

(DUPLICATE)

# Soldier's Application for Pension

I, Wm. Thos. Freeman

am a citizen of Kentucky, resident at \_\_\_\_\_ in the County of Woodford

in said State of Kentucky, and was a soldier from the State of Texas, 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 5th Texas Cavalry, 1st Regt. of Co. A. Afterwards Capt. & Co. of Co. A.

1st Co. 1st Regt. in Texas Troops, that was transferred from Texas Service to the Army in latter part of 1864

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 Franklin Co. State of Ky.

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

Answer At Hempstead Tex. 25th August 1861. Co. A, 5 Texas Cavalry

Commanded by Capt. Terry, Lt. Col. Lubbock, Capt. Thos. Harrison

1st Lt. R. G. King 2nd Lt. Bess; Regt. was generally known as the Texas Rangers

How did you get out of the army, when and where? Was discharged by Surgeon Genl. North the day

Answer after Battle of Shiloh on account of broken leg from gun shot

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

Answer No

Were you paroled? If so, when and where? \_\_\_\_\_

Answer At Hempstead Texas 20th of July 1865

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 Am trying to sell flour mills. Have not earned a dollar for two years

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 I have no wife

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 I own nothing

Do you use intoxicants to any extent?

Answer I take an occasional glass of beer

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

Answer Since August 1865

Have you an attorney to look after this application?

Answer No

If so, give his name and address?

Answer

Witness my hand this 15 day of June 1915  
L. J. Freeman

WITNESSES:

W. H. Wallace, Physician  
Postoffice Address Box 234

Midway by Route No 1  
P. O. Grant's Hill  
Street and No. (if any) See Wallace St  
R. F. D. (if any)

\_\_\_\_\_, Witness  
Postoffice Address \_\_\_\_\_  
\_\_\_\_\_, Witness  
Postoffice Address \_\_\_\_\_

STATE OF KENTUCKY

Woodford County } I, Alfred S. Nichols Judge of said County,  
certify that C. Thomas Freeman and his wife dead  
own No acres of land, valued at \$ x, and with \$ x of personal property.

Witness my hand this 26<sup>th</sup> day of July, 1915

Alfred S. Nichols Judge County Court.

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

STATE OF KENTUCKY

County

Personally appeared before me

of said County, the above named 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 day of , 191

STATE OF KENTUCKY

Franklin County Clerk

County

Personally appeared before me

a

of said County, the above named

C. K. Wallace

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 C. Thomas Freeman

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

on account of loss of one arm, and also for lack of general debility and repeated attacks of illness

C. K. Wallace M.D.

Witness my hand seal of office, this 16 day of June, 1915

Crawford Lee

[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 oaths, also any other information regarding applicant's army service.]

STATE OF KENTUCKY

County

Personally appeared before me

of said County, the above named

and 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 further

make oath to the following facts touching the applicant's service in the army.

State here what witnesses know of their own knowledge.

Witness my hand and seal of office, this day of , 191

No. 3391

STATE OF KENTUCKY

### Soldier's Application for Pension

*D. P. Lewis Stearns*

Co. \_\_\_\_\_ Rgt. \_\_\_\_\_

Filed *Nov 11 1915*  
*see Rittguy book*

Allowed \_\_\_\_\_

Read Specifications on Back.

SPECIFICATIONS

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

*Allowed Oct 18<sup>th</sup> 1915*

*W. J. Stone* Commissioner.

All blanks on this filing to be filled by the Pension Board  
The State Journal 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.

PENSION EXAMINER'S OFFICE,

FRANKFORT, KY.

C. T. FREEMAN

Enlisted Sept. 23, 1861, in Co. A, 8th Texas Cavalry, and there is record proof of service to Mch. 1, 1864. Comrades testify to his service till the 14th of May, 1865, and was finally released at Hamstead, Texas, July 20, 1865.

Indigent.

Approved:

W J Stone.

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, August 16, 1915.

Respectfully returned to the

Examiner,  
Confederate Pension Department,  
Frankfort, Kentucky.

The records show that C. T. Freeman, 1st sergeant, Company A, 8th Texas Cavalry, C.S.A., enlisted September 23, 1861. On the company muster roll dated December 31, 1861, last on which borne, he was reported present. No later record found of him as a member of this organization. Subsequent rolls on file cover periods from August 31, 1862, to February 29, 1864.

