

(ORIGINAL)

Soldier's Application for Pension

I, *John L. Johnston*

am a citizen of Kentucky, resident at *near Earles* in the County of *Muskleberg*

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 E 12 Regt Ky Cav*

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 *Marchal county Kentucky on June 27 1844*

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

Answer *in May 1861 in Alfred Johnstons co then transferred to Co A first Kentucky Cav enlisted in May 1862 in company E 12 Ky Cav under Capt John Linn in General Forest command C.S.A.*

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

Answer *by parole at Richmond Va*

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

Answer *in prison at camp Douglas*

Were you paroled? If so, when and where?

Answer *paroled at Richmond Va 1865*

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 *Farmer*

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

Answer *.56 acres of land and personal property cash value \$800.00*

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 *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 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 *8* day of *October*, 191*7*.

WITNESSES:

J. F. Elgar, Physician P. O. *John B. Johnston*
Greenville Ky

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

L. C. Lewis, Witness R. F. D. (if any) *No. 1*

Postoffice Address *Medina Ky*

L. C. Gregaman, Witness

Postoffice Address *Moremore Ky*

STATE OF KENTUCKY

Franklin County } I, *J. J. Rice* Judge of said County,

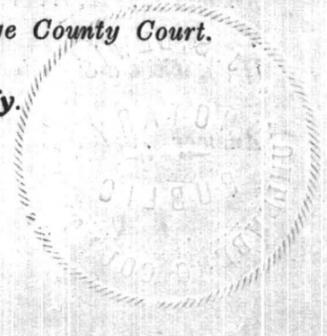
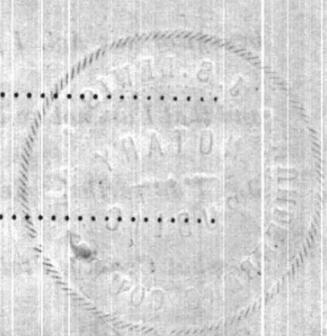
certify that *John B. Johnston* and his wife are

assessed with *.61* acres, valued at \$*20.00* and with \$*484.00* of personal property.

Witness my hand this *26th* day of *February*, 191*8*.

J. J. Rice Judge County Court.

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



STATE OF KENTUCKY

Muhlenberg County } Personally appeared before me a Notary Public... in and for... of said County, the above named John C. Johnston... 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 8 day of October, 1912.

Notary Public, Muhlenberg Co., Ky. My commission expires February 17, 1914. J. S. Lewis Notary Public.

STATE OF KENTUCKY

Muhlenberg County } Personally appeared before me a Notary Public... of said County, the above named F. J. Edge... 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 the claimant John C. Johnston... the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

Both hands have been wounded in a saw mill accident. Two fingers have been amputated from right hand and four fingers on left hand are ankylosed, due to above said accident.

Chronic Rheumatism, Cystitis, Arteriosclerosis.

Witness my hand and seal of office, this 7 day of December, 1912.

Notary Public, Muhlenberg Co., Ky. My commission expires February 17, 1914. J. S. Lewis

(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

Muhlenberg County } Personally appeared before me a Notary Public... of said County, the above named L. V. Lewis

and L. V. Krasman, 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 further make oath to the following facts touching the applicant's service in the Confederate army.

L. V. Lewis and L. V. Krasman says they are both personally acquainted with the claimant John C. Johnston for 55 years and that he was in the Confederate army between the States and the Confederate States at the commencement of the war and come home at the close of the war and at present he is unable to earn support by manual labor being crippled in both hands and other disabilities and we make this statement from personal knowledge.

Witness my hand and seal of office, this 30 day of November, 1912.

Notary Public, Muhlenberg Co., Ky. My commission expires February 17, 1914. J. S. Lewis

No. 2157

STATE OF KENTUCKY

Soldier's Application for Pension

John L. Johnson

Co. Rgt.

Filed FEB 28 1913

Allowed

Read Specifications on Back.

SPECIFICATIONS

- 1.
2.
3.
4.
5.

