

Soldier's Application for Pension

I, John W. Whitehead

am a citizen of Kentucky, resident at Halifax in the County of Allen R.R.#3

in said State of Kentucky, and was a soldier from the State of Tennessee, 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 "F" 16 Tennessee Infantry

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 Putnam County Tennessee 1838

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

Answer Enlisted in Sept 1862 in Company "F" 16 Tennessee Infantry Capt Dillard and Col John Savage

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

Answer In the surrender of Genl Joseph E Johnson in North Carolina

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

Answer No

Were you paroled? If so, when and where?

Answer was paroled in May 1865 near Greensboro North Carolina

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

Answer Yes

If so, when and under what circumstances?

Answer Had to take the oath before I was allowed to go home

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

Answer ... Am a day laborer when able to work earn 75¢ per day

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

Answer ... Have no estate except a few house hold goods

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 ... Not over \$75⁰⁰

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 ... Moved to Kentucky in 1866

Have you an attorney to look after this application?

Answer ... Yes

If so, give his name and address?

Answer ... W. H. Reed Scottsville Ky

Witness my hand this 27 day of May 1912
Attest W. W. Gardner his Whitehead
Scottsville Ky R.R. # 3

WITNESSES:

Chad W. Hallard, Physician P. O.

Postoffice Address Scottsville Ky R. 3 Street and No. (if any)

....., Witness R. F. D. (if any)

Postoffice Address

....., Witness

Postoffice Address

STATE OF KENTUCKY

Allen County } I, W. N. Cook Judge of said County,

certify that John W. Whitehead and his wife are

assessed with No. acres, valued at \$....., and with \$ No. of personal property.

Witness my hand this 12 day of August 1912

W. N. Cook Judge County Court.

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

STATE OF KENTUCKY

Allen County } Personally appeared before me... W. H. Beaud
a Notary Public of said County, the above named John W. Whitehead
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 27th day of May, 1912
My Comr Expires Feb 1914 W. H. Beaud Notary Public

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.

I, Chad W. Halland, M.D. being a regular
practicing physician in Allen Co. Ky.
have this day examined John W. Whitehead
and find him with the following disabilities:
1st suffering from a bullet in left leg which
produces considerable lameness (received bullet while
in service) 2nd Also suffering from Apoplexy.
Chad W. Halland, M.D.

Witness my hand and seal of office, this 3rd day of July, 1912.
W. H. Beaud Notary Public

(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

County } Personally appeared before me...
of said County, the above named
and 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 state-
ments made in this application are correct and true, to the best of their knowledge and belief, and that they have no in-
terest 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.

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

No. 1086

STATE OF KENTUCKY

Soldier's Application for Pension

J. W. Whithead

Co. Rgt.

Filed SEP 4 - 1912

Allowed

Read Specifications on Back.

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

Approved Feb 27 1913
W. J. Stone Examiner
Commissioner

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

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

SEP 10 1912
1951212
WAR DEPARTMENT

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

WAR DEPARTMENT, 1951212

THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON, September 7, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that John White-
head (name not found as John W. White-
head), private, Company F, 16th Tennes-
see Infantry, Confederate States Army,
was enlisted September 15, 1862, and
that he was paroled at Greensboro,
North Carolina, May 1, 1865.

[Signature]

The Adjutant General.

(A. G. O. 72-1) Per #

Indorsement

Confederate Pension Department

STATE OF KENTUCKY

FRANKFORT.

JOHN W. WHITEHEAD.

Enlisted Sept. 15, 1862, Co.
F, 16th Tennessee Inf. and
he was surrendered and
paroled at Greensboro, N.C.
May 1, 1865. Proven by the
record and comrades.

Indigent.

W J Stone.

I recommend that this
claim be allowed.

[Signature]
Adjutant General

Approved by State Pension
Board.

[Signature]
Chairman

No. _____ S _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

SEP 4 - 1912 191

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

Dear Sir:

John W. Whitehead

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company *F - 16th Tenn.*

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

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

If the widows of Confederate veterans are entitled to a State Pension, said Martha Whitehead would be glad to know.

