

4132

Strickland, John

No. 214 Calhoun Co.

APPLICATION FOR

Artificial Arm 1871

FOR CONFEDERATE SOLDIER.

Applicant John Strickland

County Calhoun

Limbs Arm above Elbow

Amount \$60.00

Date of Warrant Apr 14 12/79

Page

Co. E, 51st Regt

87.27

6/9/60

5
0-1-51

4132

Strickland, John

No. 214 Calhoun Co

APPLICATION FOR

Artificials Arm 1877

FOR CONFEDERATE SOLDIER.

Applicant John Strickland

County Calhoun

Limb Arm above Elbow

Amount \$60.00

Date of Warrant Nov 14 1877

Page

Cs. E. 51st Regt

John Strickland

\$60.00

5

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STATE OF GEORGIA,

Baldwin County.

Personally came, W. T. Collins & L. C. Cartridge

W. T. Collins

who, being duly sworn, depose and say they are acquainted with J. M. Strickland

and know that he lost an arm in the military service during the late war;

that said arm was amputated just below the shoulder joint and that he is a bona fide

citizen of this State, and we are well satisfied that the facts stated by him in the above affidavit are true.

Sworn to and subscribed before me this 10th day of November, 1877.

Blom Mitchell Ordning

STATE OF GEORGIA,

Baldwin County,

I, Blom Mitchell, Ordinary of Baldwin

county, do certify that I am well acquainted with J. M. Strickland

the applicant for warrent, and am well satisfied that the facts stated by him in the foregoing

affidavit are true, and that I am well acquainted with W. T. Collins & L. C. Cartridge

the citizens who make their affidavit, that they are respectable citizens of this county, and that the facts

stated by them are true.

Given under my hand and official seal, this 10th day of November, 1877.

Blom Mitchell Ordning

STATE OF GEORGIA.

Baldwin County.

Personally appeared before me, John Strickland

of the county of Baldwin, State of Georgia, who, being duly sworn, deposes

and says that he was on the 20th day of September, 1870, a bona fide resident of this State; that he

enlisted in the military service of the Confederate States, or of this State, as a volunteer

in Company E, Regiment of Eighty first Georgia volunteers

that while engaged in such military service, to-wit: at the battle or engagement of Chancellorsville

in the State of Virginia, on the 3rd day of May, 1863, he was wounded in the left arm and

that the same was amputated just below the shoulder

that he has not received the payment allowed him for such limb under an Act entitled an Act to carry into

effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877, approved September

20th, 1879; that he has not supplied himself with an artificial arm, or that, not having

done so, he prefers to supply himself with an artificial arm from some one who respects

Sworn to and subscribed before me this 10th day of November, 1877.

Blom Mitchell Ordning

Note.—The above affidavit must be made before some officer authorized to administer oaths, a Judge of the Superior or County Court, Justice of the Peace, Clerk of the Superior Court, or Ordinary.

COMMISSIONED OFFICER'S AFFIDAVIT.

STATE OF GEORGIA,

Baldwin County.

Personally came before me, John Strickland

of the county of Baldwin, State of Georgia, who, being duly sworn, deposes

and says that he was in Company E, Regiment

and that the above deponent, was a volunteer

in said Company, and that this deponent knows that said John Strickland

lost a arm in the military service as said in the above affidavit.

Sworn to and subscribed before me this 10th day of November, 1877.

Blom Mitchell Ordning

Note.—If the affidavit of the commissioned officer is not obtainable, the following affidavit of three responsible citizens, must be furnished.

4132 John
Strickland, John
No. 200 Calhoun Co

APPLICATION FOR
Artificial Limb 1879

FOR CONFEDERATE SOLDIER.

Applicant John Strickland

County Calhoun

Limb Arm above elbow

Amount \$600

Date of Warrant Jan 24 1879

Page

Cy 8, 51st Regt
879
E/960
5-1-51

AN ACT

To carry into effect the last clause of Paragraph 1, Section 1, Article 7 of the Constitution of 1877:

SECTION I. Be it enacted by the General Assembly of the State of Georgia, That any person now a bona fide resident of this State, who enlisted in the military service of the Confederate States, or of this State, who, while engaged in said military service, lost a limb or limbs, may furnish to the Governor of this State proof that such applicant has supplied himself with such needful artificial limb or limbs, and the Governor, on reception of such proof, is hereby authorized to draw his warrant on the Treasurer of this State in favor of such applicant for either amount hereinafter mentioned, to wit: For a leg extending above the knee, one hundred dollars; for a leg not extending above the knee, seventy-five dollars; for an arm extending above the elbow, sixty dollars; for an arm not extending above the elbow, forty dollars: Provided the said amounts of money may be allowed to any one entitled to the benefits of this Act who may prefer to supply himself with the said artificial limb.

SEC. II. Be it further enacted by the said authority, That such application shall contain proof of such applicants being entitled to the benefits of this act, and shall further state whether arm or leg has been supplied. If an arm, whether extending above the elbow or not; if a leg, whether extending above the knee or not, and the Governor shall decide the sufficiency of the proof submitted.

SEC. III. Be it further enacted by the said authority, That no applicant shall receive the sum allowed under this act oftener than once in five years.

SEC. IV. Be it further enacted by the authority aforesaid, That all laws and parts of laws in conflict with this Act be and the same are hereby repealed.

HENRY R. GORTCHIPS,
Secretary House Representatives.
WM. A. HANSEN,
Secretary Senate.
Approved, September 6th, 1879.

A. O. BACON,
Speaker House Representatives.
RUFUS E. LASTER,
President Senate.

ALFRED H. COLQUHOUN, Governor.

STATE OF GEORGIA,

Balchoun County.

STATE OF GEORGIA

PERSONALLY appears *John Strickland* of *Balchoun* County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the *Tenth* day of *March* *1855*; that he enlisted in the military service of the Confederate States (or of the State of *Georgia*) during the war between the States, and served as a *Private* in Company *E*, of *51*th Regiment of *Georgia* Volunteers *Light*'s Brigade; that whilst engaged in such military service, at the battle of *Chancellorsville* in the State of *Virginia*, on the *3* day of *May* *1863*, he was wounded as follows: *by A. Munroe Ball entering the Left Arm Below the Shoulder Causing the Amputation of the Arm*

Dependent desires to, participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this *25th* day of *February* *1889* at *Albany* *Ala*

John Strickland

NOTE. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

County.

