

M. H. Calender
Prentiss Wood
Lynn

John M
Ay met
Puloste
Lynn

Soldier's Application for Pension

I, M L Scott

am a citizen of Kentucky, resident at Gilbertsville in the County of Marshall

in said State of Kentucky, and was a soldier from the State of Kentucky, 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 L 1st Tenn Cavalry Ashby's

Brigade, Humes Division

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 Marshall County Kentucky 1844

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

Answer Enlisted July 1861 - Lyons Command - You was Capt Cobb was made Capt later - Discharged in fall 1861 on account of being low - enlisted 1864 August Co L 1st Tenn Reg Cavalry at Williamson Co - Col Wheeler Capt Tom Davis

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

Answer Surrendered and discharged at Chaplata N.C. May 1865 - Discharge attached hereto

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

Answer No

Were you paroled? If so, when and where?

Answer No

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

Answer No

If so, when and under what circumstances?

Answer ✓

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

Answer Grocery business Net Earning \$200⁰⁰

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

Answer 2 acres of land Gilbertsville Ky worth \$800⁰⁰
Small stock Groceries \$200⁰⁰ (horse & cow & household goods) \$200⁰⁰ notes \$750⁰⁰

What estate has your wife in her own right, real and personal, and what is its actual cash value?

Answer No estate

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 Net over \$250⁰⁰ from all sources including rents \$30⁰⁰ Interest \$45⁰⁰ profit on Grocery

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 all the time since 1884 most of the time prior thereto

Have you an attorney to look after this application?

Answer Yes

If so, give his name and address?

Answer Sherrill Decker Benton Ky

Witness my hand this 22 day of April 191...

WITNESSES:

F. M. Travis, Physician P. O. M. L. Scott Gilbertsville

Postoffice Address Street and No. (if any)

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

Postoffice Address

Witness

Postoffice Address

STATE OF KENTUCKY

Marshall County } I, J. P. Price Judge of said County, certify that M. L. Scott and his wife are assessed with 2¹/₂ acres, valued at \$600, and with \$845 of personal property.

Witness my hand this 5 day of June 1912 J. P. Price Judge County Court.

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

STATE OF KENTUCKY

Marshall County } Personally appeared before me R. L. Sherrill
Notary Public of said County, the above named M. L. Scott
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 22 day of April, 1912

My Commission Expires Jan. 30, 1916 R. L. Sherrill Notary Public

STATE OF KENTUCKY

Marshall County } Personally appeared before me R. L. Sherrill
Notary Public of said County, the above named J. M. Travis
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 M. L. Scott
the applicant, and find him laboring under the following disabilities: Unable to earn a support by manual labor.

Irreducible hernia - Arterial Sclerosis -
Infirmities of age

Witness my hand and seal of office, this 22 day of April, 1912

My Commission Expires Jan. 30, 1916 R. L. Sherrill 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 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 army.

State here what witnesses know of their own knowledge.

Witness my hand and seal of office, this day of , 1912

My Commission Expires Jan. 30, 1916

Heart
No. 2013

STATE OF KENTUCKY

Soldier's Application for Pension

M. L. Bertt

Co. Rgt.

Filed JUN 12 1912

Allowed

Read Specifications on Back.

SPECIFICATIONS

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2
3
4
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Approved
W. J. Stone Commissioner

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

84R

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
JUN 19 1912
1925769
WAR DEPARTMENT

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

1925769
WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, June 20, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The name M. L. Scott has not been found on the rolls, on file in this office, of the 6th, or Wheeler's (formerly 1st) Tennessee Cavalry, Confederate States Army.

The Union records of prisoners of war show, however, that M. L. Scott, 2d sergeant, Company L, said regiment, was paroled May 3, 1865, at Charlotte, North Carolina, in accordance with the terms of the military convention of April 26, 1865.

Henry P. Hain
Adjutant General.

Indorsement.

ADJUTANT GENERAL'S OFFICE,

FRANKFORT, KY..

M. L. SCOTT.

Enlisted July 1861 and re-enlisted Aug. 1864 and paroled May 3rd, 1865 at Charlotte, N. C.

Proven by records and copy of parole filed with application Property \$1275.00.

W J S

I recommend that this claim be allowed.

J. Handy Ellis
Adjutant General

Allowed by the State Pension Board.

James M. McConary
Chairman.

(A. G. O. 35.)

3
CHARLOTTE, NORTH CAROLINA,

May Third 1865.

