

Questions for Applicant

Filed June 21st 1912
M. P. Smith
J. B. B.

STATE OF KENTUCKY,

Lesueur County.

Nancy A. Sullivan 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 the following questions, deposes and answers as follows:

1. What is your full name and where do you reside? (Give State, County and Postoffice.) Nancy Ann Sullivan Lesueur County, Ky Marion, Ky R. F. #5
2. How long and since when have you been a resident of this State? Since 1869 - about 43 years
3. When and where were you born and what was your maiden name? Born 1852 in Wilson Co, Tenn. Nancy Ann Singleton
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 in Wilson Co, Tenn. Apr. 1837 - John William Riley Sullivan Married at Princeton, Lesueur Co, Ky by St. J. Roush
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States?
6. How long did your husband serve in said Company and Regiment?
7. When and where did your husband's Company and Regiment surrender?
8. Was your husband present at the time and place when his Company and Regiment surrendered?
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? In Lesueur Co, Ky Aug. 4th 1905
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? No Realty, No Personal Property, No income
14. Have you a family? If so, who compose such family? Six children - 3 boys and 3 girls - One boy and two girls still living with me
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. Answer: Washburn, Marion, Ky R. F. #5

Sworn to and subscribed before me, this, the 23rd day of April 1912
R. L. Washburn, Clerk
of Caldwell County.

Witness
R. L. Washburn
Nancy A. Sullivan
mark

Questions for Witnesses

STATE OF KENTUCKY,

Wilson County.

J. H. Clemmons of said State and County, having been presented as a witness in support of the application of Mrs. Nancy A. Sullivan 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? *J. H. Clemmons Martha Tom Route 2*
2. Are you acquainted with the applicant, Mrs. Nancy A. Sullivan? *No Sir*
If so, how long have you known her? *Not at all*
3. Where does she reside, and how long and since when has she been a resident of this State? *No*
4. Were you ever acquainted with her husband? *Yes*
5. Were either or both of you present at the marriage? *No*
6. How long did you know him? *about 40 yrs*
7. When and where did *May 20, 61 - Wilson County* enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? *Co. I 7th Tenn Infantry, was with him when sworn in*
8. Were you a member of the same Company and Regiment at the close of the war? *Yes*
9. How long did he perform regular military duty? *During the War*
10. When and where was his Company and Regiment surrendered? *When Genl Lee Surrendered to Genl Grant*
11. Were you with the command when it surrendered? *No*
12. Was *John Wm Riley Sullivan* the husband of applicant, present?
Dont know, was not there
13. If not present, where was he? *he was there, and got his parole*
14. When and where did he leave his command? *When it surrendered*
For what cause? *War was over*
By whose authority did he leave? *Genl Grant*
How do you know all this? (State fully and clearly.) *Saw his Parole by record*
15. When and where did *John Wm R Sullivan* die? *Dont know*
16. Where did he reside at his death, and how long had he been a resident of Kentucky at his death? *Dont know*
17. Do you know of your own knowledge that applicant is the lawful widow of *John Wm R Sullivan*?
Dont know

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

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

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

NOTE.—Let the witness who can answer the greatest number of the 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 *30th*
day of *April* 191*2*
N. A. Moore
Notary Public

X *J. W. Chambers*
X *A. B. Sullivan*
Witnesses.

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

I, *Mr. P. Smith* Judge of *Ballard* County, Kentucky,
hereby certify that the property assessed on the tax books of this County to Mrs. *May A. Sullivan*
the widow of *John W. Pily Sullivan* amounts to \$ *0* real estate and
\$ *0* personal *Mr. P. Smith* Trustee.
For *Ballard* County, Ky.

Certificate of Clerk of Court or Notary Public

STATE OF KENTUCKY,
County.

I, Clerk or Notary Public, in and for said county, hereby
certify that the applicant, Mrs. resides in said county, and has been
a bona fide resident of this State since the day of 19...., and that the wit-
nesses, Mr.
are of trustworthy character, and that their statements are entitled to full faith and credit.

