

(DUPLICATE)

Soldier's Application for Pension

I, Slaughter Finthicum
am a citizen of Kentucky, resident at Bardwell in the County of Carlisle
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. "E" 12th 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 fam-
ily. 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 Ballard Co. Ky. in 1844

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

Answer In Jan. 1864 in Forrest's command: Col. Forester
Capt. J. G. Lynn 1st Lieut. B. W. McClure 2nd Lieut
Odie O'Brien

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

Answer Was sick & cut off from command a few days before sur-
render. Between Corinth and Selma, Ala. in 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 No

If so, when and under what circumstances?

Answer —

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

Answer *Grocery business; earn practically nothing on account of being nearly blind*

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

Answer *House lot worth \$500; no personalty*

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

Answer *Personalty worth about \$400*

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 *Since 1844*

Have you an attorney to look after this application?

Answer *No*

If so, give his name and address?

Answer *—*

Witness my hand this *15* day of *April* 191*7*

Witness *Rouvenhanger*

WITNESSES:

H. J. Crouch M.D., Physician

Postoffice Address

B W McClure

Witness

Postoffice Address

*Critchfield, Ky.
M J Gulliger* Witness

Postoffice Address

J. S. Lenthicum
P. O. *Madison Bardwell*

Street and No. (if any) *— Ky*

R. F. D. (if any) *—*

STATE OF KENTUCKY

Carlisle County

I, *Ab Stobb* Judge of said County,

certify that *Slughter Lenthicum* and his wife *lot* are assessed with *lot* acres, valued at \$ *350*, and with \$ *no* of personal property.

Witness my hand this *10* day of *June* 191*7*

Ab Stobb Judge County Court.

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

STATE OF KENTUCKY

Carroll County } Personally appeared before me a County Clerk of said County, the above named J. Lintner 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 15 day of April, 1917

R.O. Wellinghaus, Co. Clerk

STATE OF KENTUCKY

Carroll County } Personally appeared before me a County Clerk of said County, the above named W.D. Crouch 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 J. Lintner the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

Because of almost total blindness from glaucoma which within the next 6 months the specialist says will result in total blindness

Witness my hand and seal of office, this 10 day of June, 1917

R.O. Wellinghaus, Co. Clerk

(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

Carroll County } Personally appeared before me a County Clerk of said County, the above named B.W. McClure and 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 B.W. McClure 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.

Served in the same Co. as 1st Lieut with him & know that he was a good honorable soldier

Witness my hand and seal of office, this 13 day of May, 1917

R.O. Wellinghaus, Co. Clerk

No. 1780

STATE OF KENTUCKY

Soldier's Application for Pension

Langston P. Matthews

Co. Rgt.

Filed JUN 14 1912

Allowed

Read Specifications on Back.

SPECIFICATIONS

1.

2.

3.

4.

5.

Approved June 14th 1912

W. J. Howe, Commissioner

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

KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

Quoted Apr. 15, 1912

Re: Matthews & Co.

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'S OFFICE

JUL 18 1912
1936254
WAR DEPARTMENT.

Address: "The Adjutant General,
War Department, Washington, D. C."
1936254

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, July 18, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that Slaughter Linthicum, private, Company E, Faulkner's Regiment Kentucky Cavalry, Confederate States Army, subsequently Company E, 12th Kentucky Cavalry, Confederate States Army, enlisted April 1, 1864. He is reported present on the muster roll for May and June, 1864, last roll of company on file. No later record of him found.

Ray P. McLean
Adjutant General.

Indorsement

Confederate Pension Department

STATE OF KENTUCKY

FRANKFORT,

SLAUGHTER LINTHICUM

Enlisted Apr. 1, 1864,
Company E, 12th Kentucky Cav.
There is record proof of
service to June 30, 1864, and
was surrendered and paroled
at Selma, Ala. about May 1,
1865. Proven by comrades.

Property: \$900.00.

W J Stone.

I recommend that this
claim be allowed.

J. Sandy Ellis
Adjutant General.

Approved by State
Pension Board.

James B. McConary
Chairman.

Carlisle County Court.
Regular term, July 8th 1912.
Judge A.T. Hobbs, presiding.

County attorney being present and representing the Commonwealth.

SLAUGHTER LINTHICUM, Applicant.

The findings in this case show that applicant has lived in this Co. and Ballard all his life, is nearly blind has no property and no means of support except from the earnings of his wife in a little grocery store. His claim is recommended for payment.

W.C.RAY, first being sworn, states that he has known applicant S. Linthicum for 50 years, all the time citizen of state, is nearly blind, has no means whatever, is unable to make a support, his wife owns house and lot worth about \$500.00 and interest in grocery worth \$400. He has no income nor means of support except as above. That he has no interest in the collection of this claim, and that applicant is worthy.

