

Soldier's Application for Pension

I, G. M. Warren,
am a citizen of Kentucky, resident at Hopkinsville, in the County of Christian
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 "G" 8th Tennessee Cavalry.
.....
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 fam-
ily. 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 Cumberland county, Ky., January 29, 1839.

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

Answer December, 1862, 8th Tenn. Cavalry. N. B. Forrest, general; G. G. Diver-
ell, colonel; M. L. Gore, captain; William Beck, first lieutenant.

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

Answer Surrendered at Washington, Ga., about 11th of May, 1865.

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

Answer N. o.

Were you paroled? If so, when and where?

Answer No.

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

Answer Yes.

If so, when and under what circumstances?

Answer To keep from being arrested by Federals and confined in prison, and wanted
to get home.

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

Answer Farming. Received last year \$94.00 for my part of tobacco, which was all that I made. Had to buy corn to feed stock.

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

Answer 103 acres of land, cash about value about \$900. Two mules worth about \$160

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 Ninety-four dollars.

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 Thirty-nine years; since 1873

Have you an attorney to look after this application?

Answer Yes.

If so, give his name and address?

Answer C. B. Brewer, Elkton, Ky., R.F.D.#2

Witness my hand this 12th day of April, 1912.

WITNESSES:

W. S. Petrie, Physician P. O. Hopkinsville, Ky.

Postoffice Address Street and No. (if any)

B. B. Caldwell, Witness R. F. D. (if any) 2

Postoffice Address Hopkinsville, Ky.

B. P. Warhannon, Witness

Postoffice Address Hopkinsville, Ky.

STATE OF KENTUCKY

Christian County } I, Walter Knight, Judge of said County,

certify that G. M. Warren and his wife Hester Ann Warren are

assessed with 103 acres, valued at \$600, and with \$160 of personal property.

Witness my hand this 3 day of June, 1912

Walter Knight, Judge County Court.

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

STATE OF KENTUCKY

Todd County } Personally appeared before me... C. B. Brewer, a...
Notary Public... of said County, the above named... G. M. Warren...
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... 12th... day of... April... 1912.

C. B. Brewer
Notary Public, Todd County

My Commission Expires Jan. 31, 1914

STATE OF KENTUCKY

Todd County } Personally appeared before me... C. B. Brewer, a...
Notary Public... of said County, the above named... W. S. Petrie...
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... G. M. Warren...
the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

Suffering from Rheumatism & stiff
joints and not able from physical
weakness to earn for self & wife
a living on farm

Witness my hand and seal of office, this... 13th... day of... April... 1912.

C. B. Brewer
Notary Public, Todd County

(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

Todd County } Personally appeared before me... C. B. Brewer, a...
Notary Public... of said County, the above named... R. B. Hall...
and... R. P. Van Hooser... 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... R. B. Hall...
further make oath to the following facts touching the applicant's service in the... Confederate... army.

State here what witnesses know of their own knowledge.

Was the same company and regiment as the applicant was, and
know that the statements made by the applicant are true and correct,...

Witness my hand and seal of office, this... 12th... day of... April... 1912.

C. B. Brewer
Notary Public, Todd County

My Commission Expires Jan. 31, 1914

My Commission Expires Jan. 31, 1914

No. 1971

STATE OF KENTUCKY

Soldier's Application for Pension

B. M. Maxwell

Co. Rgt.

JUN 15 1912

Filed

Allowed

Read Specifications on Back.

SPECIFICATIONS

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

Approved
W. J. Starns Commissioner.

All blanks on this filed 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.

*Application by
B. M. Maxwell
Confederate Remains*

APR 27 1912

Filed in open Court
Attest *R. T. Starns* Clerk
D. O.

ADJUTANT GENERAL'S OFFICE
JUN 19 1912
1925655
WAR DEPARTMENT.

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

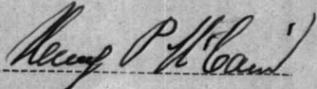
1925655
WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,
WASHINGTON. June 19, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that G. M. Warren, private, Company F, 8th Tennessee Infantry, Confederate States Army, enlisted May 24, 1861, and is reported on roll dated January 13, 1864, transferred to 8th Tennessee Cavalry. He is reported on roll of Company G, 13th (Gores) Tennessee Cavalry (also called 8th Tennessee Cavalry), Confederate States Army, dated June 30, to December 30, 1864, (last on file) present. No later record found.



Adjutant General.

(A. G. O. 72-1)

Per 

Indorsement.

ADJUTANT GENERAL'S OFFICE,

FRANKFORT, KY..

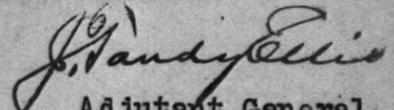
G. M. WARREN.

Enlisted May 24, 1861, Co. F-
8th Tennessee Infantry, and
surrendered at Washington, Ga.
in May 1865; proven by records
and comrades.

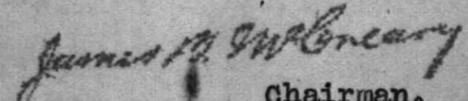
\$1060.00 worth of property.

W J S

I recommend that this
claim be allowed.