I do further certify that before answering the foregoing questions, the applicant and said witness took the oath herem
prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and sub-
scribed.

Witness my hand and official seal this day of 191...
(SEAL)
..... 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. 1044

**Widow's
Indigent Pension**

Name ... Mrs. Nancy D. Sullivan

Filed ... SEP. 6 - 1912

Widow of ... J. W. R. Sullivan

Approved Feb 27th 1913
W. J. Stone, Examiner.

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

WAR DEPARTMENT,
1951900
THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON, Sept. 10, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The name John Wm. Riley Sullivan has not been found on the rolls, on file in this office, of the 7th Tennessee Infantry, Confederate States Army.

The records show, however, that one John W. Sullivan, a private of Company I, said regiment, enlisted May 20, 1861, and that he was captured April 2, 1865, at Petersburg, and released May 20, 1865, at Point Lookout, Maryland, upon taking the oath of allegiance to the United States.

Geo. Andrews

The Adjutant General.

(A. G. O. 74)

Indorsement

Confederate Pension Department

STATE OF KENTUCKY

FRANKFORT,

MRS. NANCY A. SULLIVAN,
widow of
JOHN W. R. SULLIVAN,

Who enlisted May 20, 1861, in Company I, 7th Tennessee Infantry, and was captured April 2nd, 1865, and released May 20, 1865, at Point Lookout, Md. upon taking the oath of allegiance.

Indigent.

W J Stone.

I recommend that this claim be allowed.

J. Sandy Ellis
Adjutant General.

Approved by State Pension Board.

James M. McGreary
Chairman.

Marriage Certificate

This is to Certify, That on the 30th day of March 1876

the Rites of Marriage were legally solemnized by me between
J. W. Sullivan and Nancy A. Singleton
at Princeton in the County of Caldwell
in the presence of A. H. Dudley, G. F. King
Creswell Stearns

NOTE—The Statute requires the names of at least two Witnesses to be inserted in the foregoing certificate.

(Signed)

W. S. Randolph, J. C. C.
Attest: *R. L. Lusham, Clerk of*
The Caldwell Co. Court.

No. _____ W _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

SEP 6 - 1912

191 _____

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

Dear Sir:

Mrs. _____

Nancy A. Sullivan

who is an applicant for pension under the Kentucky Widows' Pension Law,

claims that her husband _____

John Wm Riley Sullivan

was a member of Company _____

I

Regiment _____

7th Tenn C. S. A.,

and was _____

Inf.

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

When and where did John William R. Sullivan die?

He died in Caldwell County, Kentucky. Do not remember the time of his death.

2. Where did he reside at his death and how long had he been a resident of Kentucky at his death?

He resided in Caldwell County, Kentucky at his death and had been a resident of said County for about forty one years.

3. Do you know of your own knowledge that applicant is the lawful widow of John William R. Sullivan? Yes, she is.

4. Has she remained unmarried since her soldier husbands death? and is she now his widow? Yes.

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

She has one horse worth about \$150.00. She has no income.

I live near her and know these facts of my own knowledge.

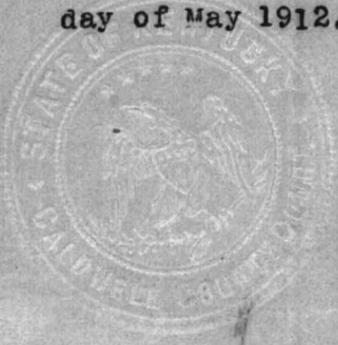
6. Has applicant conveyed any property in the last two years or given any away, if so, what was it, and to whom?

No.

A. J. Vanhook
R. W. Hackney

Subscribed and sworn to before me by R. W. Hackney ^{and A. J. Vanhook} this the 20th day of May 1912.

