

Soldier's Application for Pension

I, Charles Byrd
am a citizen of Kentucky, resident at Compton in the County of Wolfe
in said State of Kentucky, and was a soldier from the State of _____, 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. A, Fifth Regiment of Kentucky
Volunteers Wm Myshers Company
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:

Filed April 20 - 1912
W. B. Huff Judge

In what County, State and year were you born?

Answer Hawkins Co. Tenn. year 1835

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

Answer In October 1861 Fifth Ky Regiment
General John S. Williams Capt William
Myshers Co. A,

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

Answer Discharged 14th of September 1862

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 *farming Very little*

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

Answer *about \$1000*

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 *none*

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

Answer *about 60 years*

Have you an attorney to look after this application?

Answer *no*

If so, give his name and address?

Answer *no*

Witness my hand this *20th* day of *April* 191*2*

WITNESSES:

John L. Cox T B D Cox, Physician P. O. *Cassopolis Ky*

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

Fred Cox, Witness R. F. D. (if any)

Postoffice Address *Laureyville Ky*

Brookman Brewer, Witness

Postoffice Address *Laurey Ky*

STATE OF KENTUCKY

Wolfe County } I, *W.B. Duff* Judge of said County,

certify that *Charles Byrd* and his wife *Wife has nothing* are

assessed with *.67* acres, valued at *\$1000*, and with *\$294* of personal property.

Witness my hand this *13* day of *May*, 191*2*

W.B. Duff Judge County Court.

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

STATE OF KENTUCKY

Wolfe

County

Personally appeared before me *A. Motary Public*

of said County, the above named *Charles Byrd* 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 *20* day of *April*, 191*2*

My com will copy this Feb. 26 1916 J. B. Luedan Notary Public

STATE OF KENTUCKY

Haye

County

Personally appeared before me *A. L. Carroll*

of said County, the above named *Charles Byrd* 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 *Charles Byrd* the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

Has had fracture and dislocation of clavicle which has not been reduced, has heart trouble, organic, has Eczematous condition which resembles Pellagra in nature and is not able to perform hard manual labor.

*John D. Cox, M.D.
B. D. Cox, M.D.*

Witness my hand and seal of office, this *3rd* day of *June*, 191*2*

A. L. Carroll

STATE OF KENTUCKY

Wolfe

County

Personally appeared before me *P. L. Carroll*

of said County, the above named *Fulden Cox* and *Bracken Brewer*, 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.

State here what witnesses know of their own knowledge.

Fulden Cox says that he is not able to earn his support by manual labor

Bracken Brewer says that he is not able to earn his support by manual labor

Witness my hand and seal of office, this *3rd* day of *June*, 191*2*

P. L. Carroll

No. 2056

STATE OF KENTUCKY

Soldier's Application for Pension

Charles Reed

Co. Rgt.

Filed JUN 11 1912

Allowed

Read Specifications on Back.

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

W. J. Smith
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.

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

1923392

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, June 14, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that Charles L. Byrd, private, Captain Mynheir's Company (A), 5th Kentucky Infantry (Mounted), Confederate States Army, was enlisted October 21, 1861, and his name is last borne on a roll of the company dated April 30, 1862, with remarks as follows: "Deserted. Absent without leave, left Camp Hager Hill Jan 5." No later record of him has been found.

Henry P. McLean
Adjutant General.

Indorsement.

ADJUTANT GENERAL'S OFFICE,

FRANKFORT, KY.,

~~CHAS. BYRD.~~

CHAS. BYRD.

Enlisted in Co. "A"- 5th
Kentucky Infantry, Mounted
Oct. 21, 1861, and dis-
charged Sept. 14, 1862
because of disability
incurred in the service,
as proven by the record
and copy of discharge
filed with the application.

W. J. Stone.

Property \$1294.00

SOLDIER'S DISCHARGE.

TO ALL WHOM IT MAY CONCERN.

