

(ORIGINAL)

Soldier's Application for Pension

I, Samuel Smith jr

am a citizen of Kentucky, resident at Leordia in the County of Knott

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. D, 10th Ky. Regiment

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 Perry County Ky. 1845

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

Answer Fall 1863 Candell's Command, General Gettner, Colonel Cordell, Major Chumworth, Capt Wm Smith

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

Answer Disbanded spring 1865 at Newborn just the side New River in Va.

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 Yes

If so, when and under what circumstances?

Answer May 1865 Louisa Ky, forced to

P

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

Answer ... *Farming*

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

Answer ... *land worth \$600*

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 ... *yes*

If so, give his name and address?

Answer ... *J. M. Baker Huddman Ky*

Witness my hand this *20* day of *May* 191*2*.

WITNESSES:

J. M. Dula Physician P. O. *Leordia Ky*
 Postoffice Address *Huddman Ky* Street and No. (if any).....
John M. Ches Witness R. F. D. (if any).....
 Postoffice Address *Huddman Ky*
John M. Ches Witness
 Postoffice Address *Huddman Ky*

STATE OF KENTUCKY

Butt County } I, *Erving Hopkins* Judge of said County,
 certify that *Samuel Smith* and his wife are
 assessed with *1.60* acres, valued at \$*640*., and with \$*245* of personal property.

Witness my hand this *17* day of *June*, 191*2*.
Erving Hopkins Judge County Court.

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

STATE OF KENTUCKY

Knox County } Personally appeared before me *R. H. Amburgy*
Chas. Knox Co. Court of said County, the above named *Samuel Smith*
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 *20th* day of *May*, 191*2*
R. H. Amburgy Clerk
Wm. Roberts D.C.

STATE OF KENTUCKY

County } Personally appeared before me
of said County, the above named
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 applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor

Loss of sight by Prosema and general debility

Witness my hand and seal of office, this *20th* day of *May*, 191*2*
R. H. Amburgy Clerk
Wm. Roberts D.C.

(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.)

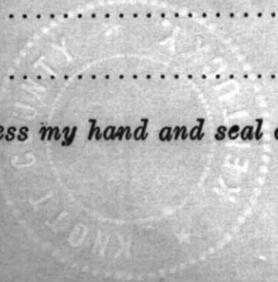
STATE OF KENTUCKY

Knox County } Personally appeared before me *R. H. Amburgy*
Chas. Knox Co. Court of said County, the above named *John McKee*
and *J. M. Covage*, 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.

We served with him, and personally know these facts

Witness my hand and seal of office, this *20th* day of *May*, 191*2*
R. H. Amburgy Clerk
Wm. Roberts D.C.



No. 1910

STATE OF KENTUCKY

Soldier's Application for Pension

Seward Smith

Co. Rgt.

Filed JUL 10 1912

Allowed

Read Specifications on Back.

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

Approved

W. J. Stone, Commissioner.

All blanks on this filing to be filled by the Pension Board
KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

*Full Money 204 1912
Judge of Peace to Court*



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

1912

1934481

WAR DEPARTMENT.

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

1934481

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, July 15, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that both Samuel Smith, sr., and Samuel Smith, jr., privates, Company I, 13th Kentucky Cavalry (also known as the 10th Kentucky Infantry), Confederate States Army, enlisted August 1, 1863, at Gladesville (also shown enlisted October 18, 1862, at Whitesburg). On the roll of the company covering the period from August 31, to December 31, 1863, last roll on file, they were reported present. No later record of them has been found.

Wm P. C. ...
Adjutant General.

SAMUEL SMITH, JR.

Enlisted Aug. 1st, 1863, Co. I
13th Kentucky Cav., also known
as the 10th Kentucky Inf. and
served till the close of the
war.

Proven by the record and
comrades.

Property: \$905.00

W J S

I recommend that this
claim be allowed.

J. Dandy Ellis
Adjutant General.

Allowed by the State
Pension Board.

James B. McCreary
Chairman.

No.S.....

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUL 10 1912 191.....

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

Dear Sir :

Samuel Smith

who is an applicant for Pension under the Kentucky Pension law claims
to have been a member of Company *I - 10th Ky.*
Regiment C. S. A., and to have been

Capt Wm Smith

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

KNOTT COUNTY COURT, 1st DAY JUNE TERM, 17th DAY, 1912.

In re,

Application Sam Smith.

John McKee of Hindman Knott County, Ky. states as follows: I have known the applicant since the war, he lives in Knott County Ky. on the head of Clear Creek. He is not able to make his support by manual labor, he has a track of land worth \$800 mineral and timber sold off of said tract of land he can not have an income of \$300 per year he has a wife and five or six children dependent on him for support.

Examined by County Attorney.

I dont think he is able to earn \$300 per year.

Also Nick Richie being sworn states as follows: I live at Cordia Knott County, Ky. I know Sam Smith and live in about two miles of him, he lives on Head of Clear Creek Knott County Ky. He has a small farm very rough. It is about all he can do together with his family to make a living on this little farm.

I Irving Napier, Judge of Knott County Court, do certify that the above is a true and correct copy of the proof taken in open court and that each of the above witnesses were duly sworn before giving same and that each of the above witnesses are entitled to credit on oath and that I recommend the allowance of said claim.

Given under my hand this 21st day of June 1912.

Irving Napier

-----Judge of the

Knott County Court.

State of Ky / set
Knott Co / set

The affiant Zechariah Fugate of the county of Perry and State of Ky appeared before me the 18 of May 1912, and depose and state on oath that he was in the Confederate service and is known to the fact that Samuel Smith was a regular volunteer of Capt. William Smith's Company of Col. Candill's regiment of the state of Kentucky. The affiant further states that the said

Samuel Smith was under the regular orders of Capt. William Smith and Col. Ben Candill and was disbanded by regular orders of Col. Candill by Maj. Thos. Chinnworth at the town Newbern in the state of Va.