PERSONALLY comes before me *Ordinary* of said county, and *both* known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined *and after such* examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this

day of

NOTES *1888*

ORDINARY.

HEAD NOTE. The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

NOTES

re visit has been made to the place where the wound was received and the following facts were ascertained: The wound was received on the left arm below the shoulder, causing the amputation of the arm.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889

John Strickland

Applicant, *Albany*

County, *Balchoun*

Amount, *Two*

Date of Warrant, *March*

Entered on record, *March*

McKee

McKee

5/1600

W. L. Smith

John Strickland
Balchoun Co.

657 *1882*

STATE OF GEORGIA.

ADROB TO STATE

Bathoun County.

I, John J. Ragan Ordinary of said county, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: John A. Conway

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that John A. Conway before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public in office 10 of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 25 day of February 1889

John J. Ragan
Ordinary, Bathoun County.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Bathoun County.

Know all Men by these Presents, That I, John Strickland of Bathoun county, in said State, do hereby appoint W. A. Wright of Atlanta my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this 25 day of February 1889

John Strickland (L. S.)

Executed in the presence of us:

DIRECTION.

Send money to me as follows, by Express to Washington P. O. Bathoun County, Georgia.

John Strickland

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are returned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county or the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Bathoun County.

I, John J. Ragan Ordinary of said county, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that C. J. Davis before whom the foregoing affidavits were made and power of attorney was signed, is Clerk of Superior Court of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 15th day of February 1890

John J. Ragan
Ordinary Bathoun County.

STATE OF GEORGIA,

Bathoun County.

I, John J. Ragan Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that John J. Ragan before whom the foregoing affidavits were made and power of attorney was signed, is Ordinary of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 19th day of February 1891

John J. Ragan
Ordinary Bathoun County.

1890.

Strickland John

No. 580

APPLICATION FOR ALLOWANCE.

FOR THE YEAR ENDING IN 1901.

John J. Ragan

Applicant, John Strickland

County, Bathoun

Amount, 100

Date of warrant, Feb 24 1890

Entered on record

Feb 24 1890

C. J. Davis

CLERK OF SUPERIOR COURT

John J. Ragan

Ordinary

John Strickland

John Strickland

John Strickland

John Strickland

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John Strickland

Strickland John

Bathoun Co

1891

No. 2078

Application for Allowance

FOR THE YEAR ENDING IN 1901.

John J. Ragan

Applicant, John Strickland

County, Bathoun

Amount, 100

Date of Warrant, Feb 24

Entered on record

Feb 24 1891

C. J. Davis

CLERK OF SUPERIOR COURT

John J. Ragan

Ordinary

John Strickland

John Strickland

John Strickland

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

PERSONALLY appears John Strickland of Calhoun county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the Tenth day of March 1868; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company E, of 51st Regiment of Georgia Volunteers Conchate's Brigade; that whilst engaged in such military service, at the battle of Chancellorsville in the State of Virginia on the Third day of May 1863, he was wounded as follows: by A. Merritt Ball in the left Arm, said causing the Arm to be Amputated

About One Inch below the Shoulder Joint

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of One Hundred dollars.

Sworn to and subscribed before me, this 15th day of February 1890, J. C. Davis Sec.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

Calhoun County.

KNOW ALL MEN BY THESE PRESENTS, That I, John Strickland

county, in said State, do hereby appoint W. A. Wright of Calhoun county, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of February 1890, John Strickland [L. S.]

Executed in the presence of us:

J. C. Davis
J. C. Davis

Send money to me as follows, by Express

DIRECTION.

to Washington
Calhoun County, Georgia.

P. O.

John Strickland

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

PERSONALLY appears John Strickland of Calhoun

County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 16th day of March 1868; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company E, of 51st Regiment of Georgia Volunteers Conchate's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Virginia on the 3rd day of May 1863, he was wounded as follows: by A. Merritt Ball in the left Arm, said causing the Arm to be Amputated

About One Inch below the Shoulder Joint

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of One Hundred dollars for the year 1890

Sworn to and subscribed before me, this, the 15th day of February 1891, John C. Davis Sec.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun County.

KNOW ALL MEN BY THESE PRESENTS, That I, John Strickland of Calhoun County, State of Georgia, do hereby appoint W. A. Wright

of Calhoun county, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 15th day of February 1891, John Strickland [L. S.]

Executed in the presence of us:

John C. Davis
John C. Davis

Send money to me as follows, by Express

to Washington

P. O.

Calhoun County, Georgia.

John Strickland

POWER OF ATTORNEY.

STATE OF GEORGIA, }

Callahan County. }

Know all Men by these Presents, That I John Strickland of Callahan County, State of Georgia, do hereby appoint

of Callahan County, State of Georgia, my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receive in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 18th day of March, 1893.

Executed in the presence of us John Strickland [L.S.]

John Strickland

Send money to me as follows, by Check to John Morgan only to Morgan P. O.

Callahan County, Georgia.

John Strickland

John Morgan

1893

No. 764

Application for Allowance

For the Year Ending October 31st

FOR

Laws of 1891

Applied for by Strickland

Callahan

County

Amount, 100

Date of Warrant, 3/10

Entered on record, 10

W. HARRISON

W. A. WRIGHT

W. A. WRIGHT

STATE OF GEORGIA

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

Calhoun County, }

PERSONALLY appears John Strickland of Calhoun County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the Twelfth day of March 1888; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company E, of 57th Regiment of Georgia Volunteers, Plyants's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Virginia on the Third day of May 1862, he was

wounded as follows: Shot in the left arm, just below the shoulder, and penetrated about an inch below the shoulder joint

Deponent desires to participate in the benefits of the Act, approved October 3rd, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1893. He has heretofore been allowed a pension of One

hundred dollars, for loss of said arm

Sworn to and subscribed before me, this, the

18th day of March 1893.

W. J. Bagan C. S. C.

Notes.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA, }

Calhoun County, }

I, John J. Bagan Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that W. J. Bagan before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public of said County, and the said affidavits and signatures thereof are genuine.

Given under my official signature and seal, this 18th day of March 1893.

John J. Bagan Ordinary Calhoun County.

