

(DUPLICATE)

Soldier's Application for Pension

I, Emerson Lilly

am a citizen of Kentucky, resident at Louisville in the County of Lamar

in said State of Kentucky, and was a soldier from the State of Missouri, 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 Co B 1st Regt Mo Sharpshooters

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 Culpeper Co Va 1845

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

Answer About Sept 1863 Cal J J Lince Cap Ake M Johnson Maj James Keene

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

Answer Paroled at Alexandria La June 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 Alexandria La June 1865

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

Answer Yes

If so, when and under what circumstances?

Answer June 1865 at St Louis Mo by Capt as sent up there

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

Answer *Harvesting or living with my son James*

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 *\$1.50 being 30 acres of land*

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*

Do you use intoxicants to any extent?

Answer *No Sir*

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

Answer *Since 1865*

Have you an attorney to look after this application?

Answer *Yes*

If so, give his name and address?

Answer *James Montgomery*

Witness my hand this *15th* day of *April*, 191*2*

Emerson Gilley

WITNESSES:

J. C. Mobley, Physician P. O.

Postoffice Address *Charlestown Ky.* Street and No. (if any)

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

Postoffice Address *Brunswick Mo.*

....., Witness

Postoffice Address

STATE OF KENTUCKY

Ladue County } I, *D. W. Rider* Judge of said County,

certify that *Emerson Gilley* and his wife *Mr. Emerson Gilley* are

assessed with *30* acres, valued at \$ *5000*, and with \$..... of personal property.

Witness my hand this *15* day of *April*, 191*2*

D. W. Rider Judge County Court.

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

STATE OF KENTUCKY

Hardin County } Personally appeared before me *J. Corley*
County Clerk of said County, the above named *Emerson Tillery*
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 *15* day of *April*, 191*2*

J. Corley
County Clerk

STATE OF KENTUCKY

Hardin County } Personally appeared before me *W.A. Barry*
Examiner of said County, the above named *J. C. Mobley, M.D.*
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 *Emerson Tillery*
the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

Protruding hemorrhoids and atony of stomach walls (Myasthenia gastrica) with an occasional irregular heart action.

J. C. Mobley, M.D.

Witness my hand and seal of office, this *27* day of *May*, 191*2*

W.A. Barry, Examiner, Harlan, Ky

(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

Shannon County } Personally appeared before me *a Notary Public*
of said County, the above named *George Kennedy*
and *Frank M. DeJarnett*, 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 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 *C. B. 1st Bat. Mo. Sharp Shooter, Confederate* army.

State here what witnesses know of their own knowledge.

because we served in the same Company during the time of our service as aforesaid - which enables us to testify to the facts stated.

F. M. DeJarnett
George Kennedy

Subscribed and sworn to before me this 14 day of May 1912

Witness my hand and seal of office, this *23* day of *May*, 191*2*

James Deussen
Notary Public

MY COMMISSION EXPIRES
FEB. 19, 1913

MY COMMISSION EXPIRES
FEB. 19, 1913

No. 319

STATE OF KENTUCKY

Soldier's Application for Pension

Cecilia M. Bellery

Co. ... Rgt.

*Musters JUN 20 1912
Filed APR 14 1912
Six States, six*

Allowed

Read Specifications on Back.

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

Approved
W. P. Stone Examiner
Commissioner

All blanks on this filing to be filled by the Pension Board
KENTUCKY STATE JOURNAL PUBLISHING 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.



*Filed May 20 1912
Att 24/10/12*

EMMERSON TILBERRY.

Enlisted in Sept. 1863, Co. B,
Searcy's Battalion of Missouri
Sharpshooters, and was surrender
ed May 26, 1865 at New Orleans,
La. and paroled June 7th 1865.

Proven by the record.

Indigent.

W J S

I recommend that this claim
be allowed.

J. Handy Ellis
Adjutant General.

Approved by State Pension
Board.

James B. McManis
Chairman.

Adjutant General's Department
Bureau of Pensions

No. _____ S _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUN 20 1912

191_____

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

Dear Sir:

Emmerson Tilley

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company *B-1st Bat.*
Regiment *Mo. Sharpshooters* C. S. A., and to have been

Maj James Kennedy
Capt Abel M. Johnson
Col. J. J. Cicer

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

ADJUTANT GENERAL'S OFFICE

JUN 24 1912

1927745

WAR DEPARTMENT

1927745

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, June 25, 1912.

Respectfully returned to the Examiner, Confederate Pension Department, Frankfort, Kentucky.

There are no rolls, on file in this office, of Company B, 1st Battalion Missouri Sharp Shooters, Confederate States Army.

The prisoner of war records, however, show that Emerson Tillery, private, Company B, Searcy's Battalion Missouri Sharp Shooters, Confederate States Army, (no rolls of organization on file) was surrendered at New Orleans, Louisiana, May 26, 1865, and paroled at Alexandria, Louisiana, June 7, 1865.

Henry P. H. ...
Adjutant General.

(A.G.O. 74)

Very respectfully,
PHILIP P. JOHNSTON,
Adjutant General.

Emerson Tillery
Listed in Sept. 1865, Co. B,
Searcy's Battalion of Missouri
Sharpshooters, and was surrendered
at New Orleans, Louisiana, May 26, 1865, and paroled June 7th, 1865.
Proven by the record.
Indigent.