Approved April 30 1913
W. J. Lane Commissioner

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

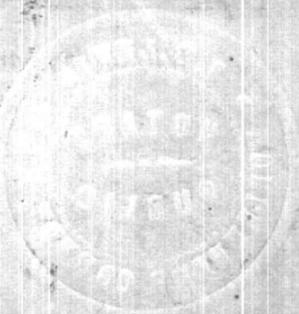
KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

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.



MAR -3

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1913

WAR DEPARTMENT

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, March 5, 1913.

2014987

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that John C. Johnson, private, Troop E, 12th Regiment Kentucky Cavalry, Confederate States Army, was enlisted November 1, 1863; that he was captured at Battery Rock, Illinois, June 30, 1864; paroled at Camp Douglas, Illinois, February 13, 1865, and forwarded to Point Lookout, Md., for exchange. No later record of him has been found.



The Adjutant General,

(A.G.O. 74)

Indorsement

Confederate Pension Department

STATE OF KENTUCKY

FRANKFORT.

JOHN C. JOHNSTON.

Enlisted Nov. 1, 1863, Co. E, 12th Kentucky Cavalry, and was captured June 30, 1864, and exchanged Feb'y. 13, 1865. Proven by the war records.

Property: \$1284.00.

W J Stone.

I recommend that this claim be allowed.

Adjutant General.

Allowed by the State Pension Board.

Chairman.

Certified copy of Original Death Certificate filed January 13, 1936 Hubert Croft Registrar
 MARGIN RESERVED FOR BINDING
 N. B. 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.

Form V. S. 1-B-75m-3-30-32

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

1. PLACE OF DEATH
County Muhlenberg
Vot. Pot. Summers Registration District No. 1096
Inc. Town _____ Primary Registration District No. 6839
City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME John Calloway Johnson
(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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH <u>January, 12</u> , 19 <u>36</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Eliza Ellen Spinks</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>January 11</u> , 19 <u>36</u> to <u>January 11</u> , 19 <u>36</u> I last saw him alive on <u>Jan. 12</u> , 19 <u>36</u> , death is said to have occurred on the date stated above, at <u>4</u> A. M. The principal cause of death and related causes of importance in order of onset were as follows: <u>Senility</u>		
6. DATE OF BIRTH	7. AGE	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		Date of onset		
	Years Months Days If LESS than 1 day hrs. or min.	<u>Farmer</u>				
	<u>91 6 14</u>	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				
		<u>Farm</u>				
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Contributory causes of importance not related to principal cause:		
12. BIRTHPLACE <u>Marshall Co, Kentucky</u>		13. NAME <u>Unknown</u>		Name of operation _____ Date of _____		
14. BIRTHPLACE <u>"</u>		15. MAIDEN NAME <u>Ellen Gray</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____		
16. BIRTHPLACE <u>Marshall Co, Kentucky</u>		17. INFORMANT <u>W.M. Jarvis</u> (Address) <u>Bremen, Ky Route # 2</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Antioch B.G</u> Date <u>Jan. 13</u> , 19 <u>36</u>		19. UNDERTAKER <u>Orien L. Roark</u> (Address) <u>Greenville, Ky.</u>		Manner of injury _____ Nature of injury _____		
20. FILED <u>Jan. 13</u> , 19 <u>36</u> <u>Hubert Croft</u> Registrar				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J.C Woodburn</u> , M. D. (Address) <u>Greenville, Ky.</u>		

No. S

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

FEB 28 1913 191

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

Dear Sir:

John C. Johnston

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company *E - 12th Ky.*
Regiment *Can.* C. S. A., and to have been

Please give me the record of this soldier.

Respectfully,

W. J. Stone

Examiner.

THE First National Bank

C. M. MARTIN, CHM. OF THE BOARD
 C. E. MARTIN, PRESIDENT
 J. T. CHATHAM, VICE PRESIDENT

Greenville, Ky.

J. E. HOODENPYL, CASHIER
 H. B. McPHERSON, ASST. CASHIER
 PAUL L. PACE, ASST. CASHIER
 J. L. SHAVER, ASST. CASHIER

January
 Seventeenth
 1937

Miss Annie Belle Fogg
 Secretary of the Confederate Pension
 Frankfort, Ky.