STATE OF GEORGIA, }

POWER OF ATTORNEY

STATE OF GEORGIA.

Calhoun County,
I, John J. Ragan Ordinary of said county,
do certify that I am well acquainted with John Strickland the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the
individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 10th day of March 1892

John J. Ragan
Ordinary Calhoun County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun COUNTY.
Know all Men by these Presents, That I, John Strickland
of Calhoun County, State of Georgia, do hereby appoint
W. H. Harrison my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the
State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate
States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said Attorney
to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money
which may be coming to me for the reason aforesaid.
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th
day of March 1894.

Executed in the presence of us

J. H. Harrison
John J. Ragan Ord.
DIRECTIONS: Check to
Send money to me as follows, by
John J. Ragan Ord. to Morgan P. O.
County, Georgia.

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name John Strickland
County Calhoun
Disability Loss of arm
Amount, \$ 10.00
Entered on record March 1892.
W. H. HARRISON,
Secretary Executive Department.
AGENT.
W. H. Harrison
Calhoun Co.
Strickland, John

Soldier's Pension.

1894.

Name John Strickland
County Calhoun
Disability Loss of arm
Amount, \$ 10.00
Entered on record March 1894.
W. H. HARRISON,
Secretary Executive Department.
AGENT.
W. H. Harrison
Calhoun Co.
Strickland, John

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Baldwin County, }
 PERSONALLY appears *John Strickland*
 of *Baldwin* County, State of Georgia, who, being duly sworn, says
 on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously
 since the *Tenth* day of *March*, 1838; that he enlisted
 in the military service of the Confederate States (or of the State of *Georgia*)
 during the war between the States, and served as a *Private* in Company *E*,
 of *51*th Regiment of *Georgia* Volunteers *McPherson's*
 Brigade; that whilst engaged in such military service at the battle of *Chancellerville*
 in the State of *Virginia*, on the *8th* day of
May, 1863, he was wounded as follows: *with a*
Minie Ball causing laceration
of the left arm just below the
shoulder

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1892. I have heretofore been allowed a pension of

One Hundred Dollars for *Said Arm*
 Sworn to and subscribed before me this the *10th* day of *March*, 1892, } *John Strickland*
John J. Ragan Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Baldwin County, }
 Know all Men by these Presents, That I, *John Strickland*
 of *Baldwin* County, do hereby appoint *W. A. Wright*
 of *Baldwin* County, my true and lawful attorney in fact, for
 me and in my name, to receive and receipt for whatever amount of money I may be entitled to
 from the State of Georgia by reason of the injury received as aforesaid in the military service of
 the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
 my said attorney to receipt in my name for any Warrant that may be issued by the Governor,
 or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *10th*
 day of *March*, 1892, } *John Strickland* [L. S.]

Executed in the presence of us:
W. A. Wright
John J. Ragan
 Send money to me as follows, by *Express*
 to *Atlanta* P. O.
Baldwin County, Georgia.
John Strickland

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Baldwin County, }
 PERSONALLY appears *John Strickland* of *Baldwin*
 County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen
 and resident of said State, and has resided therein continuously ever since the *10th*
 day of *March*, 1838; that he enlisted in the military service of the Con-
 federate States (or of the State of) during the war between the
 States, and served as a *Private* in Company *E*, of *51*th Regiment
 of *Georgia* Volunteers *Bozant's* Brigade; that whilst engaged in
 such military service at the battle of *Chancellerville* in the State
 of *Virginia*, on the *8th* day of *May*, 1863, he was
 wounded as follows: *See the left arm causing*
amputation near the shoulder

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 20, 1894. I have heretofore been allowed a pension of

One Hundred dollars, for the year 1893
 Sworn to and subscribed before me, this, the *12th* day of *March*, 1894, } *John Strickland*
John J. Ragan Ordinary

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Baldwin County, }
 I, *John J. Ragan* Ordinary of said County,
 do certify that I am well acquainted with *John Strickland* the
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him
 in his said affidavit are true, and I know he is the individual he represents himself to be
 and that he resides in this County.

Given under my official signature and seal, this *12th*
 day of *March*, 1894.
John J. Ragan
 Ordinary *Baldwin* County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun County.

(KNOW ALL MEN BY THESE PRESENTS, That I, John Strickland of Calhoun County, State of Georgia, do hereby appoint William A. Wright of Calhoun County, Georgia my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of an injury received as aforesaid in the military service of the Confederate States (or of this State) as stated in the foregoing affidavit; hereby authorizing my said Attorney to receipt in my name, for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25th day of January 1895. John Strickland [L. S.]

Executed in presence of us
W. A. Wright
John Ragan

DIRECTIONS.

Send money to me as follows, by check to John Ragan Calhoun County, Georgia. P. O. John Strickland

POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun County.

I, John Strickland hereby authorize W. A. Wright of Calhoun County, Georgia

to receive and receipt for the pension paid hereon and request that he remit same to John J. Ragan Calhoun County, Georgia by check at Morgan Georgia

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th day of January 1896. John Strickland [L. S.]

Executed in presence of us
W. A. Wright
John J. Ragan

Strickland, John
Calhoun Co

(For Those Already Enrolled.)

639 1339

SOLDIER'S PENSION.

1895.

Name John Strickland
County Calhoun
Disability Loss of arm
Amount, \$ 100
Feb 24 1895.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO
W. A. Wright
Calhoun Co

No date 1/1/96

Strickland, John
Calhoun Co

(For Those Already Enrolled.)

No. 639

SOLDIER'S PENSION.

1896.

Name John Strickland
County Calhoun
Disability Left arm off
Amount, \$ 100⁰⁰
2/25 1896.

RICHARD JOHNSON,
Secretary Executive Department.

WARRANT HANDLED TO
W. A. Wright
Calhoun Co

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

Personally appears John Strickland of Calhoun

County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10th day of March 1838; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company C, of 51st th Regiment of Georgia Volunteers, Bragg's Brigade; that whilst engaged in such military service at the battle of Chancellorsville in the State of Virginia, on the 15 day of May 1863, he was wounded as follows: in the left arm causing

Amputation the next day arm cut off
near the left shoulder

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26th, 1895. I have heretofore been allowed a pension of One Hundred dollars, for the year 1894

Sworn to and subscribed before me, this, the 25th day of January 1895. John Strickland

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun County.

