

# Soldier's Application for Pension

I, James M. White  
am a citizen of Kentucky, resident at Nicholsville in the County of Jessamine  
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. "G" 5th Ky Regt 1st Ky (Orphan)  
Brigade Bates Division Hardens Corps Army of Tenn. C.S.A.  
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 Jessamine Co. Ky. 1835

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

Answer September 1862 under Gen. A. Buford, Tho. B. Scott to be Captain Company not filled, ordered to leave Ky. consolidated with detachment from Grant Co. Ky. at which time I was elected Captain

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

Answer Surrender of Gen. Joe. E. Johnson's Army close of war 1865 at Washington Ga

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

Answer no

Were you paroled? If so, when and where?

Answer Yes - April 1865 at Washington Ga

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

Answer Yes

If so, when and under what circumstances?

Answer at Nashville Tenn. 1865 in order to get transportation home for sick Comrade and for myself

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

Answer *Temporarily... Salesman Clothing & Shoes... one dollar per day*

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 *By myself for ninety days work Ninety dollars  
By my wife Eighty five dollars making hair braids  
Total income one hundred and seventy five dollars (175.00)*

Do you use intoxicants to any extent?

Answer *Occasionally in moderation*

How long and since when have you been an actual resident of the State of Kentucky?

Answer *All my life except while in the army and two years residence in Florida 1892-93*

Have you an attorney to look after this application?

Answer *No*

If so, give his name and address?

Answer *None*

Witness my hand this *8th* day of *May* 191*2*

*James M. White*  
*Nicholasville Ky.*

WITNESSES:

*J. P. Welch M.D.* Physician P. O. *\_\_\_\_\_*

Postoffice Address *Nicholasville Ky.* Street and No. (if any) *\_\_\_\_\_*

*L. L. Tilford* Witness R. F. D. (if any) *\_\_\_\_\_*

Postoffice Address *Wilmore Ky.*

*J. J. Carrington* Witness

Postoffice Address *Nicholasville Ky.*

STATE OF KENTUCKY

*Jessamine* County } I, *W. H. Phelps* Judge of said County,  
certify that *James M. White* and his wife are  
assessed with *10* acres, valued at \$ *400*, and with \$ *200* of personal property.

Witness my hand this *17* day of *June* 191*2*

*W. H. Phelps* Judge County Court.

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

STATE OF KENTUCKY

Jessamine County } Personally appeared before me, A Notary Public of said County, the above named James M. White 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 11th day of May, 1912, Notary Public Jessamine County Ky. My Commission expires February 16, 1916

STATE OF KENTUCKY

Jessamine County } Personally appeared before me, A Notary Public of said County, the above named Doctor J. R. Welch 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 James M. White the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

Infirmitis of age

Witness my hand and seal of office, this 11th day of May, 1912, Notary Public Jessamine County Ky. My Commission expires February 16, 1916

(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

Jessamine County } Personally appeared before me, A Notary Public of said County, the above named Telford Mark Ad and J. J. Cornington, 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 Telford Mark 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.

that he was Lieut serving in the same Company and Regiment from Sept. 1862 until the close of the war; and further say that I fully concur in every statement made by applicant who was a brave soldier; that his habits are good; having resided in the same County almost all the time since the close of the war, and that he is dependant, and the said J. J. Cornington says that he is well acquainted with Capt. J. M. White, the applicant, having resided in the same town almost continuously for more than 40 years, that he is a good moral citizen, and that he has no property, and unable to make a support by manual labor due to his age; and that his official was simply a soldier serving in 2nd Regt 1st Ky Brigade

Witness my hand and seal of office, this 11th day of May, 1912, Notary Public Jessamine County Ky. My Commission expires February 16, 1916

No. .... 289

STATE OF KENTUCKY

**Soldier's Application for Pension**

*Capt. J. P. ...*

Co. *A* 1st Ky Rgt.

Filed *May 20 1912*

Allowed .....

Read Specifications on Back.

**SPECIFICATIONS**

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

*Approved*  
*W. J. ...* 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.