Adjutant General.

Allowed by the State
Pension Board.


Chairman.

(A. G. O. 35.)

Capt. Stone:--

I have made out Mr. Warren's voucher,
with his widow as administrator, as shown on
the enclosed copy of appointment, as death
certificate, showing his death. Will you please
return this administrative appointment to me, as
it is necessary in settling his estate? I'll
thank you for so doing.

C. B. BREWER,
Fairview, Ky.

No. _____ S _____

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

June 15th, 1912

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

Dear Sir:

G. M. Warren,

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company _____ Company "G" - 8th Tenn.
Regiment _____ Cavalry _____ C. S. A., and to have been

_____ Surrendered at Washington, Ga. about 11th of
_____ May, 1865.

_____ Never in prison.

Please give me the record of this soldier.

Respectfully,

W. J. Stone
Examiner.

On account of the State Fire Department requiring a standard Fire
Escape, and two chemical extinguishers put in the Graded School build-
ing, and other necessary repairs, the Board of Trustees was forced to
increase the tax rate from 50c to 75c on each \$100 worth of taxable
property, in the district, as permitted by an act of the Legislature of
1920. Of course your tax may seem a little high, but remember what
it means for the protection of the Children of the district, by hav-
ing this fire escape, and other needed repairs.

We have a fine principal, Prof. Miller and we are going to have the
best school we have ever had.

Cordially,
C. B. BREWER, Secretary.

STATE OF KENTUCKY)
Christian County Court.)

JUNE TERM, ----1912.
June 3rd. -----1912.

The matter of the application of G.M. Warren, for a pension, under the Confederate Pension Bill of Kentucky, having come on for hearing, the County Attorney, John C. Duffy, Esq., being present and the Court having heard the evidence of J.W. McRae, and Wm. Carroll on the matter of property and the Court being fully advised, adjudges that the applicant is entitled to a pension as applied for, and hereby approves of the application and directs the Clerk of the Christian County Court to make a certified copy of this order and attach it to the original application made herein, and forward said application and papers to Capt. W.J. Stone, Commissioner of Confederate Pensions at Frankfort, Kentucky.

WALTER KNIGHT, JUDGE.

STATE OF KENTUCKY, }
CHRISTIAN COUNTY. } Sct

L. R. J. Stowe

_____, Clerk of the County Court within and for the aforesaid county and state, do hereby certify that the foregoing instrument of writing comprises a true and perfect copy of Order Approving Pension Claim of G.M. Warren as the same appears of record in my office in Order Book, No. 1 Page, No. _____

Given under my hand _____ at my office in the city of Hopkinsville, Ky., this 12 day of June 1912

R. J. Stowe

By *W. E. Barnes Jr.*
Clerk Christian County Court, Ky.

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Christian
Vot. Pct. Rose town #33
Inc. Town _____
City _____

File No. _____
Registered No. _____

Registration District No. 236
Primary Registration District No. 5552a

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

2 FULL NAME George Mansfield Warren

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH January 29 1838
(Month) (Day) (Year)

7 AGE 84 yrs. 2 mos. 8 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) Ky.

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (State or country) same

12 MAIDEN NAME OF MOTHER same

13 BIRTHPLACE OF MOTHER (State or country) same

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. B. Warren,

(Address) Hopkinsville, Ky.

15 Filed 4/6/22 1922 [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 6 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2/16/22 1922 to 4/5/22 1922, that I last saw him alive on 4/5/22 1922, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows: Valvular Heart Disease

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ d.

(Signed) W. S. Sanback, M. D. 4/6/22 1922 (Address) Hopkinsville, 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 of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, _____

If not at place of death? _____ Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Gray cemetery, DATE OF BURIAL 4/7/22 1922

20 UNDERTAKER Waller & Harten, ADDRESS Hopkinsville,

11-3184 A certified copy of same, as filed in my office as local registrar #236. [Signature] 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.

REVISÉD 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 neoplastic); *Malaria*; *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 septicaemia," "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, pyaemia, septicaemia, tetanus.

Form No. 1-1-13-1-13-13
EXACT COPY OF STATE
COMMONWEALTH OF KENTUCKY
State Board of Health

Which employed (or employed) (State or county) & BIRTHDAY (AGE)
(p) General nature of industry, business or establishment in which employed (or employed) (State or county)
(q) Trade, profession or occupation of deceased (State or county)

Walter S. Hatten, Hopkinsville, KY
 BIRTHDAY OR BIRTH OR REMOVAL DATE OF BIRTH: 1885
 PLACE OF BIRTH OR REMOVAL: Hopkinsville, KY
 PLACE OF DEATH: Hopkinsville, KY
 WHERE WAS DISEASE CONTRACTED: Hopkinsville, KY
 IS NOT AT PLACE OF DEATH: No
 STATE OF RESIDENCE: KY
 PLACE OF RESIDENCE: Hopkinsville, KY
 DISEASE CAUSING DEATH: ...
 CONTRIBUTORY CAUSE: ...
 SEX: M
 COLOR: W
 OCCUPATION: ...
 STATE OF BIRTH: KY
 COUNTY OF BIRTH: ...
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 PLACE OF DEATH: ...
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