

(DUPLICATE)

# Questions for Applicant

STATE OF KENTUCKY,

Crittenden.....County.

Amanda Rebecca Binkley.....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 follows:

1. What is your full name and where do you reside? (Give State, County and Postoffice.) Amanda Rebecca Binkley, P.O. No. 3, Marion, Crittenden County, Kentucky
2. How long and since when have you been a resident of this State? Since 1867
3. When and where were you born and what was your maiden name? Born near the Hermitage Davidson County, Tennessee, Oct. 21, 1841, Maiden name Amanda Rebecca Binkley.
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.) Frederick Marshall Binkley, Born in Sept. 1838, In Davidson County, Tennessee. We were married Jan. 7, 1862, Dr. W. Hanner, of the Tennessee Conference, W. B. Church, South...
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? Tennessee, June 1, 1861, Company No. 20th Tennessee Infantry, C.S.A. Joined Hermitage guards in April 1861, at Hermitage, Tenn. Mustered in service at Nashville
6. How long did your husband serve in said Company and Regiment? Until the fall of 1861, about November 1861.
7. When and where did your husband's Company and Regiment surrender? 1862, at Greensboro, North Carolina, with Gen. J. E. Johnston
8. Was your husband present at the time and place when his Company and Regiment surrendered? No.
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? He was discharged about November 1861 on account of disability, caused by Rheumatism acquired in the army.
10. When and where did your husband die? August 21, 1892, in Crittenden County, Kentucky.
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? Life estate in a small farm in Crittenden County, Kentucky, rents for \$50 a year out of which I pay taxes.
14. Have you a family? If so, who compose such family? No family but myself.
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. Wm. Carden, P.O. No. 2, Marion, Ky., or L. C. Hesse, Hermitage, Tenn.

Sworn to and subscribed before me, this, the 10th day of February, 1913. Anna Luce Pankle, Notary Public of Crittenden County.

Amanda Rebecca Binkley

# Questions for Witnesses

STATE OF <sup>Tennessee</sup> ~~KENTUCKY~~,

Davidson..... County.

John Hays and S. Jones Bidley....., of said State and County, having been presented as a witness in support of the application of Mrs. Amanda Rebecca Binkley..... 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? John Hays Hermitage, Tenn. P. O. D. 3  
S. Jones Bidley, Nashville, Tenn. P. O. D. # 1
2. Are you acquainted with the applicant, Mrs. Amanda Rebecca Binkley? yes  
If so, how long have you known her? About all her life
3. Where does she reside, and how long and since when has she been a resident of this State? Do not know.  
Understand she resides in Crittenden County, Ky.
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 all his life
7. When and where did Frederick Marshall Binkley..... enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? Enlisted in Hermitage Guards, April 1861 afterwards Co "H" 20th Infantry Tennessee Volunteers, Capt. sworn in to service in Nashville, Tenn. June 1, 1861. We joined same company at same time.
8. Were you a member of the same Company and Regiment at the close of the war? No
9. How long did he perform regular military duty? Until he took rheumatism in latter part of summer or early fall of 1861.
10. When and where was his Company and Regiment surrendered? With Gen. Joseph C. Johnston in North Carolina in April 1865.
11. Were you with the command when it surrendered? No
12. Was Frederick Marshall Binkley....., the husband of applicant, present? No
13. If not present, where was he? He had been discharged on account of sickness.
14. When and where did he leave his command? In East Tennessee in fall of 1861.  
For what cause? Discharged on account of disability. Had rheumatism acquired after joining the army.  
By whose authority did he leave? He was discharged by proper officers as stated above.  
How do you know all this? (State fully and clearly.) We were members of the same company at the time & S. Jones Bidley was also in his mess at the time.
15. When and where did Frederick Marshall Binkley..... die? Do not know
16. Where did he reside at his death, and how long had he been a resident of Kentucky at his death? Do not know
17. Do you know of your own knowledge that applicant is the lawful widow of Frederick Marshall Binkley? No. Did not see him die or after his death, but am satisfied she is.

18. Has she remained unmarried since her soldier husband's death, and is she now his widow? *She is still unmarried so far as we know, and is known as his widow*

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

*Do not know*

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

*Do not 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 *18th* day of *July* 191*2*.

*H. C. Binkley*

Notary Public

*Davidson County Tennessee; My Commission expires April 1, 1916*

*John Hay*

*S. J. Ridley*

Witnesses.

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

*J. B. ...* Judge of *Crittenden* County, Kentucky, hereby certify that the property assessed on the tax books of this County to Mrs. *Quanda R. Binkley* the widow of *...* amounts to \$ *400.00* real estate and \$ *no* personal

*J. B. ...* Trustee  
For *Crittenden* County, Ky.

### Certificate of Clerk of Court or Notary Public

STATE OF KENTUCKY,

*Crittenden* County.

