

Soldier's Application for Pension

I, F. C. Cochran

am a citizen of Kentucky, resident at Fallsburg in the County of Lawrence
in said State of Kentucky, and was a soldier from the State of North Carolina, 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 52nd North Carolina Infantry Company F

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 Wilkes County North Carolina July 24th 1847

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

Answer I enlisted March 1st 1864 I served under
Colonel Carson and Captain Wm Carnical

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

Answer I was captured at Petersburg Va April 2nd 1865

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

Answer I was in prison at Point Lookout Maryland and was released in June 1865

Were you paroled? If so, when and where?

Answer I was paroled at Point Lookout Maryland in June 1865

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

Answer Yes

If so, when and under what circumstances?

Answer I took the oath of allegiance in June 1865 at Point Lookout Maryland it
being a condition of my release from prison

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

Answer I am engaged in farming and earn about One Hundred Twenty-Five ^{a few} dollars

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

Answer Four Hundred Eighty-One Dollars

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

Answer My wife is worth One Hundred Fifty dollars in her own name

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 About One Hundred 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 I came to the State of Kentucky in 1872 and have resided in it ever since

Have you an attorney to look after this application?

Answer Yes

If so, give his name and address?

Answer My attorney is R. G. Moore, Louisa, Ky.

Witness my hand this day of 1912.

Robert Dixon, Billie Riffe

WITNESSES:

J. C. Bussey M.D., Physician

Postoffice Address Louisa, Ky.

Robert Dixon, Witness

Postoffice Address Louisa, Ky.

Billie Riffe, Witness

Postoffice Address Louisa, Ky.

F. L. Cochran

P. O. Fallsburg, Ky.

Street and No. (if any)

R. F. D. (if any)

STATE OF KENTUCKY

Lawrence County } I, David Briggs, Judge of said County, certify that F. L. Cochran and his wife Mary Cochran are assessed with 5.2 acres, valued at \$260, and with \$130 of personal property.

Witness my hand this 18 day of June, 1912

David Briggs, Judge County Court.

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

1207

No.

STATE OF KENTUCKY

Soldier's Application for Pension

J. L. Brehan

Co. Rgt.

Filed JUN 24 1912

Allowed

Read Specifications on Back.

SPECIFICATIONS

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

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 in
Lawrence County Court,
Monticello, Ky*

JUN 26 1912
ADJUTANT GENERAL'S OFFICE
1928739
WAR DEPARTMENT

1928739

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, June 26, 1912.

Respectfully returned to the

Examiner,
Confederate Pension Department,
Frankfort, Kentucky.

The records show that one Franklin Cockerham (name not found as F. C. Cochran), private, Company F, 52d North Carolina Infantry, Confederate States Army, enlisted March 10, 1864. On the roll of the company for November and December, 1864 (last on file), he was reported absent, wounded.

The records of prisoners of war show that one Franklin Cochran, private of the above named company and regiment, was captured April 2, 1865, at Petersburg, and was released June 24, 1865, at Point Lookout, Maryland, on taking the oath of allegiance.

Henry M. Blair
Adjutant General.

(A. G. O. 74)

FRANKLIN C. COCHRAN.

Enlisted March 10, 1864, Co. F, 52nd N. C. Infantry; wounded about November 1864; was captured Apr. 2nd, 1865 at Petersburg, Va. and released June 24, 1865 at Pt. Lookout. Proven by record and comrades.

Property: \$335.00

W J S

I recommend that this claim be allowed.

J. Handy Ellis
Adjutant General.

Allowed by the State Pension Board.

James M. McCreary
Chairman.

No.S.....

HEADQUARTERS

Confederate Pension Department

W. J. STONE, EXAMINER

FRANKFORT, KY.

JUN 24 1912 191.....

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

Dear Sir:

24 1912
.....
F. C. Cochran,.....

..... who is an applicant for Pension under the Kentucky Pension law, claims
to have been a member of Company "F" - 52th North Carolina
Regiment C. S. A., and to have been

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.....
.....

Please give me the record of this soldier.....

