

# Soldier's Application for Pension

I, J. E. Holt

am a citizen of Kentucky, resident at Berea in the County of Madison

in said State of Kentucky, and was a soldier from the State of Virginia, 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 B, Fiftieth Virginia Regiment, Infantry

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 I was born June 22, 1840 in Giles County, Virginia

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

Answer April 1<sup>st</sup>, 1862. Col. Pogue, Lieut. Col. Vandeventer (afterwards Col.) Capt. Company B, E. C. Burchett, Lieut. West. These officers at time of enlistment, frequently changed later.

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

Answer June 19, 1865 at Elmira, N.Y.

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

Answer Yes. Elmira, N.Y. Released June 19, 1865.

Were you paroled? If so, when and where?

Answer No.

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

Answer Don't remember.

If so, when and under what circumstances?

Answer .....

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

Answer *none*

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

Answer *none*

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 *none*

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 *Thirty years a resident of Kentucky*

Have you an attorney to look after this application?

Answer *yes*

If so, give his name and address? *John Roland, Richmond Ky -*

Answer

Witness my hand this *18<sup>th</sup>* day of *April*, 191*2*.

WITNESSES:

*B. H. Simpson*, Physician

Postoffice Address *Richmond Ky*

*J. E. Gatt*, Witness

Postoffice Address *Richmond, Ky*

*Ezekiel Morgan*, Witness

Postoffice Address *Richmond Ky R.F.D. #2*

*J. E. Gatt*  
P. O. *Buna Ky*  
Street and No. (if any)  
R. F. D. (if any)

STATE OF KENTUCKY

*Madison* County } I, *W. A. Shackelford* Judge of said County,

certify that *J. E. Gatt* and his wife are

assessed with *no* acres, valued at \$ *no*, and with \$ *no* of personal property.

Witness my hand this *3* day of *June*, 191*2*

*W. A. Shackelford* Judge County Court.

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

STATE OF KENTUCKY

Madison County } Personally appeared before me... County  
Court Clerk of said County, the above named J. E. Gatt  
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

R. B. Ferris Clerk

STATE OF KENTUCKY

Madison County } Personally appeared before me... County Court  
Clerk of said County, the above named B. H. Gibson  
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. E. Gatt  
the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

I have treated Mr. J. E. Gatt for several years. He has Rheumatism & Colitis which has rendered him unable to do manual labor of any kind.

Witness my hand and seal of office, this 6th day of May, 1912

R. B. Ferris 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

Madison County } Personally appeared before me... a County Court  
Clerk of said County, the above named A. S. Kott  
and Ezekiel Morgan Norman, 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.

The applicant A. S. Kott states upon oath that he knows that the applicant J. E. Kott is a juror he represents himself to be and that he knows that the said Kott joined the Confederate army in April 1862 and then remained until the close of the war and that he is not capable of laboring in whole or part for his support. The affiant Ezekiel Morgan Norman states that he was in the Confederate army with J. E. Kott and that he is not able to earn a support by manual labor.

Witness my hand and seal of office, this 6th day of May, 1912

R. B. Ferris Clerk

No. 492

STATE OF KENTUCKY

Soldier's Application for Pension

*J. E. G. Smith*

Co. . . . . Rgt.

Filed JUN 11 1912

Allowed . . . . .

Read Specifications on Back.

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.

SPECIFICATIONS

- 1. . . . .
- 2. . . . .
- 3. . . . .
- 4. . . . .
- 5. . . . .

Approved  
*W. A. Stone*  
Commissioner.

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

KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

*Filed May 26 1912  
W. A. Stone*





No. \_\_\_\_\_ S \_\_\_\_\_

HEADQUARTERS

# Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUN 12 1912 191

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

Dear Sir:

*J. E. Gott*

who is an applicant for Pension under the Kentucky Pension law, claims  
to have been a member of Company *B - 50th Va.*

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give me the record of this soldier.

Respectfully,

*W. J. Stone*

Examiner.

MADISON COUNTY COURT.

June Term, June 3, 1912.

Present, Honorable W. R. Shackelford, Judge Presiding.

IN RE application of J. E. Gott for a Pension.

W. S. Oldham Richmond, Kentucky, and A. S. Gott, Richmond Kentucky after having been duly sworn state that they have known the applicant J. E. Gott for many years and that he has been a resident and citizen of Madison County, Ky. since long prior to Jan. 1, 1907.

That he has no estate or income of any character. That he is unable to earn a support by manual labor or by reason of his knowledge, art or skill in any profession, trade or craft and that his wife has no estate or income and is unable to earn anything

WHEREFORE, it is the opinion of the Court that the applicant, J. E. Gott, is entitled to a pension under the provisions of Section 2 of an act granting a pension to disabled and indigent Confederate Soldiers, approved March 1912.

The Court certifies that the witnesses W. S. Oldham and A. S. Gott, B. H. Gibson, M.D. and E. M. Norman are reputable persons and entitled to credit.

Given under my hand as Judge of Madison County Court,  
this third day of June, 1912.

W. R. Shackelford Y

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Madison

Vot. Pct. Beverly

Inc. Town

City

Registration District No. 974

Primary Registration District No. 2371

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

2 FULL NAME James Edward Golt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single  Married  Widowed  Divorced  (Write the word)

6 DATE OF BIRTH

June 22 1884  
(Month) (Day) (Year)

7 AGE

83 yrs. mos. ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work none  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country) Virginia

10 NAME OF FATHER

Andrew Golt

11 BIRTHPLACE OF FATHER

(State or country) Ireland

12 MAIDEN NAME OF MOTHER

Johnson

13 BIRTHPLACE OF MOTHER

(State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. O. Hays  
(Address) Beverly 17

15 Filed 11-14, 1923  
John De Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

11 13 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10-10 1923 to 11-4 1923, that I last saw him alive on 11-4 1923, and that death occurred on the date stated above at 7:00 a.m.

The CAUSE OF DEATH\* was as follows:  
Old age

(Duration) yrs. mos. ds.  
Contributory Kidney Stone  
(Secondary)

(Signed) C. B. Mason M. D.  
(Address) Beverly

\*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

Richmond 17 DATE OF BURIAL 11-14, 1923

20 UNDERTAKER B. H. Shuman ADDRESS Beverly

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.

C. C. WALLACE  
ATTORNEY AND COUNSELLOR AT LAW  
RICHMOND, KENTUCKY

Dec. 10th, 1923.

Confederate Pension Dept.  
Frankfort, Ky.

Gentlemen: IN RE J.E. GOTT.

Replying to your letter of the 23rd, ultimo relative to the above mentioned matter, I am enclosing you herewith a certificate showing the date of the death of Mr. Gott, together with the letter of ~~the~~ <sup>to</sup> administrator J.M. Azbill, with the check which was received on November 15th, after the death of Mr. Gott.

Kindly execute another check in accordance with the facts in the case filed by J.M. Azbill, administrator in the case and return to me at your earliest convenience.

Yours truly,

*C. C. Wallace*

CCW;RFE

Encl.