I, John J. Ragan Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 25th day of January 1895.

John J. Ragan
Ordinary Calhoun County.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

Personally appears John Strickland of Calhoun County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the 10th day of March 1838; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a Private in Company C, of 51st th Regiment of Georgia Volunteers, Bragg's Brigade; that whilst engaged in such military service in the State of Virginia, on the 15 day of May 1863, he was wounded, injured or diseased as follows:

in the left arm between shoulder and
elbow causing my arm to be amputated
near the shoulder

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1896. I have heretofore as a resident of Calhoun county been allowed a pension of One Hundred dollars, for the year 1895.

Sworn to and subscribed before me, this, the 11th day of January 1896. John Strickland

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun County.

I, John J. Ragan Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 11th day of January 1896.

John J. Ragan
Ordinary Calhoun County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun County.

I, John Strickland hereby authorize William A. Wright of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to The Ordinary of Calhoun Co by Check at Morgan Ra

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 28th day of December 1896

John Strickland [L. S.]

Executed in presence of

James W. Wooten
John J. Ragan oray

Strickland, John
Calhoun Co.

ACT OF 3 OCT. 1891.
(For Those Already Enrolled.)

651 No. 2174

INVALID

SOLDIER'S PENSION.

1897.

Name John Strickland

County Calhoun

Disability Loss of Arm

Amount, \$ 100

2/24 1897.

RICHARD JOHNSON,
Commissioner of Pensions.

6/1/96
WARRANT HANDLED TO
Straw

No date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun County.

I, John Strickland hereby authorize W. A. Wright of Atlanta Ga

to receive and receipt for the pension paid hereon and request that he remit same to Ordinary by mail at Morgan Ra

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11 day of January 1898.

John Strickland [L. S.]

Executed in presence of

J. S. Collins
Ad. Monroe oray

Strickland, John
Calhoun Co.

ACT OF 3 OCT. 1891.
(For Those Already Enrolled.)

No. 132

INVALID

SOLDIER'S PENSION.

1898.

Name John Strickland

County Calhoun

Disability Loss of Arm

Amount, \$ 100

2/1 1898.

RICHARD JOHNSON,
Commissioner of Pensions.

W. A. W
WARRANT HANDLED TO

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

Personally appears John Strickland of Calhoun County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 10th day of March 1858; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 51th Regiment of Georgia Volunteers, Bryans's Brigade; that whilst engaged in such military service in the State of Virginia, on the 3rd day of May 1863, he was wounded, injured or diseased of follows:

in the left arm between the shoulder and elbow causing amputation near the shoulder

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1897. I have heretofore under said law as a resident of Calhoun county been allowed an invalid pension of One Hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 28th day of December 1896, John Strickland POST OFFICE Edison

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun County.

I, John J. Ragan Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 28th day of December 1896

John J. Ragan
Ordinary Calhoun County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

Personally appears John Strickland of Calhoun County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of all my life 1856; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company E, of 51th Regiment of Georgia Volunteers, Bryans's Brigade; that whilst engaged in such military service in the State of Virginia, on the 3 day of May 1863, he was wounded, injured or diseased as follows:

At the Battle of Chancellorsville he was wounded in the left arm causing amputation at the shoulder joint

Deponent desires to participate in the benefits of the Act, approved October 24th, 1887, and the acts amendatory thereof, and makes application for the pension to which he is entitled for the year ending October 26th, 1898. I have heretofore under said law as a resident of Calhoun county been allowed an invalid pension of One Hundred Dollars, for the year 1897.

Sworn to and subscribed before me, this, the 11th day of January 1898, John Strickland POST OFFICE Edison

NOTE.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun County.

I, John Strickland Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 11 day of January 1898.

A. J. Housh
Ordinary Calhoun County.



POWER OF ATTORNEY.

STATE OF GEORGIA.

Calhoun County. }
 I, John Strickland hereby authorize W. A. Knight
 of Atlanta Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary by mail
 at Morgan Ga
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 4
 day of January 1899.

John Strickland [L. S.]

Executed in presence of

A. H. Monroe
 Secy.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Calhoun County. }
 I, John Strickland hereby authorize
W. A. Knight of Atlanta Ga
 to receive and receipt for the pension paid hereon and request that he remit same to
Ordinary by mail
 at Morgan Ga
 IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8
 day of January 1900.

John Strickland [L. S.]

Executed in presence of

A. H. Monroe
 Secy.

Strickland John
Calhoun Co.

COUS SECTOR 10A
 (For These Already Enrolled.)

No. 84
INVALID
SOLDIER'S PENSION.
1899.

Name John Strickland
 County Calhoun
 Disability less than
 Amount, \$ 100
245 1899.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDLED TO
John Knight
 Sec. W. HARRISON, STATE PRINTER, ATLANTA.

No date

Calhoun Co.
Strickland John
651
 COUS SECTOR 10A
 (For These Already Enrolled.)

No. 8453
INVALID
SOLDIER'S PENSION.
1900.

Name John Strickland
 County Calhoun
 Disability less than
 Amount, \$ 100
 Warrant issued Sept 14 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO
John Knight
 Sec. W. HARRISON, STATE PRINTER, ATLANTA.

No date

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

Personally appears John Strickland of Calhoun County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has resided therein continuously ever since the day of Birth 1888; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company 6, of 51th Regiment of 4a Volunteers, Bryant's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows:

at the Battle of Chancellorsville Va. I was shot in the left arm, causing amputation at the shoulder.

Dependent makes application for the pension to which he is entitled for the year ending October 20th, 1899. I have heretofore under said law as a resident of _____ County been allowed an invalid pension of \$100.00 Dollars, for the year 1898.

Sworn to and subscribed before me, this, the John Strickland day of January 1899. POST OFFICE Edison

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun County.

I, A. S. Monroe Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 4th day of January 1899. A. S. Monroe Ordinary Calhoun County.



For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

Personally appears John Strickland of Calhoun County, State of Georgia, who being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State and County, and has resided therein continuously ever since the day of Birth of 1888; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company 6, of 51th Regiment of 4a Volunteers, Bryant's Brigade; that whilst engaged in such military service in the State of Virginia, on the 3rd day of May 1863, he was wounded, injured or diseased as follows:

At the Battle of Chancellorsville Va. I was shot in the left arm, causing amputation at the shoulder.

