

(ORIGINAL)

# Questions for Applicant

STATE OF KENTUCKY,

*Jefferson* County.

*Sarah J. Jackson - 2504 Rowan St.* 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.) *Sarah J. Jackson 2504 - Rowan St Louisville, Jefferson Co Kentucky*
2. How long and since when have you been a resident of this State? *all her life*
3. When and where were you born and what was your maiden name? *March 6th - 1857 - Hardin Co Ky Sarah J. Smith*
4. When and where was your husband born—state his full name, and when and where were you and he married, and who performed the marriage ceremony. (A copy of the marriage license, or affidavits of two or more persons who know when the applicant was married to her husband, must accompany the application.) *Thos. W. Jackson December 16th - 1877 - Ceremony performed by Milton Steth*
5. When and where and in what Company and Regiment did your husband enlist or serve during the war between the States? *see military record*
6. How long did your husband serve in said Company and Regiment? *see military record*
7. When and where did your husband's Company and Regiment surrender? *" " "*
8. Was your husband present at the time and place when his Company and Regiment surrendered? *same as above*
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? *see military record*
10. When and where did your husband die? *May 15 - 1918 - at 2504 - Rowan St*
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? *Nothing except Household + Kitchen furniture*
14. Have you a family? If so, who compose such family? *3 children 1 son married 1 daughter married and 1 single daughter*
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 *Thos. M. Shane - 2501 - Rowan St. Louisville Jefferson Co. Ky.*

Sworn to and subscribed before me, this, the *25th* day of *May*, 191*8*.  
*Ella Reed, N. Public*  
of *Jefferson* County, *Ky.*

*Sarah J. Jackson*  
Witness:-  
*H. L. Branham*  
*A. J. Cowherd*

*my com expires*  
*Feb 28 - 1922.*

# Questions for Witnesses

STATE OF KENTUCKY,

Jefferson Co. County.

H. C. Branham 1014 - 2nd Street, of said State and County, having  
A. J. Cowherd - 329 - N 28th Street  
been presented as a witness in support of the application of Mrs. Sarah J. Jackson

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? H. C. Branham - Louisville, Ky  
and A. J. Cowherd - Louisville, Ky
2. Are you acquainted with the applicant, Mrs. Sarah J. Jackson - Yes  
If so, how long have you known her? all her life
3. Where does she reside, and how long and since when has she been a resident of this State? 2584 - Rowan St.  
resident of Ky all her life
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? 45 years
7. When and where did Thos W. Jackson enlist in the war between the States, and in what Company and Regiment did he enlist, and how do you know this? see military record
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? see military record
10. When and where was his Company and Regiment surrendered? see military record
11. Were you with the command when it surrendered? see military record
12. Was Thos. W. Jackson, the husband of applicant, present?  
see military record
13. If not present, where was he? see military record
14. When and where did he leave his command? see military record  
For what cause? see military record  
By whose authority did he leave? see military record  
How do you know all this? (State fully and clearly) ?
15. When and where did Thos. W. Jackson die? May 15th - 1918  
2584 - Rowan St. Louisville Jeff. Co., Ky
16. Where did he reside at his death, and how long had he been a resident of Kentucky at his death? Louis-  
ville - Jeff Co. Ky. 50 years
17. Do you know of your own knowledge that applicant is the lawful widow of Thos. W. Jackson  
Yes

18. Has she remained unmarried since her soldier husband's death, and is she now his widow? *Yes*

19. What property effects or income has the applicant, if any, and how do you know this of your own knowledge?  
*Nothing except Household & Kitchen furniture*

Has applicant conveyed any property, in the last two years or given any away, if so, what was it, and to whom?  
*No*

NOTE.—Let the witness who can answer the greatest number of 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.

*Both witnesses give same testimony*

Sworn to and subscribed before me this *25<sup>th</sup>* day of *May*, 191*8*.  
*Ella Reed*  
Notary Public Jeff. Co. Ky.  
Com. exp. Feb. 28-1922  
*H. C. Branham*  
*A. J. Cookherd*  
Witnesses.

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

I, *William Krieger* Judge of *Jefferson* County, Kentucky,  
hereby certify that *no* the property assessed on the tax books of this County to Mrs. *Sarah J. Jackson*  
the widow of *Thomas W. Jackson* amounts to \$ *no* real estate and  
\$ *no* personal. *William Krieger* Trustee.  
*Judge Jefferson County Court* County, Ky.