R. L. Gresham Co, Clerk
~~*R. W. Hackney*~~



*As the witnesses did not
feel out the appropriate property,
take the original and the duplicate
are enclosed but a copy has
been made and filed in the
office of the County Court Clerk*

Caldwell County Court.

In the application of Mrs. Nancy A Sullivan, for pension under an Act of the General Assembly of Kentucky, granting pensions to disabled and indigent Confederate Soldiers and their widows.

The application having been filed on or before a regular term of the Caldwell County Court and having been passed over to a regular, subsequent term of said Court, the County Attorney being present to represent the Commonwealth, the following witnesses were introduced to testify as to the residence, citizenship and means of support of the applicant:-

Robert Riley, whose address is Fredonia, Kentucky, R#1.

Ira Brown, whose address is Fredonia, Ky., R.F.D.#1.

Ira Brown

The witness ~~Robert Riley~~ being duly sworn testified in substance as follows; that he has known the applicant for 25 years and that she has been an actual bona-fide resident of Caldwell County, Kentucky ever since he has known her and that she is the lawful widow of William Riley Sullivan; that she owns no property except some house-hold goods and that she has no income and that no one is under a contract for a valuable consideration to support the applicant and that her ~~support~~ support is not provided for and that she is indigent and in needy circumstances.

The witness, Robert Riley, being duly sworn, testified in substance as follows: that he has known the applicant for eight or ten years and that she has been an actual bona-fide resident of Caldwell County, State of Kentucky ever since he has known her and that she is the lawful widow of William

Riley Sullivan and that she owns no property except some household goods and that she has no income and that her support is not provided for and that there is no one under a contract for a valuable consideration to support the applicant and that she is in destitute circumstances.

The above witnesses are personally known to me and are reputable citizens of Caldwell County and entitled to full faith and credit under their oaths.

The applicant is a very old lady and in needy circumstances and I recommend that the pension be granted to her.

.....*M. P. Smith*.....
Judge of the Caldwell County Court

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

1. PLACE OF DEATH

County Haldwell

Vot. Pct. # 3

Registration District No. 188

Registered No. _____

Inc. Town Ardenia

Primary Registration District No. 4482

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Nancy A. Sullivan

(a) Residence. No. Ardenia, Ky. St. _____ Ward _____
(Usual place of abode)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH March 17 - 1952

7. AGE Years 81 Months 11 Days 29 If LESS than 1 day hrs. or min.

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

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 _____

12. BIRTHPLACE Tennessee

13. NAME Jim Singleton

14. BIRTHPLACE Tennessee

15. MAIDEN NAME Sallie Bagwell

16. BIRTHPLACE Tennessee

17. INFORMANT W. E. Sullivan

(Address) Ardenia, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Rowland, Ky. Date 3-17, 1934

19. UNDERTAKER D. M. Maxwell

(Address) Ardenia, Ky.

20. FILED 3-20, 1934 Adair

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934 to March 16, 1934. I last saw her alive on March 11, 1934, death is said to have occurred on the date stated above, at 2 A. m. The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Uterus

Contributory causes of importance not related to principal cause: _____

Name of operation none 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) E. M. Gruffin, M. D.

(Address) Ardenia, 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.

COMMONWEALTH OF KENTUCKY

State Board of Health
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CERTIFICATE OF DEATH

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County Haldwell

Vot. Pct. # 3

Registration District No. 188

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Inc. Town Ardenia

Primary Registration District No. 4482

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Nancy A. Sullivan

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

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH _____

7. AGE Years 81 Months 11 Days 29 If LESS than 1 day hrs. or min.

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

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 _____

12. BIRTHPLACE Tennessee

13. NAME Jim Singleton

14. BIRTHPLACE Tennessee

15. MAIDEN NAME Sallie Bagwell

16. BIRTHPLACE Tennessee

17. INFORMANT W. E. Sullivan

(Address) Ardenia, Ky.