M.T.SHELBOURNE, after being sworn states that he resides in Bardwell, Ky. is a practicing attorney, Ex. Commonwealths Attorney, and has known this applicant for 40 years that he has lived all the time in state. That he has no interest in this claim, that he heard Judge Rays testimony and that he concurs in it all fully,

These witnesses are personally known to us as being worthy of credit.

R. C. C. C.
C.C.C.C.

A. T. Hobbs
J.C.C.C.

No. _____ S. _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUN 14 1912 191

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

Dear Sir:

Slaughter Lithicum

who is an applicant for Pension under the Kentucky Pension law, claims

to have been a member of Company *E-12 Ky.*

Regiment *6av.* C. S. A., and to have been

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

April 11, 1913.

Mr. Slaughter Linthicum,
Bardwell, Kentucky.

Dear Sir:-

Upon examination of the proof filed with your application for pension I find that the record shows your enlistment and service from Apr. 1, 1864, to June 30, 1864. One witness testifies that he served in the same company with you, but there is no further proof of service and none as to when or how you got out of the army. Proof on these points necessary.

Get all the proof you can and forward to this office to be filed with your application before it is submitted to the Pension Board for its action.

Yours truly,

Examiner.

WJS-C

Affiant, Brit Glenn, a resident of Arlington, Carlisle County Kentucky, states after being duly sworn that he enlisted in the Confederate army at the same time and place as S. Linthicum enlisted and that S. Linthicum enlisted in the month of April, 1864, that we served together in the same Company and Regiment up to April, 1865, when the command surrendered and at which time S. Linthicum was sick and cut off from the command with a squad. Affiant states that he together with S. Linthicum and others came home together after the surrender.

Brit Glenn

Subscribed and sworn to before me by Brit Glenn this 6th day of May, 1913.

R. O. Wainwright
Clerk Carlisle County Court.

Bardwell Ky
May 8 1913

Hon Wm Stone
Frankfort Ky
Dear Capd.

I inclose an affidavit from Brit Glenn for S. Linthicum which he hopes will be sufficient but if not he will try to secure others. Linthicum is nearly blind - can see to get a round except with a cane & only then when he is accustomed to traveling; he is poor & needs the pension. There was an error in one of the dates

2

in the affidavit on file
made by B M McClure
Smith's Lieutenant
it should have read 1865
instead of 1844. when he
was discharged.

We have another old soldier
here Jim Shooder, he is
& has been totally blind
for several years & is
helped by the good
neighbors; he & his wife
live in a little cabin a
loner & would suffer were
it not for his friends.

I hope you will see your
way clear to pass favorably

3

on these two cases from
this County, from what
I see published this Co-
has been left entirely
out so far.

Hoping you are having
a nice time with good
health I remain your
friend

T. J. Gardner

P.S. B M McClure who
made the other affidavit
is dead hence cannot
correct it. T. J. G.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Carlisle*

Vot. Pct.

Registration District No. *190*

File No.

Ino. Town *Burdwell 2095*

Primary Registration District No. *2095*

Registered No. *10*

City (No. St., Ward)

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

2 FULL NAME *Slaughter Linticum*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

16 DATE OF DEATH *March 10th 1920*
(Month) (Day) (Year)

6 DATE OF BIRTH *July 6th 1844*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 23rd 1919*, to *March 10th 1920*, that I last saw him alive on *March 9th 1920*, and that death occurred on the date stated above at *7 a.m.* The CAUSE OF DEATH* was as follows:

7 AGE *75* yrs. *8* mos. *4* ds. IF LESS than 1 day... hrs. or... min.?

Chronic Interstitial Nephritis

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

About 3 yrs. mos. ds. Acute Mucous Colitis

9 BIRTHPLACE (State or country) *Kentucky*

(Duration) *3 yrs. mos. ds.*

10 NAME OF FATHER *Charles Linticum*

Contributory (SECONDARY) (Duration) *3 yrs. mos. ds.*

11 BIRTHPLACE OF FATHER (State or country) *Virginia*

(Signed) *H. T. Crouch*, M. D. *3/11 1920* (Address) *Burdwell Ky*

12 MAIDEN NAME OF MOTHER *Mary Slaughter*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) *Virginia*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death... yrs... mos... ds. In the State... yrs... mos... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Mrs. T. H. Crouch*

Where was disease contracted, if not at place of death? Former or usual residence

(Address) *Burdwell Ky*

19 PLACE OF BURIAL OR REMOVAL *Burdwell Cemetery* DATE OF BURIAL *3/11 1920*

15 Filed *March 11 1920* Registrar *J. M. Collins*

20 UNDERTAKER *W. E. Johnson* ADDRESS *Burdwell 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.

I, J. M. Collins, Registrar of Vital Statistics in District 190 which includes sub-districts of 2095, 5444, 5445 and 5447, in Carlisle County Kentucky, certify that the above is a full complete and true copy of the Certificate of Death of Slaughter Linticum as appears from the records in my office. Witness my hand this 17th day of March 1920,
J. M. Collins, Registrar of Vital Statistics, District 190.