Certificate of Clerk of Court or Notary Public

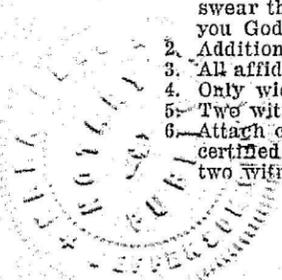
STATE OF KENTUCKY,

*Jefferson* County.  
*Ella Reed* Clerk or Notary Public, in and for said county, hereby  
certify that the applicant, Mrs. *Sarah J. Jackson* resides in said county, and has been  
a bona fide resident of this State since the *all* days of *her* life, 19*18*, and that the wit-  
nesses, Mr. *H. C. Branham* and *A. J. Cookherd*  
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 witnesses 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 *25* day of *May*, 191*8*.  
(SEAL) *Ella Reed - Notary Pub*  
*Jefferson* County, *Ky.*  
Com. exp. Feb. 28-1922

- 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.

No. 3825

**Widow's  
Indigent Pension**

Name SARAH J. JACKSON

Filed JUL 3 - 1918

Widow of THOMAS W. JACKSON

Allowed

July 15<sup>th</sup> 1918

W. J. Stone

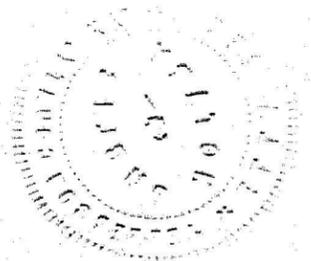
Commissioner.

All blanks on this form to be filled by the Pension Board.

X Paid over

MAY 25 1916

Wm. C. Mitchell, CLERK  
Henry W. ... D. C.



Indorsement.

PENSION EXAMINER'S OFFICE,

FRANKFORT, KY.

SARAH J. JACKSON  
widow of  
THOMAS W. JACKSON

Who enlisted Sept. 7, 1861,  
in Co. E, 1st Tenn. Inf., and  
was captured November 17th,  
1863, and released June 28,  
1865, at Point Lookout, Md.  
upon taking the oath of  
allegiance to the U.S.  
Government. Proven by the  
record.

Indigent.

Approved:

W J Stone.

MARRIAGE LICENSE



The Commonwealth of Kentucky:

TO ANY MINISTER OF THE GOSPEL, OR ANY OTHER PERSON LEGALLY AUTHORIZED TO SOLEMNIZE MATRIMONY:

You are permitted to solemnize the RITES OF MATRIMONY, between William Jackson and Miss Sarah J. Smith the requirements of the law having been complied with.

WITNESS my signature as Clerk of Hardin County Court, this 15 day of Dec 1877

Attest: Roy Hewitt Clerk

By D. C.

MARRIAGE CERTIFICATE



This is to Certify, That on the 16 day of Dec 1877 the RITES OF MATRIMONY were legally solemnized by me

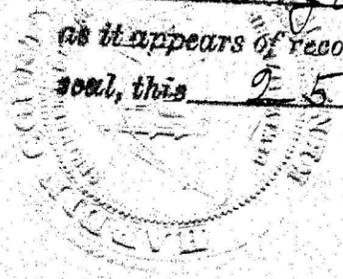
between William Jackson and Miss Sarah J. Smith at Hezekiah Stovall in the County of Hardin

in the presence of Jacob Onlow and Edwin Stovall

Signed Milton Stith

STATE OF KENTUCKY, HARDIN COUNTY } Sec.

I, J. L. Irwin clerk of the County Court for the County and State aforesaid certify that the foregoing is a true copy of Marriage License and Certificate of William Jackson and Sarah J. Smith as it appears of record in this office. Given under my hand and seal, this 25 day of Aug 1915



J. L. Irwin Clerk. By R. N. Grigg D. C.

State of Kentucky,  
County of Hardin, (ss.,

The affiant Thomas W. Jackson, after being duly sworn deposes and says that he is the identical person whose name appears of record in the Hardin County Clerk's office, in a book kept in said office for the registration of marriages, and that said registration is incorrect in so far as it reads William Jackson, when it should read Thomas W. Jackson, and Miss Sarah J. Smith, with whom he the affiant Thomas W. Jackson has lived with from the 16th, day of December 1877, as man and wife, and to this date is living with the said Sarah J. Smith, now known as Sarah J. Jackson, as his lawful wife.

Thomas W. Jackson

Subscribed and sworn to before me by Thomas W. Jackson, this the 4th, day of September 1915.

Ben C. Hill  
NOTARY PUBLIC.

My Commission Expires February, 14, 1918

State of Kentucky,  
County of Hardin, (ss.,

Postoffice address, Vine Grove Hardin County Kentucky.

Also personally appeared Edwin Stovall, residing in Vine Grove Ky, R.F.D.#2, T.B. Nall residing in Vine Grove Ky, persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they have known Thomas W. Jackson and Sarah J. Jackson for about 38 years to have lived together as man and wife, and are at this date living together as such.

Edwin Stovall

Thomas B. Nall

Subscribed and sworn to before me by Edwin Stovall and T.B. Nall, this the 4th, day of September 1915.

Ben C. Hill  
NOTARY PUBLIC.