Respectfully,

W. J. Stone
.....
Examiner.

STATE OF NORTH CAROLINA, :
WILKES COUNTY. :
:

Personally appeared before me, N.E. Parlier, an acting Justice of the

Peace in and for said County and State, Joel Dimmette

and Isam Burchette, 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, to wit, H.C. Cochran,

and that he enlisted in the Confederate service on or about year

Eight hundred and sixty four,

in Company H, 52 Regiment, and that to our personal

knowledge he served under Capt. Wm Comical

who were Captains of said Company, and under Col. Carson

who were Commanders of his regiment; and that he was wounded

at the battle of Hatchers Run Va. in Feb.

Eight hundred and sixty five, and was

readily discharged at close of the war

Witnesses
C. A. Dimmette
L. E. Dimmette

J. F. Burchette
D. L. Burchette

Joel Dimmette
Isam Burchette

Subscribed and sworn to before me, this the 6th day of May, 1912.

A. E. Parlier J.P.

NORTH CAROLINA, WILKES COUNTY.

I, Wm. Somers Clerk of the Superior Court of Wilkes

County, do hereby certify that N.E. Parlier, Esq., is an acting Justice of the

Peace in and for said County and that his name subscribed to the annexed instrument is his genuine

signature, and that his official acts are entitled to full faith and credit.

Witness my hand and official seal, this 6th day of May, 1912

Wm. Somers

Clerk Superior Court.

To the Adjutant General
of the State of Kentucky
I David Boyce Judge of the Lawrence
County Court, make the following
finding and recommendation in the
matter of application of F. L. Lockman
for pension as a Confederate soldier.

The said application having been
filed May 20th 1912, this being regular
County Court day, and laid over
until a subsequent regular term
June 18th 1912, when proof was
taken as to the citizenship, residence,
and means of support of applicant;

The County Attorney was present
and represented the Commonwealth.

The following witnesses were sworn
to wit: Wm Savage, Postoffice Fallsburg
Ky. and H. B. Hulitt, Louisa Ky.
and testified that they were acquaint-
ed with the applicant, had known
him more than 15 years, that he
had lived all these years in the
State of Ky. and has resided contin-
uously in Lawrence County since
January 1st 1907, and has no income
lines by cultivating a small tract
of land.

After hearing the evidence and
after being advised, the court finds
and adjudges that the applicant-
F. L. Leckman is a citizen of the
state of Ky. and has resided
continuously in Lawrence County Ky.
since January 1st 1907. that he has
no income. His means of support
is by cultivating a small tract
of land. The court recommends
this as a meritorious claim

David Boyce C. Judge

I certify that the foregoing witnesses
J. M. Savage and H. B. Hulett,
are known to me and that they
are reputable and entitled to
credit on oath.

David Boyce C. Judge

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

1 PLACE OF DEATH

County Lawrence
 Vol. Fallsburg, Ky. Registration District No.
 Inc. Town Primary Registration District No.
 City (No. St., Ward)

File No.

Registered No.

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

2 FULL NAME F. C. Cochran

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 24, 1847
 (Month) (Day) (Year)

7 AGE 79 yrs. 8 mos. 23 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Wilkes Co. N.C.

10 NAME OF FATHER

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) H. H. Cochran
 (Address) Fallsburg, Ky.

15 Filed 1921

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 17, 1921
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1920, to death, 1921, that I last saw him alive on Apr. 5, 1921, and that death occurred on the date stated above at 2 A. m. The CAUSE OF DEATH* was as follows:

Lung trouble
 (Duration) yrs. 14 mos. 9 ds.

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

(Signed) H. H. Rice, M. D.
Apr. 18, 1921 (Address) Padmus, 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 Home Cemetery DATE OF BURIAL Apr. 19, 1921

20 UNDERTAKER L. F. Hutchison ADDRESS Fallsburg, Ky.

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.

Fallsburg Ky
 Apr. 19th 1921
 Mr. Stone
 Dear Sir:-
 As F. C. Cochran died
 April 17th and I am
 his wife, am sending
 Voucher back as I am
 entitled to his pension
 please send instructions
 what I must do to
 get this pension.
 Respectfully
 Mrs. Mary Cochran

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be read by anyone. CAUTION 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 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.

Form with handwritten entries and official stamps. Includes fields for name, date, and location. Stamps include "DEPARTMENT OF HEALTH" and "U. S. BUREAU OF VITAL STATISTICS".