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Place _____ Date 3-17, 1934

19. UNDERTAKER D. M. Maxwell

(Address) Ardenia, Ky.

20. FILED 3-20, 1934 Adair

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1933 to March 16, 1934. I last saw her alive on March 11, 1934, death is said to have occurred on the date stated above, at 2 A. m. The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Uterus

Contributory causes of importance not related to principal cause: _____

Name of operation none 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) E. M. Gruffin, M. D.

(Address) Ardenia, Kentucky

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.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

EXAMPLE I

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	May 3, 1927

EXAMPLE II

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Contributory causes of importance not related to principal cause:	
Influenza	6 weeks ago

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOUNDED A.D. 1792

Insurance Company of North America

HEAD OFFICE
PHILADELPHIA
CAPITAL
\$ 12,000,000

DEPARTMENTS
CHICAGO
NEW YORK
SAN FRANCISCO
TORONTO

BYRD & RICE, AGENTS,
FREDONIA, KY. Apr 18th, 1934.

Mr. John M. Lucas, Commissioner.

Frankfort, Ky.

Dear Sir:-

Am returning the Pension Voucher sent my mother,
Mrs. Nancy A. Sullivan, because of her death which occurred
on the 16th, day of last March and ask that you kindly for-
ward me the proper blank for her Admr, to draw the amount
of Pension due her at date of death.

With many thanks I beg to remain,

Yours truly,

W. E. Sullivan

April, 20, 1934-

Mr. W. E. Sullivan,
Fredonia, Ky.

My dear Sir:

Your letter of April the 16th informing us of the death of your mother, Mrs. Nancy A. Sullivan on March the 16th has been received. There is due her estate \$46.00 being accrued pension, from February the 1st to March the 16th inclusive, and I inclose information as to how this amount may be collected, The Undertaker should send his bill direct to this office, as the State allows \$100 for burial expenses.

Very Truly,

Comm.

May 28 1934

Freedom 17

Mr J. M. Lucas

Dear Sir: Some few days ago I wrote the office in regard to the Pension claim of Mrs Sullivan

I was informed that check would be mailed about May 15:

The Burial check was mailed but the Pension claim was not received.

Please inform me in regard to this matter

Yours truly

W. E. Sullivan
Admin

Copy of Order of Court
not received



OFFICE OF
COMMISSIONER OF
CONFEDERATE PENSIONS
JOHN M. LUCAS, COMMISSIONER
ANNIE BELLE FOGG, SECRETARY
FRANKFORT, KENTUCKY

May, 14, 1934-

Mr. W. E. Sullivan,
Fredonia, Ky.

My dear Sir:

The papers relative to the settling of
Mrs. Sullivan's estate have been received, and, the amount
due will be paid about May, the 15th, which is the regular
time for paying all pension claims,

Very Truly,

J. M. Lucas

Comm.



OFFICE OF
COMMISSIONER OF
CONFEDERATE PENSIONS
JOHN M. LUCAS, COMMISSIONER
ANNIE BELLE FOGG, SECRETARY
FRANKFORT, KENTUCKY

May, 31, 1934-

Mr. W. E. Sullivan,
Fredonia, Ky.

My dear Sir:

Your letter of March the 28th received.
The bill from the Undertaker for the burial expense of
Nancy A. Sullivan was received and a check was mailed
to the Undertakers. The reason you had not received
a check for the balance due the estate is, that we have
not received the copy of the Order of the Court appoint-
ing you Administrator and we cannot send you a voucher
until was receive this,

Very Truly,

John M. Lucas
Comm.

I enclose a letter from you dated May 14th. stating
that you had received the above papers. Please send
as soon as possible voucher for amount due her at her
death.

Yours very truly,

W. E. Sullivan
W. E. Sullivan

May, 31, 1934-

Mr. W. E. Sullivan,
Fredonia, Ky.

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