ORIGINAL

# Questions for Applicant

*STATE OF KENTUCKY,*

Mc Cracken *County.*

Susan A Mandy Hopper. *of said State and County, desiring to avail herself of the pension allowed to Indigent Widows of Soldiers, General Assembly, approved March 11, 1912, hereby submits her proofs, and after being duly sworn true answers to make to the following questions, deposes and answers as follow:*

1. *What is your full name and where do you reside? (Give State, County and Postoffice.)* 255 Jarrett St. Susan A Mandy Hopper, Mc Cracken County Ky Paducah
2. *How long and since when have you been a resident of this State?* All of my life.
3. *When and where were you born and what was your maiden name?* Born 1866, Paducah Ky., Susan A Mandy Wilkins.
4. *When and where was your husband born? State his full name, and where were you and he married, and who performed the marriage ceremony? (If possible, attach certified copy marriage license in every case.)* Born 1846 in Mc Cracken County Ky., Francis Marion Hopper. Married in Cairo Ill, 1887 by Alfred Cummings Police Magistrate.
5. *When and where and in what Company and Regiment did your husband enlist or serve during the war between the States?* I don't know in what Co he enlisted except as shown by proof in his application for pension which is on file in your office.
6. *How long did your husband serve in said Company and Regiment?* All through the war.
7. *When and where did your husband's Company and Regiment surrender?* Washington, Ga. in 1865,
8. *Was your husband present at the time and place when his Company Regiment surrendered?* Yes.
9. *If not with his command at surrender, state clearly and specifically where he was, when he left command, for what cause and by what authority?*
10. *When and where did your husband die?* May 23, 1918 at Pewevalley Ky.
11. *At the time of your husband's death, were you living with him as his lawful wife?* Yes.
12. *Have you married since the death of your soldier husband?* No.
13. *What property, real or personal, or income do you have or possess, and its gross value?* None what ever.
14. *Have you a family? If so, who compose such family?* Two daughters, one Married, and one 14 year old, single.
15. *Name some friend, giving his name and postoffice address, who will be willing to have us write to him about your case if necessary.* Mr. Will Mc Clure, Paducah Ky. & R. L. Barnetto.

*Sworn to and subscribed before me, this, the* 1st *day of* June 1918 } Susan Amanda Hopper

Gus L. Singleton Clerk

of Mc Cracken *Conuty.*

# Questions for Witnesses

STATE OF KENTUCKY,
McCracken County.

W. H. Springer & S. J. Kirner, of said State and County, having been presented as a witness in support of the application of Mrs. Susan Amanda Hopper for a pension under Confederate Pension Law, approved March 11, 1912, after being duly sworn, true answers to make to the following questions, deposes and answers as follows:

1. What is your name and what is your postoffice address? W. H. Springer Paducah Ky 258 Jarrett St. S. J. Kirner. Paducah. Ky 265 Jarrett St.

2. Are you acquainted with the applicant, Mrs. Susan Amanda Hopper
If so, how long have you known her? 10 yrs. — 10 yrs.

3. Where does she reside, and how long and since when has she been a resident of this State?
She resides Paducah Ky. 258 Jarrett St. All her life

4. Were you ever acquainted with her husband? yes — yes

5. Were either or both of you present at the marriage? no — no

6. How long did you know him? For 10 yr. — 10 yr.

7. When and where did ..... enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this?

8. Were you a member of the same Company and Regiment at the close of the war?

9. How long did he perform regular military duty?

10. When and where was his Company and Regiment surrendered?

11. Were you with the command when it surrendered?

12. Was ....., the husband of applicant, present?

13. If not present, where was he?

14. When and where did he leave his command?
For what cause?
By whose authority did he leave?
How do you know all this? (State fully and clearly.)

15. When and where did Francis Marion Hopper ..... die?
May 23rd 1918 Pierce Valley Ky

16. Where did he reside at his death, and how long had he been a resident of Kentucky at his death? Died in Soldiers Home. Had resided in State all his life

17. Do you know of your own knowledge that applicant is the lawful widow of Francis Marion Hopper — yes — yes

18. *Has she remained unmarried since her soldier husband's death, and is she now his widow?*

no — no

19. *What property, effects or income has the applicant, if any, and how do you know this of your own knowledge?*

*Has applicant conveyed any property, in the last two years or given any away, if so, what was it, and to whom?*

no — no

NOTE.—Let the witness who can answer the greatest number of questions do so; then let the other witness state in the space below how much of the testimony of the first witness he concurs in, and whether or not he can answer any of the questions not answered by the first witness.

*Sworn to and subscribed before me this* 1st *day of* June 1918

Geo. G. Singleton clk
by L. A. Allen D.C.

W H Springer
his
S. J. X Skinner
mark
Witnesses.