In accordance with the terms of the Military Convention, entered into on the twenty-sixth day of April, 1865, between General JOSEPH E. JOHNSTON, Commanding the Confederate Army, and Major-General W. T. SHERMAN, Commanding the United States Army in North Carolina,

Capt. M. L. Scott

has given his son an obligation not to take up arms against the Government of the United States until he is properly released from this obligation; and is permitted to return to his home or to be disturbed by the United States authorities so long as he observes his obligation and obeys the laws in force where he may reside.

W. T. Sherman
Major and Judge Advocate, U. S. A.,
Special Commissioner

James M. McConary
S. Lieut.

C. S. A.

Commanding, *Co. D*
1st Regt. Tenn. Cav.

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No. S

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

June 12th, 1912

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

Dear Sir:

M. L. Scott,

who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company "L"- 1st Tenn.
Regiment Cav. Ashby's Brigade C. S. A., and to have been
Enlisted July 1861- Lyons command. Surrendered
and discharged at Charlotte, N.C. May 1865.
Never in prison.

Please give me the record of this soldier.

Respectfully,

W. J. Stone

Examiner.

MARSHALL COUNTY COURT.

In the matter of M.L.Scott,
applicant for pension, under
act of the Kentucky Legisla-
ture, approved March, 11", 1912.

Be it remembered that on the trial of the above styled
application in the Marshall County Court, June 5", .1912, before Hon.
Joe L.Price, E.L.Cooper being duly sworn, testified as follows:

" I have known M.L.Scott all my life. Up 'till a-
bout two years ago he owned a little farm of about 50 or 60 acres,
worth about \$1200.00, not over \$1500.00; this farm together with a
horse or two, and a cow, was all the property he had. He is not able
to earn a living by manual labor. He is now engaged in a little
merchandise business at Gilbertsville, in this County, on a very
limited scale; and his annual net income is not more than \$150.00
He has resided in Marshall County ever since I have known him.

Be it remembered that on the trial of the said ap-
plication, at the said time and place, R.L.Shemwell, Benton, Ky.,
being duly sworn testified as follows:

" I have known Mr. Scott for about twenty years. He
is unable to earn a living by manual labor, and has no profession
by which he can earn a living. He is the owner of a house and lot
in Gilbertsville, Ky., and has a small stock of groceries. All his
property is not worth more than \$1500.00, and his income from all
sources is not over \$150.00

MARSHALL COUNTY COURT.

In the matter of M L Scott
applicant for pension under the act
of the Kentucky Legislature, approved
March, 11th, 1912.

I, Joe L. Price, Judge of the County Court of Marshall
County, Kentucky, do certify that the foregoing is the evidence
heard upon the trial of the application of M L Scott;
said witnesses are worthy of credit, and from said evidence I
find said claimant is entitled to a pension under said act.

Given under my hand, this the 11th, day of June, 1912.

Joe L. Price Judge.
Marshall County Court.

#2013 dated Aug
1-1918,



OFFICE OF
COMMISSIONER OF
CONFEDERATE PENSIONS
J. T. GEORGE, COMMISSIONER
FRANKFORT, KENTUCKY

Aug 20, 1927

Mr. W. W. Gilkerson
Gilbertsville, Ky

My dear Sir: -

Your letter informing us
of the death of M. L. Scott on
Aug 15, 1927, received. In addition
to the check for \$36⁰⁰, which you
say has been received by Mrs. Scott,
there is due the estate of M. L.
Scott \$6⁰⁰ being accrued pension
from Aug 1st to Aug 15th inclusive
and I enclose information as

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

**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, 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) 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.

STATE OF ...
 COUNTY OF ...
 DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 BUREAU OF RECORDS AND STATISTICS
 1917

NAME OF DECEASED
 SEX
 AGE
 OCCUPATION
 PLACE OF BIRTH
 DATE OF BIRTH
 DATE OF DEATH
 PLACE OF DEATH
 CAUSE OF DEATH
 CONTRIBUTORY CAUSE OF DEATH
 SIGNATURE OF PHYSICIAN
 SIGNATURE OF REGISTRAR
 SIGNATURE OF WITNESSES

GILBERTSVILLE, KY. Sept 2 1927

Confederate Pension Dept.,

Frankfort, Ky.,

Gentlemen: - I am herewith
inclosing my appointment as
administrator of the estate of
M. L. Scott Decd. together with
a copy of the death certificate, and
check. I am returning check as
I understand a new one will
have to be issued for the full
amount due.

Please give me such information
as is necessary for the proper
adjustment of this matter
yours Resp.

H. T. Carter

adm. of
M. L. Scott Decd.