Indorsement.

ADJUTANT GENERAL'S OFFICE,  
FRANKFORT, KY..

JAMES M. WHITE.

Enlisted Sept. 10, 1862, Co. F,  
5th Kentucky Inf'y., and was  
surrendered May 7, 1865, and  
released at Nashville, Tenn.  
May 28, 1865 upon taking the  
oath of allegiance. Proven by  
the record.

Indigent.

W J S

*I recommend that this  
claim be allowed*

*J. Handy Ellis*

*Adjutant General*

*Approved by State  
Pension Board  
James B. McHenry  
Chairman*

(A. G. O. 35.)

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

HEADQUARTERS

# Confederate Pension Department

W. J. STONE, EXAMINER  
FRANKFORT, KY.

July 12th, 1912.

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

Dear Sir:

James M. White,

who is an applicant for Pension under the Kentucky Pension law, claims  
to have been a member of Company "F" - 5th Kentucky  
Regiment 1st Ky. (Orphan Brigade) C. S. A., and to have been  
Bates' Division, Hardee's Corps. Army of Tenn.  
C.S.A.

Enlisted in September 1862 under GenL. A. Buford,  
Thos. B. Scott to be Captain, company not filled  
when had to leave Kentucky; consolidated with  
detachment from Grant Co. Ky. at which time I  
was elected Captain.

Never in prison.

Please give me the record of this soldier.

Respectfully,

*W. J. Stone*

Examiner.

ADJUTANT GENERAL'S OFFICE  
JUL 15 1912  
1934882  
WAR DEPARTMENT

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

1934882  
WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,  
WASHINGTON. July 17, 1912.

Respectfully returned to the

Examiner,  
Confederate Pension Department,  
Frankfort, Kentucky.

The records show that James M. White, captain, (3d) Company F, 5th Kentucky Infantry (Mounted), Confederate States Army, enlisted September 10, 1862, and that he voluntarily surrendered May 7, 1865 (place not shown), and was released at Nashville, Tennessee, May 28, 1865, on taking the oath of allegiance.

*Wm P. McLean*  
Adjutant General.

ADJUTANT GENERAL'S OFFICE

FRANKFORT, KY.

JAMES M. WHITE.

Enlisted Sept. 10, 1862, Co. F,  
5th Kentucky Inf'y., and was  
surrendered May 7, 1865, and  
released at Nashville, Tenn.,  
May 28, 1865 upon taking the

oath of allegiance. Proven by

the record.

Adjutant

W. P.

I recommend that this  
claim be allowed

*James M. White*  
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*James M. White*  
*James M. White*

(A. G. O.)

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Washington # 11 File No. \_\_\_\_\_  
Vot. Pct. Washington Registration District No. 2281 Registered No. \_\_\_\_\_  
Inc. Town \_\_\_\_\_ Primary Registration District No. 3823  
City Washington (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James M. White

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single \_\_\_\_\_ Married Married Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
(Write the word)

6 DATE OF BIRTH July 31, 1923  
(Month) (Day) (Year)

7 AGE 88 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

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

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER William White

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Jane Campbell

13 BIRTHPLACE OF MOTHER (State or country) Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mr. J. M. White  
(Address) Washington

15 Filed Feb 7, 1923 Miss Hattie McLeary Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 5, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to Jan 5, 1923, that I last saw him alive on Jan 5, 1923, and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Influenza  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.

(Signed) J. A. Van Antwerp, M. D. Jan 5, 1923 (Address) Washington

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place \_\_\_\_\_ In the of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Where was disease contracted, \_\_\_\_\_ if not at place of death? \_\_\_\_\_ Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Maple Grove Cemetery DATE OF BURIAL Feb 7, 1923

20 UNDERTAKER Butler, Guyton Barber ADDRESS Washington

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.

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH.**

The contributory, (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *2ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Ashenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "Congestive," "Senile," etc.; "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Træmia," "Weakness," etc. A definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means or injury and qualify as ACCIDENTAL, SUICIDE, OR HOMICIDE, 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."

