.D., Physician — P. O. Hendricks Magoffin Co. Ky.

Postoffice Address Salyersville, Ky. — Street and No. (if any)

Joseph Allen, Witness — R. F. D. (if any)

Postoffice Address Wireman Magoffin Co. Ky.

John Bailey, Witness

Postoffice Address Carver Magoffin Co. Ky.

STATE OF KENTUCKY

Magoffin County } I, R. C. Salyer Judge of said County, certify that Robert Jordan and his wife Oma Jordan are assessed with 00 acres, valued at $ 00, and with $ 00 of personal property.

Witness my hand this 27th *day of* May, 1912.

R. C. Salyer Judge County Court.

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

They have no property

STATE OF KENTUCKY

Magoffin County } Personally appeared before me

a Notary Public of said County, the above named Robert Jordan

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 18th day of April, 1912.

B. W. Higgins N. P. M. C.

STATE OF KENTUCKY

Magoffin County } Personally appeared before me

a Notary Public of said County, the above named M. C. Kash 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 Robert Jordan

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

Disease of kidneys, liver and indigestion.

Witness my hand and seal of office, this 18th day of April, 1912.

B. W. Higgins N. P. M. C.

(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

Magoffin County } Personally appeared before me

a Notary Public of said County, the above named Joseph Allen

and John Bailey, 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 they both 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.

Yes John Bailey says he soldiered with him one year or more

Joseph Allen says he soldiered with him until he was captured in 1863

Witness my hand and seal of office, this 19th day of April, 1912.

B. W. Higgins N. P. M. C.

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.

No. 780

STATE OF KENTUCKY

Soldier's Application for Pension

Robert Jordan

Co. F. 10th Ky. Calvary Rgt.

JUN 26 1912

Filed April 22nd 1912.
F. C. Lacy Clerk

Allowed .....

Read Specifications on Back.

SPECIFICATIONS
1. .....
2. .....
3. .....
4. .....
5. .....

Approved Apr 10th 1913
W. J. Stone Examiner.
..... Commissioner.

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

KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

Robert Jordan

ADJUTANT GENERAL'S OFFICE

JUN 28 1929634 1912

WAR DEPARTMENT.

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

1929634

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, June 28, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

No record has been found in this office of the service, capture or parole of a man named Robert Jordan as a member of Company F, 10th Kentucky Cavalry, Confederate States Army.

Henry P. McCain

Adjutant General.

Indorsement

Confederate Pension Department

STATE OF KENTUCKY

FRANKFORT.

ROBERT JORDAN.

Enlisted Oct.1862,Co.F, 10th Kentucky Cavalry, and was surrendered and paroled about Apr.22nd,1865. Proven by his comrades.

Indigent.

W J Stone.

I recommend that this claim be allowed.

J. Wandy Ellis

Adjutant General.

Approved by State Board of Pensions.

James B. McCreary

Chairman.

EDERATE PENSION DEPARTMENT

FRANKFORT, KENTUCKY

780

Oma Jordan. Widow of Robert Jordan, who enlisted Oct, 1862, Co, "F", 10th Ky, Calv, surrendered and released April, 22, 1865. Proven by the records.

(Indigent)

L. T. George

(Comm)

No. ..... S .....

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.,

JUN 26 1912 ..... 191.....

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

Dear Sir:

Robert Jordan

who is an applicant for Pension under the Kentucky Pension law, claims to have been a member of Company F-10' Ky.

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

Please give me the record of this soldier.

Respectfully,

W. J. Stone

Examiner.

State of Kentucky
Magoffin County

I R. C. Baker J. M. C. Recommend the allowance of this claim from the facts. Stated by Joseph Allen John Bailey and Charley Prater Joseph Allen says he soldiered with Robert Jordon in the Confederate Army until he was captured in 1863 and John Bailey says he soldiered with him one year or more and Charley Prater says he served with him until peace was made and besides I have known all the men all my life and know they are good men and entitled to credit on oath.

this May 27th 1912

R C Baker J M C C

SPECIAL NOTICE.—The civil officer before whom this affidavit is executed should be careful to fill in all spaces, both in the caption and jurat.