The records also show that C. T. Freeman was commissioned commissary of subsistence, McCord's Frontier Regiment Texas Cavalry, C.S.A., April 30, 1863, and on the muster roll of the field and staff dated March 1, 1864, only one on file, he was reported present. His name is not borne on the only two muster rolls on file for Company D of said regiment, dated respectively October 31, 1863, and March 1, 1864, nor has anything additional relative to him been found.

*H. J. McCann*  
The Adjutant General.

Form No. 74-A, G. O.  
Ed. Mar. 17-15-75,000.

*Office Medical Director  
Monmouth Miss April 5th 1862*

*By authority of the General Commanding  
Sergeant C. T. Freeman is hereby discharged  
from the service because of gunshot frac-  
ture of the leg - Proper papers to be made  
out by officers of the Regiment in which his  
pay may be drawn*

*J. G. Nett  
Medical Director*

No. .... W .....

HEADQUARTERS

# Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

August 11th 1915

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

Dear Sir:

Mrs. -----

who is an applicant for pension under the Kentucky Widows' Pension Law,  
claims that her husband C. Thomas Freeman  
was a member of Company "A" Regiment 8th Texas C. S. A.,  
and was (1st Sergeant) Cavalry

And claims to have been discharged in  
April, 1862, and was afterwards captain of  
Co. D, of McCord's Regiment of Texas Troops, which  
was transferred to the C. S. A. in October or  
November, 1864, and to have been surrendered  
at Hempsted, Texas, July 20, 1865.

Please give me the record of this soldier.

Respectfully,

*W. J. Stone*  
Examiner.

RECEIVED A. G. O.

AUG 13 1915

Texas Veteran Association.

F. R. LUBBOCK,  
Ass't Sec'y & Treasurer.

STEPH. H. DARDEN,  
Secretary.

Austin, Texas 1899.

Executive Department

Austin Texas, April 20 1863

Col J. W. Washell

Adj't + Insp: Genl  
Austin, Texas

Sir:

I have the appointed Charles J. Freeman  
of the City of Austin, Commissary of Subsistence of  
The Austin Regiment of the State of Texas vice Capt  
Jas H. Prince resigned - You will issue to him a  
commission as such, upon his executing the required  
bonds.

Very Respectfully  
Your Capt. Serv.

F. R. Lubbock

I hereby Certify that the foregoing is the original  
appointment of Capt Freeman as Commissary of  
Subsistence, and I further Certify that the Regiment  
was subsequently transferred to the Service of the  
Confederate States

F. R. Lubbock

Woodford County Court.

July Term, July 26th. 1915.

In the matter of Application of Pension for C. F. Freeman.

I, the undersigned, Alfred H. Nuckols, Judge of the Woodford County Court, do hereby certify, that I did on the above mentioned day and date hear testimony in open Court in the presence of Will D. Jesse, County Attorney, and that the two witnesses R. H. Gray and A. B. Scott each testified that they had been acquainted with the defendant C. F. Freeman for thirty or forty years; that he was a citizen and resident of Woodford County and that they knew of no property that he owned and that he had no means of support.

I further believe the applicant to be worthy and am of the opinion the pension should be granted. This July 26th. 1915.

*Alfred H. Nuckols*  
Judge Woodford County Court.

SECTION 12 OF THE KENTUCKY PENSION LAW PROVIDES THAT

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

No. 3391

PENSION CERTIFICATE OF

*C. F. Freeman*

Payable Quarterly

by the

Treasurer of Kentucky

at

Frankfort, Kentucky.

State of Texas

County of Travis

} Before me, Mattie Summers a Notary Public in said County & State this day appeared D. Hardin Walsh, known to me to be a credible citizen who being by me sworn, on oath states that is personally acquainted with C. J. Freeman formerly of Austin Texas, & now living in Ky. that he (D. Hardin Walsh) and C. J. Freeman were both members of Capt. H. H. D. Carrington's Company of Confederate Cavalry, which served during the closing months of the war in 1865 in South-western Texas & as members of said Co both of them participated in the last engagement of the war near the mouth of the Rio Grande River on 14<sup>th</sup> day of May 1865

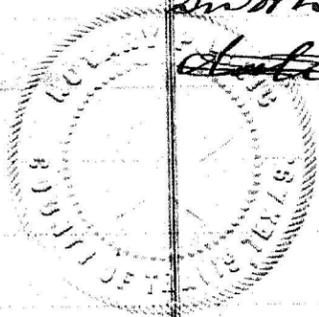
D. Hardin Walsh

sworn to & subscribed to this

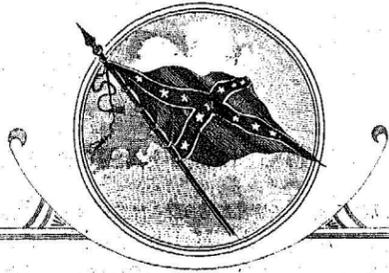
state, 5<sup>th</sup> day of August, 1915.