Notes—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, pyæmia, septicæmia, tetanus.

**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*, *Composer*, *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*, *Furn 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 yrs.)*. 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 synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use for "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonæum, etc.*, *Carcinoma, Sarcoma*, etc., of ..... (name organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping Cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc.

Form V, U. S. Census and American Public Health Association, 1910

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

STATE OF KENTUCKY

NAME OF DECEASED: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PLACE OF DEATH: \_\_\_\_\_

RESIDENCE AT DEATH: \_\_\_\_\_

RESIDENCE AT PLACE OF DEATH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STATE OF BIRTH: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

INDUSTRY OR OCCUPATION: \_\_\_\_\_

CAUSE OF DEATH: \_\_\_\_\_

CONTRIBUTORY CAUSE OF DEATH: \_\_\_\_\_

PLACE OF BURIAL: \_\_\_\_\_

DATE OF BURIAL: \_\_\_\_\_

NAME OF BURIAL PLACE: \_\_\_\_\_

NAME OF UNDERTAKER: \_\_\_\_\_

ADDRESS OF UNDERTAKER: \_\_\_\_\_

SIGNATURE OF PHYSICIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

STATE: \_\_\_\_\_

NAME OF REGISTRAR: \_\_\_\_\_

ADDRESS OF REGISTRAR: \_\_\_\_\_

DATE OF REGISTRATION: \_\_\_\_\_

PLACE OF REGISTRATION: \_\_\_\_\_

STATE OF REGISTRATION: \_\_\_\_\_



# The Wolf Insurance Agency

LOSSES PAID IN GREAT CONFLAGRATIONS  
SAN FRANCISCO, 1906 \$4,522,805  
CHICAGO, 1871 3,239,491  
BOSTON, 1872 1,427,290  
BALTIMORE, 1904 1,051,543

Nicholasville, Ky. February, 17th, 23

Capt, W. J. Stone,  
Pension Commissioner,  
Frankfort Ky'

Dear Sir:-

On behalf of Mrs. Mollie White, widow of Capt James M, White, who died on the 5th of February at his hom at Nicholasville Ky. who desires to make application for pension under the laws of Kentucky, and respectfully requests that you forward to her Blank Forms to enable her to make application;

Her late husband Capt James M, White was a pensioner under certificate Number 258, dated August 1st, 1918.

Please find herewith the check issued to him for Feb pension.

Yours truly,

*B. Wolf*  
.....  
Notary Public'

JESSAMINE COUNTY COURT.

IN THE MATTER OF THE APPLICATION OF JAMES MORTON WHITE FOR  
PENSION UNDER THE CONFEDERATE PENSION ACT,

FINDING OF FACTS:

This matter having been heard before the undersigned Judge of the Jessamine County Court, the Court finds that the name of the applicant is James Morton White, that he resides in Nicholasville, Jessamine County, Ky., and is a citizen of the United States and the state of Kentucky; that the said White is unable to earn his support by manual labor and he is unable to earn his support by reason of his knowledge, art or skill in any profession, trade or craft, that he does not receive any pension from the United States Government or from any other state or foreign government, that he has continuously resided in the state of Kentucky since the first day of January, 1907, and has not, within that time, been absent from the state of Kentucky for a period of as much as one year; that said White does not possess an income amounting to as much as \$300.00 a year and does not possess property of the value of \$2500.00; that said White's wife is living but does not possess property or income sufficient suitably to support herself and family, including applicant, and that said White's support is not provided for by any contract with any other person and he is unable, <sup>by the combined efforts of his partial ability</sup> to earn a support and any income he may have to earn an income equivalent to \$300.00 per year.

*W. H. Phillips*  
Judge of the Jessamine County Court.

*I consider this claim meritorious  
and recommend its allowance  
W. H. Phillips J. C. C.*

Q. 2. You are sheriff of Jessamine County?

A. Yes, sir.

Q. 3. Do you know the applicant, James Morton White?

A. Yes, sir.

Q. 4. State whether or not he gives in any property for taxation?

A. Doesn't give in any.

Q. 5. Do you know of any property he has?

A. No, sir.

Q. 6. Do you know of any income he has amounting to as much as \$300.00 a year?

A. No, sir.

JESSAMINE COUNTY COURT.

