# Soldier's Application for Pension

*I,* James F. Jackson

*am a citizen of Kentucky, resident at* Stamping Ground *in the County of* Scott *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 C First Kentucky Regiment Cavalry

*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* Harrison County, Kentucky, 1834

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

*Answer* September, 1862; Butler's Regiment, Buford's Brigade, Colonel Russ Butler; Capt. T.F. Ireland; John Witt, 1st Lieut,

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

*Answer* Surrendered at Washington, Georgia, April 27th, 1865

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

*Answer* NO

*Were you paroled? If so, when and where?*

*Answer* Paroled at time of surrender

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

*Answer* No

*If so, when and under what circumstances?*

*Answer* xx

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

*Answer* ...No. business; earn. nothing.....

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

*Answer* .....Nothing.....

.....

*What estate has your wife in her own right, real and personal, and what is its actual cash value?*

*Answer* .....Nothing; wife dead.....

.....

*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.....

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.....

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*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* Never lived anywhere but in Ky.....

*Have you an attorney to look after this application?*

*Answer* ...No.....

*If so, give his name and address?*

*Answer* .....

*Witness my hand this* ...9th.....*day of* .....April.....1912.

.....

WITNESSES:

D. H. Littlefield M.D., *Physician* — James F. Jackson

*Postoffice Address* Stampley Grnnd. Ky. — P. O. Stampley Grnnd. Ky.

his
William X Goddard, *Witness* — *Street and No. (if any)*.....

mark
*Postoffice Address* Rockdale Ky. — *R. F. D. (if any)*.....

Chas. W. Edwards, *Witness*

*Postoffice Address* Buton, Ky.

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**STATE OF KENTUCKY**

Scott County } I, J. B. Ward, Judge of said County,

certify that Jas. F. Jackson and his wife .....are

assessed with N.C. acres, valued at $....., and with $. N.C. of personal property.

*Witness my hand this* 17th *day of* April, 1912

J. B. Ward, Judge County Court.

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

Jas. Jackson. J. F. Smith
Beechwood, Ky.

STATE OF KENTUCKY

Lewis County } Personally appeared before me A. Notary

Public of said County, the above named James H. Jackson

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 9th day of April, 1912.

A. L. Swinburne

Notary Public, Scott County, Ky.

My Commission Expires Feb. 14, 1914.

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STATE OF KENTUCKY

Lewis County } Personally appeared before me A. Notary

Public of said County, the above named P. H. Caulfield

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 H. Jackson

the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

This application is defective in not stating

his disability is due

to the age

Witness my hand and seal of office, this 9th day of April, 1912.

A. L. Swinburne

Notary Public, Scott County, Ky.

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(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

Owen County } Personally appeared before me A. Notary

Public of said County, the above named W. William A. Goddard

and ~~two~~ one 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~~ his knowledge and belief, and that ~~they~~ he have no interest in this claim, and that said applicant's habits are good and free from dishonor. And I 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.

He was both members of the same Company and Regiment and served together during the war and he was personally known to me both before and since the war and I have always found him to be honest and upright and a fearless soldier

Witness my hand and seal of office, this 17th day of Apr., 1912.

F M Goddard Notary Public

my commission espires Jan 17" 1914

**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.

No. 317

STATE OF KENTUCKY

# Soldier's Application for Pension

James F. Jackson

Co. ..... Rgt.

JUN 21 1912

Filed April 20th 1912

W H Gatewood Clk

Allowed .....

**Read Specifications on Back.**

SPECIFICATIONS

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

Approved

W. J. Stone Examiner

..... Commissioner.

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

KENTUCKY STATE JOURNAL PUBLISHING CO., FRANKFORT, KY

No. ....S....

HEADQUARTERS

# Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUN 21 1912

..... 191....

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

*Dear Sir:*

James F. Jackson

*who is an applicant for Pension under the Kentucky Pension law, claims to have been a member of Company* C - 1st Ky.

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

*Please give me the record of this soldier.*

*Respectfully,*

W. J. Stone

*Examiner.*

Jas. F Jackson having made application for pension, J G Bramlett gives in substance the following testimony, Applicant has no property, and does not posess an income equal to $300. is not able to work, and has been a resident of the state for a number of years,
This 6/17th 1912

J. H. Ward

Judge of scott county

ADJUTANT GENERAL'S OFFICE
JUN 24 1912
1928006
WAR DEPARTMENT.

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

1928006

**WAR DEPARTMENT,**

**THE ADJUTANT GENERAL'S OFFICE,**

**WASHINGTON, June 25, 1912.**

*Respectfully returned to* the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The name James F. Jackson has not been found on the rolls, on file in this office, of any company of the 1st Kentucky Cavalry, Confederate States Army.

The records show, however, that one J. F. Jackson, private, Company C, 3d Kentucky Cavalry, Confederate States Army, enlisted September 10, 1862, and that he surrendered May 10, 1865, at Washington, Georgia, and was released May 21, 1865, at Nashville, Tennessee, upon taking the oath of allegiance.

Henry P. McCain
Adjutant General.

4

COMMONWEALTH OF KENTUCKY
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

LOUISVILLE, KY.

No. 308

I, J. F. Blackerby, State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the CERTIFICATE OF DEATH of

PLACE OF DEATH — James F. Jackson

County of Fayette — on file in THE BUREAU OF VITAL STATISTICS of Kentucky.

Registration District No. 501 — File No. 15206

Voting Precinct No. Bryan Sta — Primary Registration District No. 5769 — Registered No. 22

Incorporated Town ____ (No. Locust Street St., ____ Ward) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

City ____

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.") Full Name James F. Jackson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (Write the word): Widowed

6 DATE OF BIRTH: Sept 1st, 1834 (Month) (Day) (Year)

7 AGE: 87 yrs. 9 mos. 21 ds. IF LESS than 1 day hrs or min?

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

9 BIRTHPLACE (State or country): Kentucky

PARENTS

10 NAME OF FATHER: William Jackson

11 BIRTHPLACE OF FATHER (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Joanna Heflin

13 BIRTHPLACE OF MOTHER (State or country): Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. F. Jackson

(Address) Lexington Ky

Filed June 26 1922 Logan Gragg Registrar.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 22, 1922 (Month) (Day) (Year)

17, I HEREBY CERTIFY that I attended deceased from for two months 192 to June 22, 1922 that I last saw him alive on June 19, 1922 and that death occurred on the date stated above at 9:15 P m. The CAUSE OF DEATH* was as follows:

Softening of the Brain

(Duration) ____ yrs ____ mos ____ ds

Contributory (Secondary) ____

(Duration) ____ yrs ____ mos. ____ ds.

(Signed) O. T. Hughes M. D.

June 23 1922 (Address) Lexington Ky

*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: Switzer Ky — DATE OF BURIAL: June 24 1922

20 UNDERTAKER: John Milward Co — ADDRESS: Lexington Ky

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed, at Louisville, Ky., this 19 day of March in the year of our Lord one thousand nine hundred and Twenty Three

J. F. Blackerby
State Registrar.

Lexington, Ky. Mar. 8th, 1923.

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

Dear Sir:-

As you know my father James F. Jackson of Georgetown, Ky. a Confederate Veteran and a State pensioner, died last June the 22nd. 1922.

There was due him from the State, as a pensioner, at the rate of $12.00 per month, from May 1st, 1922 to June 22nd, 1922, $20.80.

Please inform me what legal steps will be necessary for me to collect this amount, so that I may pay some small debts that he has left behind. Thanking you in advance for the desired information, I remain,

Yours truly,
W. L. Jackson
326 Bolivar St.