

Soldier's Application for Pension

I, Joseph King

am a citizen of Kentucky, resident at Gladstone in the County of Crittenden

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 "H" Kentucky 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 Crittenden County, Kentucky, on Sept. 20, 1846.

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

Answer August 1864, in Co. H, Ky. Cavalry, under Col. Adam R. Johnson, Capt. Harry Kendall.

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

Answer I was captured at Cadiz, Ky., taken to Camp Douglass, there I was paroled in 1865.

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

Answer Yes, in 1865, at Camp Douglass, where I was released.

Were you paroled? If so, when and where?

Answer Yes, in 1865, at Camp Douglass.

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

Answer Yes.

If so, when and under what circumstances?

Answer In 1865, because I was a prisoner.

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

Answer *Farming, but I do not earn anything above a living.*

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

Answer *Thirty-three acres of land, one horse, one cow, and six sheep, all worth about two hundred (\$200.00) dollars.*

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 *Nothing.*

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 of my life.*

Have you an attorney to look after this application?

Answer *No.*

If so, give his name and address?

Answer

Witness my hand this *27th* day of *April*, 191*2*.

WITNESSES:

John L. Reynolds, M.D., Physician P. O. *Gladstone Ky.*

Postoffice Address *Blackford, Ky.* Street and No. (if any)

S. F. Crutcher, Witness R. F. D. (if any)

Postoffice Address *Gladstone, Ky.*

B. B. Thammuel, Witness

Postoffice Address *Blackford, Ky.*

STATE OF KENTUCKY

Crittenden County } I, *J. W. Benge* Judge of said County,

certify that *Joseph H. King* and his wife are

assessed with *30* acres, valued at \$ *120.00*, and with \$ *10* of personal property.

Witness my hand this *10th* day of *June*, 191*2*

J. W. Benge Judge County Court.

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

STATE OF KENTUCKY

Webster County } Personally appeared before me, a Notary Public of said County, the above named Joseph King 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 27 day of April, 1912.

My Com. Expires Feb'y 16, 1914. J. L. Reynolds, Notary Public

STATE OF KENTUCKY

Webster County } Personally appeared before me, a Notary Public of said County, the above named John L. Reynolds, 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 Joseph King the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

On account of Anasarthia & Rheumatism, of considerable standing, the applicant is not able, at present, to make a support by manual labor.

John L. Reynolds, M.D.

Witness my hand and seal of office, this 29 day of April, 1912.

My Com. Expires Jan. 22 - 1916. D. J. White, 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

Webster County } Personally appeared before me, a Notary Public of said County, the above named S. F. Cude and B. B. Hummonds, 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 said witnesses 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.

The applicant, Joseph King, served in the Confederate army from August 1864, to sometime in 1865, when he was discharged and sent home. The war being comparatively closed, we have lived neighbors to the applicant for a number of years and know that he is not able to earn a support by manual labor.

Witness my hand and seal of office, this 27th day of April, 1912.

J. L. Reynolds, Notary Public My Com. Expires Feb'y 16, 1914.

Joseph King

No. **1398**

STATE OF KENTUCKY

Soldier's Application for Pension

Joseph King

Co. Rgt.

Filed **JUN 21 1912**

Allowed

Read Specifications on Back.

- SPECIFICATIONS**
- 1.
 - 2.
 - 3.
 - 4.
 - 5.

..... *Commissioner*

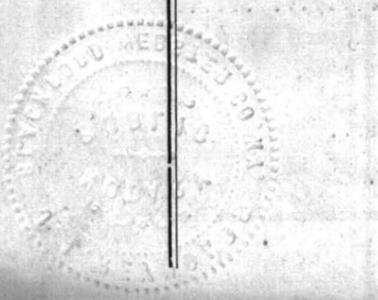
All blanks on this filing to be filled by the Pension Board
KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

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.



ADJUTANT GENERAL OFFICE
 JUN 24 1928 207
 WAR DEPARTMENT

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

1928207
 WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,
 WASHINGTON, June 25, 1912.

Respectfully returned to the

Examiner,
 Confederate Pension Department,
 Frankfort, Kentucky.

No record has been found of the
 service, capture or parole of a man
 named Joseph King as of any company
 of the 10th (Johnson's) Kentucky Cav-
 alry, Confederate States Army, nor
 has any record been found of a Cap-
 tain Kuykendall in said regiment.

Henry P. Sloan
 Adjutant General.

Indorsement.

STATE OF KENTUCKY
 ADJUTANT GENERAL'S OFFICE,
 FRANKFORT, KY..

JOSEPH KING.

Claims to have enlisted in
 August 1864 in Co. G, 10th
 Kentucky Cavalry, and to have
 been captured at Cadiz, Ky.
 and in prison at Camp Douglass
 till the close of the war.
 Proven by comrades.

Property: \$200.00

W J S

I recommend that this
 claim be allowed.

J. Sandy Ellis
 Adjutant General.

Allowed by the State
 Pension Board.

James H. McCreary
 Chairman.

(A. G. O. 35.)