I, *L. E. Guess* Clerk or Notary Public, in and for said county, hereby

certify that the applicant, Mrs. *Quanda Rebecca Binkley* resides in said county, and has been a bona fide resident of this State since the *...* day of *...* *1892* and that the witnesses, Mr. *Wm. Fowler and J. W. ...* are of trustworthy character, and that their statements are entitled to full faith and credit.

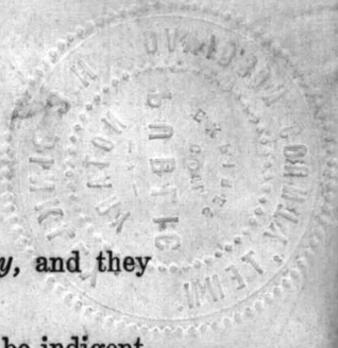
I do further certify that before answering the foregoing questions, the applicant and said witness took the oath herein prescribed, and the full text of the affidavits was read to the applicant and witnesses before the same was signed and subscribed.

Witness my hand and official seal this *9th* day of *June* 191*3*

(SEAL)

*L. E. Guess, Clerk*  
*Crittenden* 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.

1215

No.....

**Widow's  
Indigent Pension**

Name ..... AMANDA R. BINKLEY.....

Filed ..... JUNE 11, 1913.....

Widow of ..... FREDERICK M. BINKLEY.....

Approved July 30<sup>th</sup> 1913  
W. J. Stone, Esq.

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

ADJUTANT GENERAL'S OFFICE

C. I. M. P. 2047952 1913

WAR DEPARTMENT

2047952

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, June 14, 1913.

Respectfully returned to the

Examiner,  
Confederate Pension Department,  
Frankfort, Kentucky.

The records show that F. M. Binkley, private, Company I, 20th Tennessee Infantry, Confederate States Army, enlisted June 1, 1861. On the company roll dated June 20, 1864, the only roll on which his name appears, he was reported "discharged October 6, 1861, for rheumatism." No later record of him has been found.

*[Signature]*  
The Adjutant General.

(A. G. O. 74)

Indorsement

Confederate Pension Department

STATE OF KENTUCKY

FRANKFORT.

MRS. AMANDA R. BINKLEY,  
widow of  
F. M. BINKLEY

Enlisted June 1, 1861, Co. I, 20th Tennessee Infantry, and was discharged October 6, 1861, on account of disability to render further military service because of rheumatism. Proven by record and comrades.

Property: \$400.00.

W J Stone

I recommend that this claim be allowed.

*[Signature]*  
Adjutant General.

Approved by State Pension Board.

*[Signature]*  
Chairman.

JUN 13 1913

No. \_\_\_\_\_ W. \_\_\_\_\_

HEADQUARTERS

**Confederate Pension Department**

W. J. STONE, EXAMINER

FRANKFORT, KY.

June 11th, 1913

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

Dear Sir:

Mrs. Amanda R. Binkley

who is an applicant for pension under the Kentucky Widows' Pension Law,  
claims that her husband Frederick M. Binkley  
was a member of Company "I" Regiment 20th Tenn. C. S. A.,  
and was Infantry

(One says in Company F)

First enlisted in Hermitage Guards at Hermitage,  
Tenn. in April, 1861.

Please give me the record of this soldier.

Respectfully,

*W. J. Stone*

Examiner.

12

The evidence of Mrs. Amanda R. Binkley taken in open Court on her application for a Confederate pension as the widow of Frederick Marshall Binkley.

The witness being sworn and questioned by her attorney, C. S. Nunn, says that she has no estate of any kind except a life estate in a small farm in Crittenden County, Kentucky, of between 50 and 60 acres.

She says that said land is badly worn and washed and that she rents it for \$50.00 a year, and out of same has to keep up fences and pay taxes. She says the rent from this land is the only income she has and that she is feeble and unable to earn a support by manual labor either in whole or in part. She has no money or notes or any other thing due her and there is no one under contract or obligation to support her or to contribute to her support.

She says that she knows her husband had an honorable discharge from further service in the Confederate army and same was dated about November 1861. She saw the discharge numerous times and had it in her custody or keeping but that in the year 1862 the house in which the affiant and her husband were living was burned, and all the contents, including said honorable discharge, were destroyed by fire.

The foregoing statements are made in addition to the facts sworn to in her original application.

Subscribed and sworn to before Amanda R. Binkley  
this the 10th day of February, 1913.

*J. W. Blue*  
Co. Judge



The evidence of Thomas Wring in the application of Mrs. Amanda Rebecca Binkley for Confederate pension this the 10th day of February, 1913.

Thomas Wring being sworn deposes and says that he is a resident of Crittenden County, Kentucky. Is <sup>44</sup> years of age, and was well acquainted with Frederick Marshall Binkley, and is acquainted with his widow, Amanda Rebecca Binkley.