GENERAL AFFIDAVIT

STATE OF Kentucky, County of Magoffin, ss:

In the matter of Robert Jordan's Claim for Pension of Co. F. 10th Vol Inf. Ky. Vols.

ON THIS 24th day of June, A. D. 1912, personally appeared before me a Notary Public in and for the aforesaid County, duly authorized to administer oaths Charley Prater aged 66 years, a resident of Swampton in the County of Magoffin, and State of Kentucky whose Post-office address is same

and ....., aged ..... years, a resident of .....

..... in the County of .....

and State of ....., whose Post-office address is .....

well known to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows: Yes I was in the same Co and Regiment with Robert Jordan and know that he served a Soldier with him about 3 years and 6 months and that we were both discharged at the same time I think it was in Scott County Va in Apl 1865 about one week after peace was made

(NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.)

He further declares that he has no interest in said case and is not concerned in its prosecution.

R. C. Salyer

Johnson Fletcher

(If Affiants sign by mark two witnesses who can write sign here.)

his
Charley X Prater
mark

(Signature of Affiant.)

STATE OF Kentucky, COUNTY OF Magoffin, ss:

Sworn to and subscribed before me this day by the above named affiant, and I certify that I read said affidavit to said affiant, including the words ..... erased, and the words ..... added, and acquainted him with its contents before me executed the same. I further certify that I am ~~in nowise~~ interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

[L. S.]

B. W. Higgins N. P. M. C.
(Official Signature.)

My Commission Expires March 7th 1916
(Official Character.)

B. W. HIGGINS NOTARY PUBLIC MAGOFFIN CO.

☞ To be executed before a Court of Record or some officer thereof having custody of its seal, a Notary Public, or Justice of the Peace, whose official signature shall be verified by his official seal, and in case he has none, his signature and official character shall be certified by a Clerk of a Court of Record, or a City or County Clerk, unless such certificate is already on file in the Pension Office, when such fact should be stated.

Division .....

Pension .....

No. .....

ADDITIONAL EVIDENCE

CLAIM OF

AFFIDAVIT OF

FILED BY

Printed and for sale by Wilkens, 11th and E Sts. N.W. Washington, D. C.

FORM V S 1-500M 6-20-11

Duplicate

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. .....

Registered No. .....

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

1 PLACE OF DEATH

County Breathitt

Vot. Pct. Rousseau Registration District No. 4 310

Inc. Town ..... Primary Registration District No. .....

City ..... (No. ..... St., ... Ward)

2 FULL NAME Robert Jordan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word): Maried

6 DATE OF BIRTH: December (Month) ..... (Day), 1851 (Year)

7 AGE: 72 yrs. ..... mos. ..... ds.

IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Floyd Co. Ky.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Boyd Cole

(Address) Rousseau Ky.

15

Filed Apr. 10, 1923 G. P. Back
REGISTRAR

11—3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 10 (Day), 1923 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191....., that I last saw h..... alive on ....., 191....., and that death occurred on the date stated above at .....m. The CAUSE OF DEATH* was as follows:

Pneumonia fever

.....(Duration)..... yrs. ..... mos. 12 ds.

Contributory (SECONDARY) .....

.....(Duration)..... yrs. ..... mos ... ds.

(Signed) ....., M. D.

....., 191... (Address) .....

*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: E. B. Dyer Grave Yard

DATE OF BURIAL: Apr. 12, 1923

20 UNDERTAKER: Thomas Cole

ADDRESS: Rousseau, Ky.

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.

WRITE ... LY, WITH ... A PERMANENT RECORD

Hendricks, Ky. 4-16-23

Hon. N. J. Stone,
Commissioner,
Frankfort, Ky.

Dear Sir:

My husband, Robert Jordan, who is on your Confederate Pension Roll, No. 780, died on April. 10' 1923.

Now, as widow of the said deceased Soldier, I request that you send to me all the necessary papers & blanks, so as to place me legally on the Pension roll, & all the necessary instruction to establish my identity as his lawful widow.

Yours, Ona Jordan,