Dependent makes application for the pension to which he is entitled for the year ending October 20th, 1900. I have heretofore under said law as a resident of Calhoun County been allowed an invalid pension of One Hundred Dollars, for the year 1899.

Sworn to and subscribed before me, this, the John Strickland day of January 1900. POST OFFICE Edison Ga

Note.—State fully the nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun County.

I, A. S. Monroe Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 4th day of January 1900. A. S. Monroe Ordinary Calhoun County.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun County.

I, John Strickland hereby authorize
W. A. Wright of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to

at Ordinary by mail
at Morgan Sta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 2nd
day of January 1901.

John Strickland [L. S.]

Executed in presence of

A. S. Monroe Ordinary

POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun County.

I, John Strickland hereby authorize
W. A. Wright of Atlanta

to receive and receipt for the pension paid hereon and request that he remit same to

at Ordinary by mail
at Morgan Sta

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 13th
day of January 1902.

John Strickland [L. S.]

Executed in presence of

A. S. Monroe Ordinary

Strickland, John
Calhoun Co.

COPIES SECTION 100
(For Those Already Enrolled.)

No. 1656

**DISABLED
SOLDIER'S PENSION.
1901.**

Name John Strickland
County Calhoun
Disability lost of arm
Amount, \$ 100.00

2/1 1901.

John W. Lindsey
Commissioner of Pensions.

WARRANT ISSUED TO
Wright
Geo. W. Harrison, Sec. Pension, Atlanta.

No data

Strickland, John
Calhoun Co.

COPIES SECTION 100
(FOR THOSE ALREADY ENROLLED.)

No. 2982

**DISABLED
SOLDIER'S PENSION
1902.**

Name John Strickland
County Calhoun
Co. 6th 5th Regiment Calhoun
Disability lost of arm
Amount, \$ 100.00

2/17 1902.

John W. Lindsey
Commissioner of Pensions.

WARRANT ISSUED TO
W.
Geo. W. Harrison, Sec. Pension, Atlanta.

9/9/02
no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Calhoun County.

Personally appears John Stickland of Calhoun County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the Birth day of 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 51th Regiment of Volunteers, Regiment's Brigade; that whilst engaged in such military service in the State of Virginia, on the 3rd day of May 1863, he was wounded, injured or diseased as follows:

at the battle of Chancellorsville Va. I was shot in the left arm causing amputation at the shoulder.

Deponent makes application for the pension to which he is entitled for year ending October 30th, 1901. I have heretofore under said law as a resident of Calhoun County been allowed an invalid pension of (1000) one hundred Dollars, for the year 1900.

Sworn to and subscribed before me, this the John Stickland 2nd day of January 1901, Postoffice Union Ga A. S. Monroe Ordinary

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun County.

I, A. S. Monroe Ordinary of said County, do certify that I am well acquainted with John Stickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 2nd day of January 1901.

A. S. Monroe
Ordinary Calhoun County.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Calhoun County.

Personally appears John Stickland of Calhoun County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the Birth day of 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a Private in Company C, of 51th Regiment of Volunteers, Regiment's Brigade; that whilst engaged in such military service in the State of Va, on the 3 day of May 1863, he was wounded, injured or diseased as follows:

Was wounded in the left arm at the battle of Chancellorsville Va. causing amputation at the shoulder.

Deponent makes application for the pension to which he is entitled for the year ending October 30th, 1901. I have heretofore, under said law, as a resident of Calhoun County, been allowed an invalid pension of one hundred Dollars, for the year 1901.

Sworn to and subscribed before me, this the John Stickland 18th day of January 1902, Post-office Adison Ga A. S. Monroe Ordinary

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun County.

I, A. S. Monroe Ordinary of said County, do certify that I am well acquainted with John Stickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 18th day of January 1902.

A. S. Monroe
Ordinary Calhoun County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1902.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Walton County.

I, John Strickland hereby authorize
Phil Cook of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to

Ordinary by mail
at Morgan Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 14

day of July 1903.

John Strickland [L. S.]

Executed in presence of

A. P. Monroe Ordinary

(FOR THOSE ALREADY ENROLLED.)

No. 2150

**DISABLED
SOLDIER'S PENSION
1903.**

Name John Strickland
County Walton
Co. 6 5th Regiment Ala. Inf.
Disability loss of arm
Amount, (\$100) One hundred dollars
2/2 1903.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT ISSUED TO

B. P. A.

Chas. W. Lindsey, Sec. Pension, Atlanta

No date 7/9/03

POWER OF ATTORNEY.

STATE OF GEORGIA,

Walton County.

I, John Strickland hereby authorize
Phil Cook of Atlanta Ga.

to receive and receipt for the pension paid hereon, and request that he remit same to

Ordinary by mail
at Morgan Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6 B

day of January 1904.

John Strickland [L. S.]

Executed in presence of

A. P. Monroe Ordinary

(FOR THOSE ALREADY ENROLLED.)

No. 221

**DISABLED
SOLDIER'S PENSION
1904.**

Name John Strickland
County Walton
Co. 6 5th Regiment Ala. Inf.
Disability loss of arm
Amount, (\$100) One hundred dollars

FEB 25 1904.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT ISSUED TO

B. P. A.

Chas. W. Lindsey, Sec. Pension, Atlanta

No date 7/9/03

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Calhoun County.

Personally appears John Strickland of Calhoun County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the day of Birth 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company C, of 51th Regiment of Ba. Volunteers, Brigade's Brigade; that whilst engaged in such military service in the State of Georgia, on the 3rd day of May 1863, he was wounded, injured or diseased as follows:

At the battle of Chancellorsville I was shot in the left arm causing amputation at the shoulder.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1903. I have heretofore, under said law, as a resident of Calhoun County, been allowed an invalid pension of One Hundred Dollars, for the year 1903.

Sworn to and subscribed before me, this the 14th day of July, 1903. John Strickland Post-office Edison Ga

A. S. Monroe Ordinary

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun County.

I, A. S. Monroe Ordinary of said County, do certify that I am well acquainted with John Strickland, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be and that he resides in this County.

Given under my official signature and seal, this 14th day of July, 1903.

A. S. Monroe Ordinary Calhoun County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1903.

APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Calhoun County.