Mattie Summers

Notary Public, Travis Co.,  
Texas



No. 3391



# COMMONWEALTH OF KENTUCKY

## DEPARTMENT OF CONFEDERATE PENSIONS

It is hereby certified

That in conformity with the laws of the Commonwealth of Kentucky;

E. T. Freeman

who was a member of Company "A" Regiment Eighth  
Texas Cavalry

Confederate States Army, is entitled to a pension at the rate of Twelve  
dollars per month, to commence on the First day of  
August one thousand nine hundred and eighteen.

Given at the office of the Commissioner of Pensions

this First day of August  
one thousand nine hundred and eighteen.

W. J. Stone

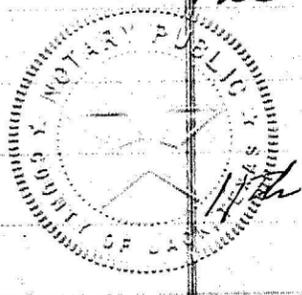
Commissioner.

State of Texas }  
County of Jack }

Before me, E. N. Miller,  
a Notary Public in said  
County and State, this  
day appeared J. M. Freeman  
personally known to me, who  
being by me sworn, on oath  
states he was a Confederate  
soldier serving at the battle  
of Shiloh, 6<sup>th</sup> ~~May~~ April 1862  
with the 8<sup>th</sup> Texas Cavalry (The  
Terry Rangers), that Charles  
Thomas Freeman, his brother  
was also a member of Co. A  
of said regiment at that time  
being Orderly Sergeant of said  
Co. That said Chas. Thos. Freeman  
was severely wounded in the  
battle of Shiloh & on account of  
said wound was discharged  
from the service. That he, as soon  
as he was able, got back to Texas  
and in about a year re-en-  
listed, serving till the end of  
the war in the State of Texas.

J. M. Freeman  
Sworn to & subscribed this

14<sup>th</sup> day of August 1915. E. N. Miller,  
Notary Public Jack Co. Texas.



COMMONWEALTH OF KENTUCKY  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

LOUISVILLE, KY.

No. **666**

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 *Charles Thomas Freeman*

County of *Woodford* on file in THE BUREAU OF VITAL STATISTICS of Kentucky.

Voting Precinct No. *Midway* Registration District No. *1480* File No. *9880*

Incorporated Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

City \_\_\_\_\_ Full Name *Charles Thomas Freeman*  
(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 Single *Widowed*  
Married  
Widowed  
or Divorced  
(Write the word)  
6 DATE OF BIRTH *June 1st 1837*  
(Month) (Day) (Year)  
7 AGE *85* yrs *9* mos *9* ds or min? IF LESS than  
1 day hrs  
or min?

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

9 BIRTHPLACE (State or country) *Franklin Co. Ky*

10 NAME OF FATHER *Dandridge Freeman*

11 BIRTHPLACE OF FATHER (State or country) *Culpeper Co. Va*

12 MAIDEN NAME OF MOTHER *Mantig Fox*

13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Mantig F. Shackelford*  
(Address) *Henderson Ky*

Filed *4/2* 192*3* *Harris Lehman* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *McH 31st*, 192*3*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from *Aug*, 192*2* to *McH 31st*, 192*3* that I last saw him alive on *McH 29th*, 192*3*

and that death occurred on the date stated above at \_\_\_\_\_ m. The CAUSE OF DEATH was as follows:

*Chronic Valvular Heart Disease*  
(Duration) *2* yrs *2* mos *9* ds

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

(Signed) *L. H. Minnick* M. D. *Apr 1*, 192*3* (Address *Frankfort 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 present residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL *Frankfort Cem* DATE OF BURIAL *4/2*, 192*3*

20 UNDERTAKER *Rogers Bros* ADDRESS *Frankfort Ky*



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed, at Louisville, Ky., this *13th* day of *June* in the year of our Lord one thousand nine hundred and *Twenty Three*  
*J. F. Blackerby*  
State Registrar.