I recommend that this claim be allowed.

Philip P. Johnston
Adjutant General.

at _____, Ky., for his certificate, and forwarded to _____

The within account is respectfully returned with the request that same be executed upon the attached form, in duplicate, and forwarded to _____

SIR:
Frankfort, Ky.
19

Adjutant General's Department,
State of Kentucky

....Hardin County Court....

Regular Term, Monday June 17th 1912

Emerson Tillery

PRESENT: HON. D. W. RIDER, JUDGE.

ON APPLICATION FOR PENSION.

It appearing of record that *Emerson Tillery*

of Hardin County, Ky., filed his application for pension on *May 20* 1912, it being a regular County Court, held for Hardin County, and the said application was laid over until the Regular Term *June 17th* 1912, of the Hardin County Court; and the matters coming on for proof, as required under the act passed by the Legislature on March 11, 1912, granting pensions to Confederate Soldiers. *C. Atty. W. Boyd being present*

Came *S. Goldenamer* of *Elizabeth town* Ky., and *R. J. Mc Murtry* of *Elizabeth town* Ky., and _____ of _____ Ky.,

who testified that *Emerson Tillery* has been a citizen and an actual bona-fide resident of the State of Kentucky continuously since January 1st, 1907, and now resides in Hardin County, Ky., and that the said *Emerson Tillery* and wife *Mrs. E. Tillery* own real and personal property in this State of value of \$ *200⁰⁰*, and that he has not an income by reason of a contract or agreement for a valuable consideration with any person able to provide such support, or by reason of partial ability, to earn a support, an income, or property or all of these combined, is able to obtain an income of \$300 per year.

STATE OF KENTUCKY, } SCT:
HARDIN COUNTY.

I, D. W. RIDER, Judge of the County Court, aforesaid, certify that *J. C. Mabley*, physician of *Elizabeth town* Ky., and _____ of _____ Ky., and _____ of _____ Ky.,

are reputable citizens, and are entitled to credit on oath; and it appearing from the evidence heard, that *Emerson Tillery* is a citizen of Hardin County, Ky., and has not been absent therefrom, as a resident, for a period of one year, and that he has been a bonafide resident of the State of Kentucky since January 1st, 1907; and that he has not an income of \$300 per year, and see no cause why he should not be granted a pension.

This *June 17* 1912

D. W. Rider
Judge Hardin County Court.

STATE OF KENTUCKY, } SCT:
HARDIN COUNTY.

I, F. G. CORLEY, Clerk of the County Court, and State aforesaid, certify that the foregoing is a true copy of all orders, etc., in the Pension Application of *Emerson Tillery*, as it appears of record in this office.

Given under my hand this *17* day of *June* 1912

F. G. Corley Clerk.
By _____ D. C.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Hardin

Vet. Pot. 2230 Registration District No. 465

Ino. Town Elizabethton Ky. Primary Registration District No. 2230

City Elizabethton Ky. St., Elizabethton Ward

2 FULL NAME Emerson Tillery

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widower

6 DATE OF BIRTH Dec. 1, 1845
(Month) (Day) (Year)

7 AGE 74 yrs. mos. 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)

9 BIRTHPLACE (State or country) Missouri

10 NAME OF FATHER Thos. Tillery

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss Lizzie Tillery

(Address) Elizabethton Ky.

15 Filed May 7, 1920 Registrar Lewis

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 1, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-27, 1920, to 3-1, 1920, that I last saw h. l. alive on 3-1, 1920, and that death occurred on the date stated above at 10:50 P.M. The CAUSE OF DEATH* was as follows:

Pneumonia
(Duration) yrs. mos. 10 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. O. H. H. H. M. D. 5/7, 1920 (Address) Elizabethton 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 Elizabethton DATE OF BURIAL 3/3, 1920

20 UNDERTAKER W. J. Day ADDRESS Elizabethton Ky.

WRITE PLAINLY, WITH N. B.—Every item of information should be carefully checked and should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

STATE OF KENTUCKY,
HARDIN COUNTY

Sct.

I, Lewis Registrar
Clerk of the County Court
for the County and State aforesaid certify that the foregoing is
a true copy of death certificate of
Emerson Tillery
as it appears of record in this office. Given under my hand and
seal, this 7 day of May 1920
Lewis Clerk.
By _____ D. C.

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, Composer, 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, meningis, peritonaeum, 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) affect need not be stated unless important. Example *Malaria* (disease causing death), *29ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms terminal conditions, such as "Ashenia," "Anæmia (merely symptomatic)," "Atrophy," "Collapse," "Stupor," "Convulsions," "Debility," "Congestive," "Stiff," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Faintness," "Marasmus," "Age," "Shock," "Uremia," "Weakness," etc., with a definite disease can be ascertained as the cause. Ways qualify all diseases resulting from childbirth miscarriage, as "PREPARAL SEPTEMICUM," "PURPURA PERITONICA," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDE, OR HOMICIDAL or as probably such, if impossible 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."

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

HARDIN COUNTY
I, *John J. ...*
of the County and State aforesaid certify that the foregoing is
a true and correct copy of the original of
the record of death certificate of
as it appears of record in this office. Given under my hand and
seal, this *7* day of *May* 19*18*
D. O. *John J. ...*