Witness C B Craig

THE FOLLOWING CERTIFICATE OF THE COUNTY JUDGE MUST BE FILLED OUT WHETHER THE APPLICANT OWNS ANY TAXABLE PROPERTY OR NOT.

I, Jasper Lang *Judge of* McCracken *County, Kentucky, hereby certify that the property assessed on the tax books of this county to Mrs.* Susan Amanda Hopper *the widow of* Francis Marion Hopper *amounts to $* Nothing *real estate and $* Nothing *personal.*

Jasper Lang *Judge.*

*For* McCracken *County, Ky.*

## Certificate of Clerk of Court or Notary Public

*STATE OF KENTUCKY,*

McCracken *County.*

*I,* Geo G. Singleton *Clerk or ~~Notary Public~~, in and for said county, hereby certify that the applicant, ~~Mrs.~~* Mrs Susan Amanda Hopper *resides in said county, and has been a bona fide resident of this State since the* all her life *day of* ——, 19..., *and that the witnesses, Mr.* W. H. Springer and S. J. Skinner *are of trustworthy character, and that their statements are entitled to full faith and credit.*

*I do further certify that before answering the foreging questions, the applicant and said witness took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.*

*Witness my hand and official seal this* 5th *day of* June, 1918.

(SEAL)

Geo G Singleton McCracken County.

Note—1. Before any questions are answered the Clerk or Notary shall swear applicant and the witnesses in the following words: "You do solemnly swear that you will true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth; so help you God.'
2. Additional affidavits may be attached, if blank spaces are insufficient.
3. All affidavits must be made before an officer using a seal.
4. Only widows who were the wives of soldiers need apply—and are now widows. Those married since Jan. 1st, 1890, not entitled.
5. Two witnesses are necessary to make out claims.
6. Attach certified copy marriage license in every case, or certificate of County Court Clerk, under seal, that license is filed in his office duly certified by officiating minister, or the affidavit of the officiating minister, or the affidavit of a witness of the ceremony, or the affidavit of two witnesses who knew them as man and wife, prior to January 1, 1890, and knew that they were living together on the date of his death.

## NOTICE TO APPLICANTS.

The Widows' Pension Law, passed by the Kentucky Legislature, provides for the widows of *soldiers only,* and they must have been residents of the State of Kentucky since January 1, 1907.

Widow must have married prior to 1890.

To be eligible the applicant must have remained a widow after the death of her soldier husband, and must be indigent.

Read the questions in the application carefully and answer them fully.

Read the law, and unless you come clearly under the laws it will be useless to file application.

No. 3854

# Widow's Indigent Pension

Name Susan Amanda Hopper

AUG 26 1918

Filed Aug 21 1918

Widow of Thomas Hopper

Allowed Oct 15 1918

L. G. Stone

Commissioner

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

Indorsement.

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**PENSION EXAMINER'S OFFICE,**

FRANKFORT, KY.

SUSAN A. HOPPER
widow of
FRANCIS M. HOPPER

Who enlisted Sept.14,1861, in Co.B, 4th Ky.Inf'y., and was surrendered and paroled at Washington, Ga. May 6th, 1865. Proven by the record and his comrades.

Indigent.

Approved:

W J Stone.

MARRIAGE CERTIFICATE

STATE OF ILLINOIS

COUNTY

This Certifies that

Alexander.

Francis M. Hopper of Frankfort in the State of Ky.
and Mrs Agnes Williams of Paducah in the State of Ky.
were at Cairo in said County, By me joined together in

HOLY MATRIMONY.

on the 23d day of July in the year of Our Lord One Thousand Eight Hundred and Eighty Seven

In presence of

Alfred Cowings
Police Magistrate

MCCRACKEN COUNTY COURT.

In the matter of Susan Amanda Hopper applicant for pension under the act granting pensions to disabled and indigent confederate soldiers BE IT remembered that on the 12 day of August 1918 at a regular Court held in and for the County of McCracken and State of Kentucky, came Susan Amanda Hopper the above named applicant, who introduced W. H. Springer whose post office address is Paducah Ky and E. J. Skinner whose postoffice address is Paducah Ky as witness in her behalf and the witnesses being by me duly sworn deposed as follows in substance. That they are both personally acquainted with the applicant Susan Amanda Hopper and that they have both known her for the past Many years, during all of which time she has been a citizen and a resident of the State of Kentucky that the said Susan Amanda Hopper is unable to earn a support by manual labor or by her knowledge of any art or skill in a profession; that she does not receive a pension from the United States, from any State or from any foreign government, that she does not possess an income of as much as three hundred dollars per year and that she has no property; that ___ wife has no property except her household goods; that her support is not provided for by reason of any contract with any one and that she is unable to earn a support or income of three hundred dollars per year by reason of the combined partial ability to earn money by manual labor, by her property or by any other means.