That her said husband died a resident of Crittenden County, Kentucky, in August 1892, and that his widow is and has been a resident of this county ever since.

Witness says that said widow has no estate of any kind other than a life interest in a small farm in Crittenden County, and which is badly worn, and will and does not produce an income excepting \$50.00 a year, and that the revenue therefrom is wholly inadequate for her support.

Witness says that said widow is feeble and unable to earn a support for herself in whole or in part by manual labor.

Subscribed and sworn to before

T. J. Allwing  
notary

this the 10th day of February, 1913.

J. B. Blue  
Copied

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County **Crittenden**  
Vot. Pct. **# 8**  
Inc. Town **No.**  
City **Crayne**

Registration District No. \_\_\_\_\_  
Primary Registration District No. **270**

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

2 FULL NAME **Amanda Rebecca Binkley**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **white** 5 Single Married **widow** Widowed or Divorced (Write the word)

6 DATE OF BIRTH **Oct. 21, 1841**  
(Month) (Day) (Year)

7 AGE **82** yrs. **2** mos. **28** ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) **Davidson Co. Tenn.**

10 NAME OF FATHER **Joseph Binkley**

11 BIRTHPLACE OF FATHER (State or country) **Tenn.**

12 MAIDEN NAME OF MOTHER **Martha Steele**

13 BIRTHPLACE OF MOTHER (State or country) **Tenn.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **W.B. Binkley**  
(Address) **Crayne, Ky.**

15 Filed **Jan. 19, 1924** **Leaffa Wilborn,**  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Jan. 18, 1924**  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Jan. 13, 1924** to **Jan. 18, 1924**, that I last saw h<sup>e</sup>r alive on **Jan. 18, 1924**, and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
**Bronchial Pneumonia**

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. **5** ds.

Contributory **Bronchitis** (Secondary)

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

(Signed) **O.C. Cook,** \_\_\_\_\_, M. D.  
**Jan. 18, 1924** (Address) **Marion, 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 \_\_\_\_\_ In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
of death \_\_\_\_\_ Where was disease contracted,

if not at place of death? \_\_\_\_\_ Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL **Tyners Chapel** DATE OF BURIAL **1-19, 1924**

20 UNDERTAKER **W.H. Franklin** ADDRESS **Marion, Ky.**

A Copy Attest: **Leaffa Wilborn,**

Local Registrar

MARGIN RESERVED FOR BINDING

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.

**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 organ; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Meadow*; *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.

M. H. HUNTER  
 J. H. GIBSON  
 1-10  
 MEXICON, VA.  
 0.0. COOK  
 MEXICON, VA.

FORM NO. 10-1-1918  
 U. S. GOVERNMENT PRINTING OFFICE

CASH CAPITAL \$ 3,500,000.00



WOODS & WALKER, Agents  
MARION, KY.

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F. A. SCHLESINGER  
Asst. Treasurer

Marion, Ky. Jan. 22nd 1924

Commissioner of Pensions,  
Frankfort, Ky

Dear Sir:

For several years past, Mrs. Amanda R. Binkley has been coming to me to make up her pension papers. This time she was too feeble to come, and she signed same and her son brought it in, thinking I could take her oath by Phone; but, my commission had expired on the 10th of January, and I had written twice about it, but it did not come; the old lady passed away on the 11th, I think it was, before I got my commission. I have not filled this out, but make this explanation to you, and you can advise the necessary steps now to get the matter closed. Possibly her son, J. B. Binkley, Crayne, Ky will write you relative to same. I feel this explanation ought to entitle to the collection of the amount due her Feb. 1st, as I understand it. However, you will know about this.

Yours truly,

*Miss Nellie Walker,*

My Commission came to-day, and dates the 21st of January.

H. M. FROMAN, PRESIDENT

CLAUDE F. SNYDER, V. PRES. & MANAGER

J. L. WATKINS, V. PRES. & TREASURER



CRIDER & WOODS CO.  
AGENTS

MARION, KY.

January 28th 1924

Commissioner of Pensions,  
Frankfort, Ky

Dear Sir:

IN RE- AMANDA R BINKLEY-CERTIFICATE No 1215

We enclose herewith Appointment of W.B. Bibkley, as Administrator for the estate of his mother, Amanda R. Binkley, who passed away on the 18th day of January, 1924, in order that you may get this matter settled at the earliest possible date.

It seems that, in my recent letter to you, I must have made an error as to the date of her death, as she died on the 18th instead of the 11th, as is shown by the Certificate of the Clerk, enclosed herewith.

Yours Truly,

*W. B. Walker*  
W. B.

You will please take up further proceedings in this matter with W.B. Bibkley, Administrator, at Crayne, Ky.