Form V, S. 2-100m-8-25-26

1 PLACE OF DEATH

County Crittenden
 Vol. Pct. Marion No. 2. Registration District No. 390
 Inc. Town _____ Primary Registration District No. 4842
 City _____ (No. _____ St., _____ Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

File No. _____
 Registered No. _____

2 FULL NAME Joseph Henry King

(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 Male 4 COLOR OR RACE white 5 Single Married Widowed Divorced Widower
 (Write the word)
 5a If married, widowed, or divorced
 HUSBAND of Elizabeth King, Decd.
 (or) WIFE of _____
 6 DATE OF BIRTH Sept 20 1846
 (Month) (Day) (Year)
 7 AGE 81 yrs. 11 mos. 12 ds. IF LESS than 1 day _____ hrs. or _____ min?

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 2, 1928, 19_____
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased
 from Sept 9 1927, 19_____, to Sept. 2, 1928,
 that I last saw him alive on Sept. 2, 1928 19_____,
 and that death occurred on the date stated above at 8 p. m.
 The CAUSE OF DEATH* was as follows:
Chronic Prostatitis with infection

 _____ (Duration) 1 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? No Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? None
 (Signed) A. J. Driskill, M. D.
9/17/28 (Address) Marion, Ky.

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

9 BIRTHPLACE (city or town) Crittenden Co. Kentucky
 (State or country)

PARENTS
 10 NAME OF FATHER Alex King
 11 BIRTHPLACE OF FATHER (city or town) Kentucky
 (State or country)
 12 MAIDEN NAME OF MOTHER Julina Pimenter
 13 BIRTHPLACE OF MOTHER (city or town) Unknown
 (State or country)

14 (Informant) G. A. King
 (Address) Marion, Ky.

15 Filed 9/17/28, 19_____. John G. Bellamy Registrar

19 PLACE OF BURIAL OR REMOVAL King Cemetery DATE OF BURIAL Sept. 3, 1928
 20 UNDERTAKER W. O. Tucker ADDRESS Marion, Ky.

MARGIN RESERVED FOR BINDING
 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.

No. _____ S _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUN 21 1912 191_____

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

Dear Sir :

Joseph King

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company *G Ky Cav.*
Regiment _____ C. S. A., and to have been

Col. Adam R. Johnson
Cap. Kuykendall

*Captured at Cadiz Ky. and
taken to Genl Douglass.*

Please give me the record of this soldier.

Respectfully,

W. J. Stone

Examiner.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 years)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite symptom is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary); 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anemia" (merely symp-

tomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY

PHYSICIAN
Marion, Ky. Sept. 17, 1928

I hereby certify that the reverse side carries a true and complete copy of certificate covering the death of Joseph Henry King as filed with the Bureau of Vital Statistics of the State of Kentucky.

John G. Bellamy
Local Registrar.

Joseph Henry King, Gladstone, Kentucky.

65 years of age.

Have been a resident of Crittenden County, Kentucky, all of my life. Own 33 acres of land worth about \$5 per acre; own horse \$75; cow \$15, and sheep \$1.50 head for 6 sheep. Own no other property and have no income, and no contract with anyone to support me. My income from all sources last year was about \$50. No trade or profession and not able to labor for a support. Have rheumatism and kidney and bladder trouble.

E.F. Crider, Gladstone, Kentucky.

H.W. McKee, Repton, Kentucky.

State they know Mr. King and know he has no other property than as stated, and that he is not able to labor for a support and has no income, and that his wife has no income, nor any property.

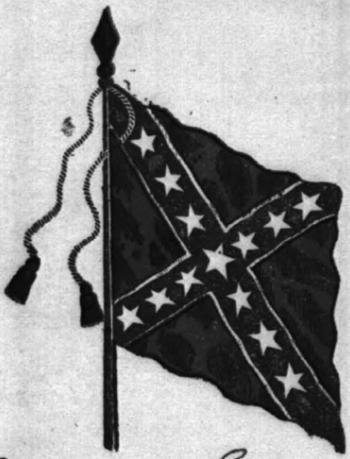
The above named witnesses are personally known to me to be worthy of credit, and I find from evidence that Joseph H King applicant, owns real estate to the value of \$ 150⁰⁰, and personal property of the value of \$ 100⁰⁰. That he has no income of \$ _____, and is not able to earn a support by manual labor, and has no profession, trade, or calling from which to derive an income.

Subscribed and sworn to before me
at Gladstone, Kentucky

Marion Ky. Sept 11. 1928
Fords Ferry Star Route

Department of Confederate Pensions
of Greatfort Ky
Gentlemen

This is to notify you
that my father Joseph King
under pension No 1398 died
on the 2nd day of Sept, 1928
Kindly send very truly
the necessary blank George A. King
for balance of his claim Marion Ky
Fords Ferry Star Route



OFFICE OF
COMMISSIONER OF
CONFEDERATE PENSIONS

B. F. DAY, COMMISSIONER
FRANKFORT, KENTUCKY

Sept 12, 1928

Mr. George A. King,
Marion, Ky

My dear Sir:-

Your letter informing us of the death of Joseph King, Sept 2, 1928 received. There is due his estate \$21.35, being accrued pension from Aug 1st to Sept 2, 1928 inclusive, and I enclose information as to how this amount may be collected.

Very Truly,

B. F. Day Comm.