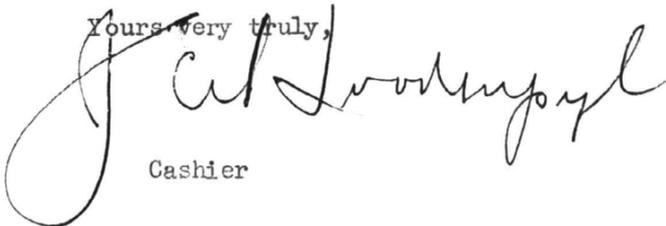
Dear Madam:

Enclosed herewith please find voucher dated February 1936 for \$90.00 in the name of John C. Johnston. We are today informed that Mr. Johnston died on January 12th and was buried on January 13th.

We have also been asked to secure information regarding the transfer of this pension to the widow of Mr. Johnston, whose name is Mrs. Eliza Ellen Johnston. Please give us any forms that are necessary to be completed in this matter and also advise if it is necessary to secure a statement from the last attending physician and the undertaker. Mrs. Johnston's address is Bremen, Kentucky, Route No. 2, if you desire to write to her.

Thanking you for your prompt attention, we are,

Yours very truly,



Cashier

JEH:MSM

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ESTABLISHED 1879

ORIEN L. ROARK, Owner-Manager

TELEPHONES 72 and 108

THE J. L. ROARK ESTATE

Home and Office Furnishings, Floor-Wall Covers, Decorations

Licensed Morticians-Embalmers Modern Ambulance Service First-floor Cabinet Display Dignified Side Service Coach

We Spot Cash Every Invoice

GREENVILLE, KENTUCKY

No Consignment Goods Handled

January 27, 1936

Mr. John M. Lucas
Confederate Pensions Bureau
Frankfort, Kentucky

My dear sir:

Herewith I am filing invoice and claim for \$100.00, for burial of John C. Johnston, a Confederate soldier whom I buried.

The claim will be presented in regular order through your Bureau.

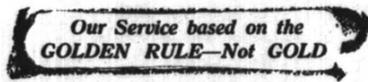
Hope you can send us Check at an early date, and am, sir,

Very truly, yours

THE J. L. ROARK ESTATE

Orien L. Roark
Orien L. Roark, Manager

OLR/mh5gr: copy-encs



OLD ENOUGH TO KNOW—YOUNG ENOUGH TO GROW

Muhlenberg County Court,
Regular January term, 1913.

In re John C. Johnston's Application for Pension:

Application was duly filed in the Muhlenberg County Court by John C. Johnston, and it was ordered at the December term of this court to lie over until the present term at which time testimony was heard in open court as to the applicant's citizenship, residence and means of support.

The witnesses who testified, and the substance of their testimony follows:

W. T. Morgan, after being duly sworn, testified that he is a resident of Greenville, Kentucky, and that he has known the applicant, John C. Johnston, for about forty years; that the said Johnston has during all of said time been a resident of Muhlenberg County, Kentucky, and now resides in Muhlenberg County, Kentucky, and that the applicant is unable to earn as much as \$300.00 a year by manual labor or otherwise.

T. J. Sparks, after being duly sworn, testified that he is a resident of Greenville, Muhlenberg County, Kentucky, and that he has known John C. Johnston for about thirty years, and that the said Johnston has during all of said time been an actual bona fide resident and citizen of Muhlenberg County, Kentucky, and now resides in said State and County, and that he is not able to earn as much as \$300.00 per year by manual labor or otherwise.

The court, after hearing the above proof, and from his own personal knowledge of the financial and physical condition of John C. Johnston is of the opinion that the applicant has no income in excess of \$150.00 per year and that he is not able to earn as much as \$300.00 per year, and that he is justly entitled to receive a pension as provided by an Act of the Kentucky Legislature approved March 11, 1912, and does therefore recommend that the said John C. Johnston be paid a pension as provided in said Act.

I also certify that I am personally acquainted with the witnesses W. T. Morgan and T. J. Sparks and know them to be citizens of veracity and standing in this community and worthy of credit on oath.

J. J. Rice

Judge of Muhlenberg County Court.