I, James M. Lang Judge of the McCracken County Court, do hereby certify that the above is a true and correct statement in substance of the evidence given by the foregoing witnesses on the hearing of this application on the day and date first abovementioned. I further certify that both the above witnesses are personally known to me and that they are entitled to full faith and credit when sworn as witnesses. Ihave examined the papers in this case and I recommend that a pension be granted to the above applicant. Given under my hand as Judge of the McCracken County Court this the 12 day of August 1918.

JAS. M. LANG COUNTY JUDGE

James M. Lang

County Judge.

**SECTION 17 OF THE KENTUCKY PENSION LAW PROVIDES THAT**

*§ 415-b. No pension granted under this act while due or to become due to a pensioner, shall be liable to attachment or levy or seizure by, or under, any legal or equitable process whatever, whether same remains with the State, or in course of transmission to the pensioner entitled thereto.*

No. 3854

**PENSION CERTIFICATE OF**

Susan A. Hopper

**Payable Quarterly**

**by the**

**Treasurer of Kentucky**

**at**

**Frankfort, Kentucky.**

No. 3854

# COMMONWEALTH OF KENTUCKY

## DEPARTMENT OF CONFEDERATE PENSIONS

**It is hereby certified**

That in conformity with the laws of the Commonwealth of Kentucky; Susan A. Hopper, widow of J. M. Hopper who was a member of Company "B" Regiment 4th Ky Inf. Confederate States Army, is entitled to a pension at the rate of Twenty dollars per month to commence on the 27th day of March one thousand nine hundred and 32

Given at the office of the Commissioner of Pensions this 30th day of June one thousand nine hundred and 32

[illegible]
Commissioner.

# COMMONWEALTH OF KENTUCKY

STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

LOUISVILLE, KY.

No. 1858

I, J. F. Blackburn State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the CERTIFICATE OF DEATH of Susan Amanda Hopper on file in THE BUREAU OF VITAL STATISTICS of Kentucky.

1. PLACE OF DEATH

County of McCracken

Voting Precinct No. ..... Registration District No. 935 File No. .....

Incorporated Town ..... Primary Registration District No. 2360 Registered No. .....

City Paducah No. ..... St. ..... Ward .....

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

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs ..... mos. ..... ds.

2. FULL NAME Susan Amanda Hopper

(a) Residence: No. 1814 Bridge St., ..... Ward .....
(Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed or Divorced (write the word): Widow

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

6. DATE OF BIRTH: Sept. 9 - 1871

7. AGE: Years 64 | Months 10 | Days 7 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

MOTHER FATHER

12. BIRTHPLACE McCracken Co Ky

13. NAME Mr. Oliver Hilkins

14. BIRTHPLACE Kentucky

15. MAIDEN NAME Elizabeth McClenny

16. BIRTHPLACE Kentucky

17. INFORMANT Mrs. James Surrett

(Address) Caddo Route #5

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Grove Date July 17 1935

19. UNDERTAKER Lindsey Kennedy

(Address) Paducah, Ky

20. FILED July 18 1935 Willa MacLemis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 16, 1935

22. I HEREBY CERTIFY That I attended deceased from July 17, 1935 to July 16, 1935; I last saw her alive on July 16, 1935; death is said to have occurred on the date stated above, at 2:30 P.M. The principal cause of death and related causes of importance in order of onset were as follows:

| | Date of onset |
|---|---|
| Malaria Paralysis | |

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) B. L. Bradley M. D.

(Address) Paducah Ky

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed, at Louisville, Ky., this 31 day of July in the year of our Lord one thousand nine hundred and Thirty-five

J. F. Blackburn
State Registrar.

CHAS. A. LINDSEY

C. A. HENNING

# LINDSEY & HENNING

FUNERAL DIRECTORS AND EMBALMERS

PHONE 847

226 NORTH FOURTH STREET

PADUCAH, KY.

July.17.1935.

Pension Deptt.
Frankfort Ky.

Gentlemen:

We are writing to notify you that Mrs.Susan.A.Hopper widow of W.M.Hopper,holding Certificate number 3044, died July 16th,1935.

The family asked us to notify you of her death,so you could send us the proper papers,to make a claim for what pension money, is coming to her,and also the burial benefit, if she has one.

As in duty to attend to this at your earliest convenience,and with best wishes,we are,

Yours very Respectfully.

Lindsey & Henning.

C. A. Henning.

July, I9, I935.

Mr. C. A. Henning.
Paducah, Ky.

My dear Sir:

Your letter of July the I7th informing us of the death of Susan A. Hopper on July the I6th has been received. There is due her estate $76.00 being accrued pension from May Ist, to July, I6th inclusive, and I inclose information as to how this amount may be collected.

The State allows $I00 for burial expense, you should send your bill to this office and a voucher and check for the amount will be mailed direct to you.

Very Truly,

A_____

Comm.