Personally appears John Strickland of Calhoun County, State of Georgia, who being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the Birth day of 1838; that he enlisted in the military service of the Confederate States (or of the State of Georgia) during the war between the States, and served as a private in Company C, of 51th Regiment of Ba. Volunteers, Brigade's Brigade; that whilst engaged in such military service in the State of Georgia, on the 3rd day of May 1863, he was wounded, injured or diseased as follows:

At the battle of Chancellorsville I was shot in the left arm causing amputation at the shoulder.

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1904. I have heretofore, under said law, as a resident of Calhoun County, been allowed an invalid pension of One Hundred Dollars, for the year 1903.

Sworn to and subscribed before me, this the 14th day of January, 1904. John Strickland Post-office Edison Ga

A. S. Monroe Ordinary

NOTE.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun County.

I, A. S. Monroe Ordinary of said County, do certify that I am well acquainted with John Strickland, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 14th day of January, 1904.

A. S. Monroe Ordinary Calhoun County.

NOTE.—Fill all blanks and of Company and Regiment.
NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun COUNTY.

I, John Strickland hereby authorize

Phil Cook of Atlanta Ga

to receive and receipt for the pension paid hereon, and request that he remit same to

Ordinary by Mail

at Morgan Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this fifth day of January 1905.

Executed in the presence of

J. L. Monroe Ordinary.

(FOR THOSE ALREADY ENROLLED.)

No. 26 25

DISABLED

SOLDIER'S PENSION

1905.

Name John Strickland

County Calhoun

Co. E 21st Regiment Ga. Inf.

Disability Loss of Arm.

Amount, \$100 00

1905.

MAR 1

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

no date

Strickland, John
Calhoun Co.

Cons. Service 1890.

(FOR THOSE ALREADY ENROLLED.)

No. 1017

DISABLED

SOLDIER'S PENSION

1906.

Name John Strickland

County Calhoun

Co. E 21st Regiment Ga. Inf.

Disability Loss of Arm

Amount, \$100 00

1906.

MAR 1

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

Calhoun

no date

POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun COUNTY.

I, John Strickland hereby authorize

Phil Cook of Atlanta Ga

to receive and receipt for the pension paid hereon, and request that he remit same to

Ordinary by Mail

at Morgan

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 5th day of January 1906.

Executed in the presence of

J. L. Monroe Ordinary.

John Strickland [L. S.]

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Calhoun COUNTY.

Personally appears John Strickland of Calhoun County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the first day of 1838, that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company 4, of 51stth Regiment of 1st Volunteers Bryant's Brigade; that whilst engaged in such military service in the State of Fla, on the 3rd day of May 1863, he was wounded, injured or diseased as follows: By the battle of Chancellorsville Va. I was shot in the left arm causing amputation at the shoulder

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of Calhoun County, been allowed an invalid pension of One Hundred Dollars, for the year 1904.

Sworn to and subscribed before me, this the fifth day of January, 1905. John Strickland
A. S. Monroe Ord. Post-Office Edison Va

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

STATE OF GEORGIA,

Calhoun COUNTY.

I, A. S. Monroe Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this fifth day of January, 1905.

A. S. Monroe
Ordinary Calhoun County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1905.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Calhoun County.

Personally appears John Strickland of Calhoun County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the first day of 1838; that he enlisted in the military service of the Confederate States, (or of the State of _____) during the war between the States, and served as a private in Company 4, of 51stth Regiment of 1st Volunteers Bryant's Brigade; that whilst engaged in such military service in the State of Fla, on the 3rd day of May 1863, he was wounded, injured or diseased as follows: By the battle of Chancellorsville Va. I was shot in the left arm causing amputation at the shoulder

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1905. I have heretofore, under said law, as a resident of Calhoun County, been allowed an invalid pension of 100⁰⁰ Dollars, for the year 1905.

Sworn to and subscribed before me, this the 3rd day of January, 1905. John Strickland
A. S. Monroe Post-Office Edison Va

Note.—State fully the nature of the wound or character of disease which causes the disability, and explain particularly the extent of the disability resulting from the wound or disease.

State of Georgia,

Calhoun County.

I, A. S. Monroe Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 3rd day of January, 1905.

A. S. Monroe
Ordinary Calhoun County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1, 1905.

William COUNTY.

I, John Hickland, hereby authorize
Phil Cook of Atlanta Ga
to receive and receipt for the pension paid hereon, and request that he remit same to
Ordinary by mail
at Morgan Ga
IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2 second
day of January 1907.

Executed in presence of

A. L. Maurice Ordinary

Calhoun Co.
Cosa Barrow 1800, \$44.50
(FOR THOSE ALREADY ENROLLED)
E-5 / No. 2297
DISABLED
SOLDIER'S PENSION
1907.
Name *John Westbrook*
County *Calhoun*
Co. *D. & 1 Regiment No. 16*
Disability *Loss of Arm*
Amount, \$ *100*
2-11 1907.
JOHN W. LINDSEY,
Commissioner of Pensions
4/16/07
WARRANT HANDLED TO
Crish
Geo. W. Hammond, State Printer, ATLANTA.

no dots

STATE OF GEORGIA Wheeler County

I, John H. Thompson, Ordinary of said county, do certify that I personally know Mrs Elizabeth Starkland, the applicant, and that she is the lawful widow of John Starkland, and was on the 1st of March of said ballwin county, and was paid a Pension from Ballwin county for 1911, and at the time of his death on the 1st day of January 1912, there was due to him and unpaid his Pension of one hundred and thirty Dollars from the State of Georgia, and I know Mrs L. H. Thompson the within witness, and she is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 15 day of January, 1919.
Adolfson Ordinary
Bellevue County

No. _____ 1919

**Application for Pension Due
Deceased Soldier**

UNDER ACT 1891

To be paid his Widow or Dependent Children

1st _____
Mrs. Elizabeth Wicklund

Widow of _____
John Wicklund

a _____
Yellowknife County

Age _____
Age 51 1/2 Yrs.

Approved and paid _____
paid

July 14, 1919

J. W. LINDREY,
Commissioner of Pensions.

Send Pension on Basis Provided. Allowed.

GEORGIA, Calhoun County

I hereby authorize and constitute A. J. Thomas of said county, my lawful attorney to collect and receipt for me in my name the Pension due me for 1912, through my deceased husband, John Attkinland, who was an Invalid Pension Roll and paid from Northwest Territory for 1912.