My Commission Expires February, 14, 1918

STATE OF KENTUCKY

COUNTY OF JEFFERSON

JEFFERSON COUNTY COURT.

At Court held for Court aforesaidon July 1st 1918.

IN RE application for Confederate Pension of SARAH J. JACKSON-

This matter coming on to be heard and the County Attorney of this County being present, and the Court hearing testimony in open Court; the name and a brief substance of witnesses heard is as follows:-

Applicant Sarah J. Jackson 2504 Rowan Street, Louisville Ky.

Witness- H.C. Branham 1014 S. Second St. " "

Witness- A.T. Cowherd 338 N. Twenty-eighth St. " "

testified that applicant is widow of Confederate Soldier Thomas W. Jackson- that she has resided in this State continuously since January 1st 1907; and said witnesses testified that they have known the applicant Sarah J. Jackson personally for several years last past- that she is unable to earn her living by manual labor and is not able to earn a living by reason of any knowledge art or skill in any profession, trade or craft- that she does not receive a pension from the United States or any foreign Government- that she does not possess a net income of \$300.00 per year- that she has no property to amount of \$2500.00- that she has no contract or agreement with any one for her support, nor is she able by reason of any combined or partial ability to earn a support.

I, William Krieger, Judge of the Jefferson County Court, find that applicant has been a citizen and resident continuously since January 1st 1907 of Jefferson County, Kentucky, and she has no means of support of any kind, and that the witnesses who testified herein are reputable witnesses and entitled to credit.

I therefore recommend that the application for pension herein be granted.

*William Krieger* Judge  
Jefferson County Court.

July 8th, 1918.

Thomas McShane,  
2501 Rowan St.,  
Louisville, Ky.

---

Dear Sir:-

I am in receipt of the application of Sarah J. Jackson, and see that your name is given as the person to whom to write concerning it.

A copy of the marriage license showing when she was married to her husband, or the affidavit of two or more persons who were present and know the date of her marriage, must be filed with this application before any action can be taken on it.

Very truly,

Commissioner.

---

WJS-C

---

COMMONWEALTH OF KENTUCKY  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
LOUISVILLE, KY.

No. 451

I, J. F. Blackerby, State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the CERTIFICATE OF DEATH of

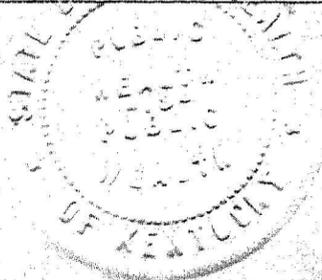
PLACE OF DEATH Mrs Sarah J. Jackson  
County of Jefferson on file in THE BUREAU OF VITAL STATISTICS of Kentucky.  
Voting Precinct No. \_\_\_\_\_ Registration District No. 755 File No. \_\_\_\_\_  
Primary Registration District No. 2275 Registered No. 1331  
Incorporated Town \_\_\_\_\_ (No. 419 N 25th St St., \_\_\_\_\_ Ward) (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)  
City Louisville  
Full Name Mrs Sarah J. Jackson  
(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widow  
Married  
Widowed  
or Divorced  
(Write the word)  
6 DATE OF BIRTH March 6th 1885  
(Month) (Day) (Year)  
7 AGE 66 yrs. 3 mos. 3 ds or 1 day 3 hrs 30 min?  
IF LESS than  
8 OCCUPATION  
(a) Trade, profession or particular kind of work Housekeeper  
(b) General nature of industry business or establishment in which employed (or employer)  
9 BIRTHPLACE (State or country) Hardin Co Ky  
10 NAME OF FATHER Wm R. Smith  
11 BIRTHPLACE OF FATHER (State or country) Dont know  
12 MAIDEN NAME OF MOTHER Mary Stoval  
13 BIRTHPLACE OF MOTHER (State or country) Hardin Co Ky  
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs Lillie Liles  
(Address) 419 N 25th St  
Filed Mar 31 1923 Dr L. A. Cantelero  
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 29th 1923  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY That I attended deceased from Jan 1921 to Mar 29th 1923 that I last saw her alive on Mar 28th 1923 and that death occurred on the date stated above at 7300  
m. The CAUSE OF DEATH\* was as follows:  
Organic Heart Disease  
(Duration)..... yrs..... mos..... ds  
Contributory (Secondary) \_\_\_\_\_  
(Duration)..... yrs..... mos..... ds.  
Signed B. J. Leary M. D.  
Mar 30 1923 (Address 1153 S Brook)  
\*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 Care Hill Cem DATE OF BURIAL Mar 31 1923  
20 UNDERTAKER Schappenhorst Bros Lou Ky ADDRESS \_\_\_\_\_



IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed, at Louisville, Ky., this 6 day of April in the year of our Lord one thousand nine hundred and twenty three  
J. F. Blackerby  
State Registrar.