Zechariah Fugate Signed

Also Levi Nix of Knott Co Ky the same day and date states the same facts.

Levi Nix Signed
(next sheet)

Subscribed and sworn to before me the day and date above written
R. H. Amburgey, Clerk Knott Co
By E. W. Richie, D. C.

Name

Samuel Smith, Jr.

August, 1929

VOUCHER

\$60.00

RETURN TO

B. F. DAY,

COMMISSIONER OF CONFEDERATE PENSIONS
FRANKFORT, KY.

VOUCHER

and that my post-office address to which I desire the check in payment mailed is as follows:

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.

1. This voucher may be executed before any officer authorized to administer an oath and having a seal.
2. In every case the pension certificate must be carefully compared with the voucher by the officer who executes it.
3. The officer will also see that post-office addresses are correctly inserted in the proper spaces in the voucher, particularly the address to which the check is to be mailed. He will also give his own postoffice address after his official title on the face of voucher.
4. The officer will be held strictly responsible for the correctness of his certificate of identity in every particular.
5. Vouchers must be returned to the pension Department, by February 1st, May 1st, August 1st, or November 1st, following the execution of the vouchers in order that checks may be paid promptly each quarter.

State

28

State of Kentucky, County of

All acts involved in the execution or correction of vouchers must be performed in the presence of the officiating officer who must certify to the correctness of his own signature on the face of the voucher in the space indicated.

1. Signature by mark should appear thus

John X Doe
his
mark

2. Street and number, P. O. box number, R. F. D. route, or "General Delivery" must appear in P. O. Address in case of residence within carrier delivery. "General Delivery" addresses will be accepted in such case only if no other address as above is available.

3. Jurat must be dated.

Magistrate's signature

Official character

Post-office address

THE SIGNATURES AND OFFICIAL CHARACTER OF THE OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED MUST APPEAR ON THIS VOUCHER. THE MAGISTRATE MUST CERTIFY ABOVE THAT THEY WERE MADE BEFORE ITS EXECUTION.

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County Knott

CERTIFICATE OF DEATH

File No. _____

Vot. Pct. _____

Registration District No. _____

Registered No. _____

Inc. Town Cordia, Ky

Primary Registration District No. _____

City _____

(No. _____ St. _____ Ward _____)

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

2 FULL NAME Samuel Smith Jr.

(a) Residence No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) married

5a. If married, widowed, or divorced
HUSBAND of Nancy Smith
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Oct. 4, 1844

7. AGE Years Months Days If LESS than 1 day hrs. or min.
92 4 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm

10. Date deceased last worked at this occupation (month and year) 1917 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) Cordia, Ky
(State or country)

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Nancy Jones

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Boon Smith
(Address) Cordia, Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Smiths Date March 1937

19. UNDERTAKER Boon Smith
(Address) _____

20. FILED 3-30-37 Phoebe Kelly
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to Feb 12, 1937

I last saw him alive on Feb 12, 1937, death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Influenza

Contributory causes of importance not related to principal cause:

prostatic hypertrophy

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) J. O. Brooks M. D.
(Address) Alloch, Ky.

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.

VETERANS ADMINISTRATION
Washington, D. C.

EMERGENCY INFORMATION

March 24, 1937

With reference to Samuel Smith Jr., kindly answer the
(Name)
following questions and return this form to the Veterans Administration.

- 1. Veteran's name Samuel Smith Jr.
- 2. Date of enlistment 1862. Date of discharge 1865
- 4. Date of birth Oct. 4 1844 5. Place of birth Umarh Ky
- 6. Date of death Feb. 27 - 1937. Serial number
- 8. Cause of death Flu and heart trouble
- 9. Military rank and organization Private Co. D - 13 Ky Cav.
- 10. Address at enlistment Perry Co. Ky
- 11. Your relationship, if any Son
- 12. Name of his widow, if any Nancy Singleton Smith
- 13. Her post office address Cardia Ky
- 14. Date of marriage 1897
- 15. Names and address of his children, if any Seven by first wife
None by last wife
- 16. Name and address of his mother dead

17. Name and address of his father dead

18. C or S.C. number Ky Pension certificate # 1910 19. Adjusted Compensation number

20. Insurance certificate number

21. Were expenses incurred for the ~~return home and~~ burial of his body? yes

(a) If so, by whom? Engle Undertaking & Hardware Co

(Signature) East Smith

(P. O. Address) Cardia, Ky.

Cordia, Kentucky.
March 30, 1937.

Annie Belle Fogg, Secretary,
Confederate Pensions.

Frankfort, Kentucky.

Dear Miss Fogg:

I am the widow of Samuel Smith, Jr. who died on February
27, 1937, in Knott County, Kentucky.

I am informed that I am entitled to a pension as his
widow. Will you please send me all necessary application
blanks for applying for this pension together with
instructions.

Yours very truly,

Nancy Smith

STATE OF KENTUCKY,

/ SCT.

COUNTY OF KNOTT.

I, Arthur Pigman, Clerk of the County Court in
and for the County and State aforesaid, do certify that
Marriage Bond Book No. 4, at Page 251, Knott County Court
Clerk's Office reveal that the rites of matrimony were
legally solemnized between Samuel Smith and Nancy
Singleton on the 24th., day of September, 1897.

Given under my hand, this 13th., day of May, 1938.

Arthur Pigman, Clerk

By *Leroy Sturdivant* D. C.