Witness my hand this 15th day of January, 1912.

Attested before me: *Notary Public for the State of New York*
Notary Public for the State of New York

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Calhoun County.

Personally appears John Strickland of Calhoun County, State of Georgia, who, being duly sworn, says on oath that he is a white male citizen and resident of said State, and has resided therein continuously ever since the day of Birth 1828; that he enlisted in the military service of the Confederate States (or of the State of _____) during the war between the States, and served as a private in Company A of 41th Regiment of 40 Volunteers Regt.'s Brigade; that whilst engaged in such military service in the State of Fla, on the 3 day of May 1862, he was wounded, injured or diseased as follows:

At the Battle of Chancellorsville Va. I was shot in the left arm causing amputation of the shoulder

Deponent makes application for the pension to which he is entitled for the year ending October 31st, 1907. I have heretofore, under said law, as a resident of Calhoun County, begun allowed an invalid pension of One Hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the 2nd day of January 1907. A. S. Maurice Ordinary. John Strickland Postoffice Edison

Note.—State fully the nature of the wound or character of disease which causes the disability, and specify particularly the extent of the disability resulting from the wound or disease.

State of Georgia,

Calhoun County.

I, A. S. Maurice Ordinary of said County, do certify that I am well acquainted with John Strickland the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 2nd day of January 1907.

A. S. Maurice Ordinary, Calhoun County.

Note.—Fill all blanks and of Company and Regiment.
Note.—All vouchers and affidavits must bear date after January 1st, 1907.

Application for Pension Due Deceased Soldier

County Calhoun To be paid to his Widow or Dependent Children

UNDER ACT APPROVED OCTOBER 9, 1891

STATE OF GEORGIA, Calhoun County

Personally before me comes Mrs. Elizabeth Strickland of said county, after being duly sworn, on oath says that she is the widow of John Strickland who was duly enrolled as a Private Pensioner from the county of Calhoun and was paid a Pension of One Hundred & twenty Dollars from Calhoun county for 1895, and that the said John Strickland died in Calhoun county on the 1st day of January 1912, and at the time of his death a Pension of 130 was due him from Calhoun county and unpaid for 1912.

Applicant further swears that she married the said John Strickland on the 3rd day of January 1867, in Calhoun county and State of Georgia, and resided with him from the date of marriage to his death as his lawful wife, and is now his dependent widow, and she asks the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 1st day of January 1912. A. S. Maurice Ordinary. Elizabeth Strickland (L. S.) Calhoun County.

AFFIDAVIT OF WITNESS

STATE OF GEORGIA, Calhoun County

Personally before me comes Mag. G. H. Dinglefield, who on oath says that he knew John Strickland while in life and that he knows Mrs. Elizabeth Strickland the above applicant; that he knows that the said John Strickland and Mrs. Elizabeth Strickland were in due form of law married in the county of Calhoun in the State of Georgia on the 3rd day of January 1867, and that they resided together as husband and wife from date of marriage to the day of his death on the 1st day of January 1912, and I now know that she is his dependent widow.

Sworn to and subscribed before me this 1st day of January 1912. A. S. Maurice Ordinary. E. G. Dinglefield Calhoun County.

Note.—This form may be used by grandfathers or minor children where there is no widow.
Note.—Ordinary must read to all minor certified copy of marriage attached.

Audited March 14 1889.

Wm. S. Wright
COMPTROLLER-GENERAL.

Salmon

Maimed Soldiers.

Voucher No. 1282

Amount. \$ 100.

Paid to John Threlkeld

For Loss of left

Arm

Oct. 12 1889.

Included in Warrant No.

issued to Treasurer.

E. Arlington 1889.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

W. A. W.

Audited Feb 26 1890

Wm. S. Wright
COMPTROLLER-GENERAL.

Salmon

Maimed Soldiers.

Voucher No. 1880.

Amount \$ 100.

Paid to John Threlkeld

For Loss of arm

Feb 24 1890

Included in warrant

issued to Tre

E. Arlington 18

Warrant Clerk.

W. J. Campbell, State Printer, Constitution Job Office.

W. A. W.

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1282

Atlanta, Ga. *Meek* 12 1889

Mr. *John Strickland* of the County
of *Calhoun* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1888, and the same having been allowed for

Loss of left arm
He is entitled to receive the sum of *One Hundred & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher and return same to
Executive Department for warrant.

By the Governor

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

100.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars.

per above voucher, this *12* of *March* 1889.

Jms Strickland
W & Migh

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1880

Atlanta, Ga., *Reby* 24 1890

Mr. *John Strickland* of the County
of *Calhoun* having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been examined and allowed for

Loss of arm
He is entitled to receive the sum of *One Hundred & 00/100* Dollars
for such disability, the same being the allowance due for the year ending October 24, 1890.

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. H. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred & 00/100 Dollars.

per above voucher, this *24* of *Feb* 1890

Jms Strickland
W & M

Audited. **AUDITED**
MAR 4 1891 1891.
Wm. H. Wright
COMPTROLLER GENERAL.

*Strickland, John
Calhoun*

1891.

Maimed Soldiers.

Voucher No. *2074*

Amount \$ *100*

Paid to *Mr. Strickland*
For *Loss from*

3/3 1891.

Included in warrant No.

issued to Treasurer,

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. H. Wright

1891.

No. 2024

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT. }

Atlanta, Ga. March 3 1891.

Mr. Jno Strickland of the County
 of Calhoun having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Acts
 approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of arm
 He is entitled to receive the sum of One Hundred Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and for his receipt on this voucher and return same to
 Executive Department for warrant.



By the Governor,

GOVERNOR.