Know Ye, That *Charles Byrd* a *private* of
Captain *Mr. Mynheir's* Company, *A-5th* Regiment of
Kentucky *Volts*, who was enlisted the *25* day of *Oct*
one thousand eight hundred and *Sixty* *over* to serve *Twelve months* hereby
HONORABLY discharged from the Army of the Confederate States.

an account of a disability occasioned
by a severe injury of the shoulder &
detachment of the blade from the scapula

Said *Charles Byrd* was born in *Hankins County*
in the State of *Tennessee*, is *27* years of age, *6* feet
inches high, *Dark* complexion, *Hazel* eyes, *Light* hair,
and by occupation when enlisted, a *farmer*

Given at *Camp Hickory Station* this *11th* day of *Sept*
1862
A. J. May
Col Comd 3rd Reg Ky. Vol

No. _____ S. _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUN 11 1912

191_____

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

Dear Sir:

Charles Byrd.

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company *A-5th*

Regiment *Ky. Volunteers* C. S. A., and to have been

Mr Meyers Co.

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

Information
ADJUTANT GENERAL'S OFFICE
FRANKFORT, KY.
Chairman.
Pension Board.
Allowed by the State
Adjutant General.
I recommend that this
claim be allowed.
and copy of discharge
filed with the application
of the applicant.

G. C. Byrd
Sellers Ky.
10-18-25-

Mr. Ed. B. Dishman. Treas.
Frankfort Ky

Dear sir in

regard to Charles Byrd's last
Pension check due may. 1st. I
wish to be advised as to the
disposition of the matter. The
check was sent and returned
by the Post master to your office
my father - Charles Byrd died
may the 7th 1925 - & I think the
check is still due his estate. I am
his Legal Committeeman appointed
by the Wolfe Co. Court Nov. 5th 1924
So you will please advise about
the business and make a

2

proper disposition of same
If you send check or
write, address G. C. Byrd
Sellers Ky.

Yours Sincerely

Campton Ky, June 3rd 1912.

At the regular June Term of the Wolfe County Court, on June 3rd 1912, upon the Application of Charles Byrd for a Pension under the act of granting a Pension under the act of granting pensions to disabled and indigent Confederate Soldiers, Testimony was heard in open court, as to applicants Citizenship and residence and his means of support, and the County Att-y was present upon said hearing, Fulden Cox of Genevieve Ky and Brackett Burner of Valerie Ky that they was in the army, with the said Charles Byrd for more than one year, and that he has not property enough for the support of himself and family and is unable to earn his support by manual labor, and that, said Charles Byrd is a Citizen of Wolfe County Ky, for more than five years,

I W.B. Duff Judge of the Wolfe County Court, Certify that the above named witnesses are entitled to credit when testifying, and I as County Judge of Wolfe County, recommend that the above named Charles Byrd be granted a pension,

W.B. Duff judge w.c.

Form V, S. 1-50m-8-25-23

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Wolfe File No. _____
Vot. Pct. 3 Registration District No. 1170 Registered No. _____
Inc. Town Campton Primary Registration District No. _____
City _____ (No. _____ St. _____ Ward _____)
2 FULL NAME Charles S. Byrd

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>widow</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>May 7th</u> 192 <u>5</u>	
6 DATE OF BIRTH <u>Sept 14th</u> 18 <u>55</u>			17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw h_____ alive on _____, 192____, and that death occurred on the date stated above at _____ m.	
7 AGE <u>90</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day _____ hrs. or _____ min?	The CAUSE OF DEATH* was as follows: <u>Apoplexy -</u> <u>no Physical or other causes</u> (Duration) _____ yrs. _____ mos. _____ ds.	
8 OCCUPATION (a) Trade, profession or particular kind of work. <u>none</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) _____, M. D. _____, 192____ (Address) _____	
9 BIRTHPLACE (State or country) <u>Tenn</u>	10 NAME OF FATHER <u>John Byrd</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	12 MAIDEN NAME OF MOTHER <u>Annie Sudd</u>	13 BIRTHPLACE OF MOTHER (State or country) _____	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ in the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, _____ if not at place of death? _____ Former or usual residence _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John M Byrd</u> (Address) <u>Campton Ky.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Dale County</u>	DATE OF BURIAL <u>May 8th</u> 192 <u>5</u>
15 Filed <u>5/8/25</u> <u>R. L. Carroll</u> Registrar			20 UNDERTAKER <u>Journals</u>	ADDRESS _____

copy attested R. L. Carroll Local Registrar

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.