May I please hear from the Department in regard to this, so I will know what steps to take.

Oblige.

Vernon Conner.

Oakland, Ky.

R.F.D. #17

Mar. 27, 1924

Confederate Pension Dept
Frankfort Ky.

Dear Sirs - I notify you that John W. Whitehead, Oakland, Kentucky, holder of Confederate Pension Certificate No. 1086, died Mar. 11, 1924.

He is survived by his widow, Martha Whitehead, who is an invalid, and has been for fifty years.

She hasn't one penny's income from any source.

Allen County Court, Regular Term.

August 12th., 1912. W.N.Cook, Judge.

Whitehead, John W.

For

Pension,

§
*
§

Upon Application.

This cause, having been filed at the last term of this Court and laid over to this Term, and the same being called and the Court having heard the evidence produced, is of the opinion that said applicant is a citizen of Allen County, and has been for several years; that he is not able to earn a support by manual labor, or by reason of his knowledge, art or skill, that he does not receive pension from United States or other source; that he has no property and that his wife has no property; that he has no income, that no one is under contract to support him, and so finds and recommends that same be allowed.

W. N. Cook, Judge.

A Copy Attest:

Goy F. Hinton

Clerk Allen County Court.

In matter of application of J. W. Whitehead
John W Whitehead being sworn states
I live near Halifax. I have no land
or no property, my wife has no property
have been in state of thy 46 years
I have no income, I am not able to
make a living, I have no children
living and no arrangements made
made for my support. My wife is
afflicted. I am 73 years old

F. J. Hale being sworn states that he
has known John W Whitehead for
many years and knows he is a very
poor man, has no property nor has
he any one on whom he does or can
depend for support.

W. N. Cook Co, Judge

State of Kentucky,
County of Union,Sct.

The affiant, William R. Mathews, states that he is a resident of Union County, Kentucky, and has resided in said county and state since the year 1868. He states that he was born in Puttman County, Tennessee on March 26th, 1846 and that he was a member of Company F 16th Infantry of the State of Tennessee during the Civil War, having served in said Company from February 1863 until the surrender of General Joseph E. Johnson at Greensboro, N. C. in the year 1865. The affiant says that John Whitehead was also a member of said Company having enlisted in same some time during the fall of 1862 and that he was in said company when this affiant enlisted, and that said Whitehead continued in said company from that date until the surrender above mentioned. He said that Whitehead is a man of good habits and was continuously in service as above stated.

William R. Mathews

Subscribed and sworn to before me this June 29th, 1912.

Mary Delaney

Notary Public, Union County, Kentucky
My commission expires Jan. 22nd, 1916



State of Kentucky,
County of Union, Set.

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COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Spencer

Vot. Pct. # 4

Inc. Town

City

Registration District No. 3957

Primary Registration District No.

(No. St. Ward)

File No.

Registered No.

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

2 FULL NAME J. W. Whitehead

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Oct 19 1888
(Month) (Day) (Year)

7 AGE 85 yrs. 4 mos. 22 ds.
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)

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER J. W. Whitehead

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Nancy Spivy

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bernon Connor
(Address) Dakota Ky

15 Filed Apr 10 1924 Ray Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 11 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1924 to Mar 8 1924, that I last saw him alive on Mar 8 1924, and that death occurred on the date stated above at 6:30 p.m.

The CAUSE OF DEATH* was as follows:

Bright's Disease

(Duration) yrs. mos. ds.

Contributory (Secondary) Old age

(Signed) J. M. Adair M. D.
Mar 12 1924 (Address) Daypool 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 New Hope DATE OF BURIAL Mar 12 1924

20 UNDERTAKER Crow Bros ADDRESS Scottsville Ky

Copy of Original
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.

by Mary Reind
Reg Dist. 7714

REVISED UNITED STATES STANDARD
CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of(name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping Cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc.

The contributory, (secondary or intercurrent) affection need not be stated unless important. Example *Measles* (disease causing death), *29ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning: Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "Contributory."

NOTE—Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyæmia, septicæmia, tetanus.