IN THE MATTER OF THE APPLICATION OF JAMES MORTON WHITE FOR PENSION UNDER THE CONFEDERATE PENSION ACT,

BE IT REMEMBERED, that on the 17th day of June, 1912, the applicant, James Morton White, introduced the following proof before his Honor, W. H. Phillips, presiding judge of the Jessamine County Court, bearing upon the above application. The Commonwealth was represented by W. M. Watts, county attorney of Jessamine County.

JAMES M. WHITE, introduced in his own behalf, being first duly sworn, testified as follows upon examination by his attorney, N. L. Bronaugh:

Q. 1. Your name is James Morton White?

A. Yes, sir.

Q. 2. You are an applicant here for pension under the Confederate Pension Act?

A. Yes, sir.

Q. 3. Where do you live, Mr. White?

A. Nicholasville, Jessamine County, Ky.

Q. 4. How long have you been living here?

A. I have been living here seventy-six years.

Q. 5. You were born and raised in Jessamine County?

A. I was.

Q. 6. You are a citizen then, of the United States and state of Kentucky?

A. Yes, sir.

Q. 7. Captain, are you able to earn your support by manual labor?

A. No, sir.

Q. 8. Are you able to earn a support by reason of your knowledge of any art or skill in any profession, trade or craft?

A. I could do so if my health permitted, but there are intervals when I cannot work. In a year's time I can't say that I could earn that

much on account of my health.

Q. 9. On account of your health you are disabled?

A. Yes, sir.

Q.10. Do you receive any pension from the United States Government or any state or foreign government?

A. No, sir.

Q.11. You have not removed from this state and been absent therefrom for a period of one year?

A. From '91 to '95 I was in Florida.

Q.12. How long constantly have you been now a resident of Kentucky?

A. I have been in Kentucky for the last eighteen years.

Q.13. You have been a resident of this state continuously since January 1st, 1907?

A. Yes, sir.

Q.14. Do you possess a net income, Captain, amounting to \$300.00 a year?

A. No, sir.

Q.15. Have you property to the amount of \$2500.00?

A. No, sir.

Q.16. Have you any property at all?

A. None.

Q.17. Your wife is living?

A. Yes, sir.

Q.18. Has she property or income sufficient for the suitable support of herself and family, including you?

A. No, sir.

Q.19. Is your support suitably provided for or secured by reason of any contract or agreement made for a valuable consideration with any person able to provide such support?

A. No, sir.

Q.20. Are you, by the combined efforts of your partial ability to earn a support, such income as you have and property, or all of them combined able to obtain an income equivalent to \$300.00 a year?

A. No, sir.

J. J. CORRINGTON, introduced as a witness, being first duly sworn, testified as follows:

Q. 1. Your name is J. J. Corrington?

A. Yes, sir.

Q. 2. You reside here in Nicholasville, do you?

A. Yes, sir.

Q. 3. Do you know the applicant, John Morton White?

A. Yes, sir.

Q. 4. How long have you known him?

A. Thirty-five or forty years.

Q. 5. Is he able to earn a support by manual labor?

A. I should not think so.

Q. 6. Is he able to earn a support by reason of his knowledge, art or skill in any profession, trade or craft?

A. I don't know-- I couldn't say.

Q. 7. Has he been residing in the state of Kentucky continuously since the first day of January, 1907?

A. I have known him here for forty years. I do not think he has been away I mean out of the state.

Q. 8. Has he a net income amounting to as much as \$300.00 a year?

A. I do not think so.

Q. 9. Has he property amounting to \$2500.00?

A. I do not think so.

Q. 10. Do you know of any property or income that his wife has that is able to support him and herself?

A. None at all.

S. B. MUIR, introduced as a witness, being first duly sworn, testified as follows:

Q. 1. Your name is S. B. Muir?

A. Yes, sir.