W. N. Harris

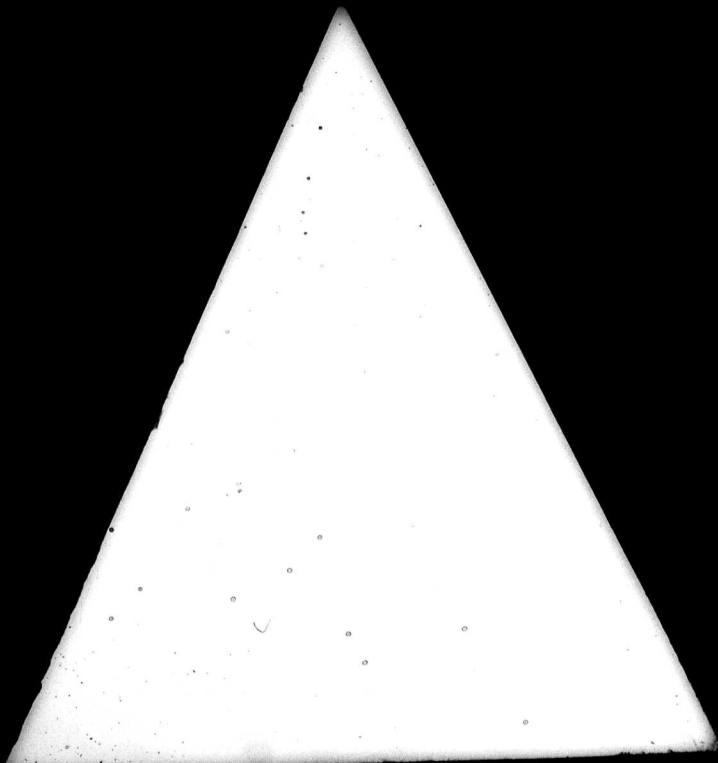
SEC'Y EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

One Hundred and no/100 Dollars,
 per above voucher, this 3 of March 1891.

Jno Strickland
W. N.



James H. Hays
Calhoun

No. *984*

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

FOR

Lois of Left Leg

Applicant, *Joseph Swanson*

County *Calhoun*

Amount *\$100*

Date of Warrant *July 28*

Entered on record

July 28 188*9*
M.H.

SECRETARY EXECUTIVE DEPARTMENT.

H. A. Wright

STATE OF GEORGIA,

Cathlamet County.

PERSONALLY appears *Jos. Swanson* of *Cathlamet* county, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said State, and has been such continually since the *30th* day of *December* 18 *66*, that he enlisted in the military service of the Confederate States (or of the State of *Alabama*) during the war between the States, and served as a *private* in Company *C*, of *40th* Regiment of *Ala* Volunteers *Lovely* Brigade; that whilst engaged in such military service, at the battle of *Decatur* near *Atlanta* in the State of *Georgia*, on the *27* day of *July* 186*6*, he was wounded as follows: *by a shot from Minnie ball above the knee in left leg, which leg was amputated above knee joint*

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the Act amendatory thereof, approved December 24, 1888, and makes application for the allowance to which he is entitled for the year ending October 26, 1889.

Sworn to and subscribed before me, this *11* day of *February* 188*9*, *Joseph L. Swanson*
E. J. Davis Esq.

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

STATE OF GEORGIA,

Cathlamet County.

PERSONALLY comes before me _____ and _____ Ordinary of said county, both known to me as reputable physicians of said county, who, being severally sworn, say on oath that they have carefully examined _____ and after such examination say that the applicant has been injured as follows:

Sworn to and subscribed before me, this _____ day of _____ 188*9*

ORDINARY.

HEAD NOTE.—The physicians will state fully the extent of the wound, and then give facts to show the extent of the disability resulting therefrom.

APPLICATION FOR ALLOWANCE

FOR YEAR ENDING OCTOBER 26, 1889.

No. *984*

Law of 1866
Applicant, *Joseph Swanson*
County, *Cathlamet*
Amount, *\$100*
Date of Payment, *July 28*
Entered on record, *July 28*
1889

SECRETARY EXERCISES DEPARTMENT.

W. L. Smith

STATE OF GEORGIA,

Bathoun County.

I, *John J. Bagan*, Ordinary of said county, do certify that I am well acquainted with *Joseph Duranson*, the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county. I also certify that the foregoing witnesses, to-wit: *C. J. Davis Clerk of the Superior Court of said County*

are persons of respectability, and that their statements are worthy of full credit and belief.

I further certify that *C. J. Davis*, before whom the foregoing affidavits were made and power of attorney was signed, is a *Clerk of Superior Court* of said county, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this *11* day of *February* 1889

John J. Bagan
Ordinary *Bathoun* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Bathoun County.

Know all Men by these Presents, That I, *Joseph Duranson* of *Bathoun* county in said State, do hereby appoint *Wm. A. Wright* of *Bathoun* County my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

In witness whereof I have hereunto set my hand and seal, this *11*

day of *Feb* 1889
Joseph Duranson (L.S.)

Executed in the presence of us:

J. J. Bagan
C. J. Davis

DIRECTION

Send money to me as follows, by *Express* to *William A. Wright* — P.O. *Bathoun* County, Georgia.

Joseph Duranson

NOTES.

1. If an applicant has been wounded, the description of the wound should be carefully and fully set forth by applicant and physician, and followed by a plain statement of facts showing the extent of the disability. If applicant claims disability from disease contracted in the service, a full and carefully stated history of the disease should be given, tracing the disability by positive proofs to the service.
2. The law makes no allowance for an arm or leg, unless the arm or leg has been rendered substantially and essentially useless.
3. It will not answer to say that an arm is "substantially useless for ordinary pursuits of life, etc." There is no qualification to the clause of the Act in reference to the arm or leg, but the limb must for all purposes be "substantially and essentially useless."
4. If the application is for a wounded leg, it would seem to be a fair construction of the Act, and the words above quoted, to say that unless the injury is such as to require the constant use of crutch or stick, that the leg is not "substantially and essentially useless."
5. If application is for loss of fingers or toes the proofs must be made to show the number, and points where amputated.
6. If papers are turned for correction, and amendments are added to any of the affidavits, the amendments must be made under oath before an officer, and the proofs must show that the amendments have been duly sworn to.
7. Every application must be certified by the Ordinary of the county of the residence of the applicant. The certificate of any other will not be received in any case.

STATE OF GEORGIA,

Bathoun County.

I, John J. Ragan Ordinary of said county, do certify that I am well acquainted with Joseph Swanson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

I further certify that C. J. Davis before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public of said county, and the said affidavits and signatures thereto are genuine.

For my official signature and seal, this 13th day of February 1890

John J. Ragan
Ordinary Bathoun County.

STATE OF GEORGIA,

Bathoun County.

I, John J. Ragan Ordinary of said County, do certify that I am well acquainted with Joseph Swanson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this County.

I further certify that John Hasty before whom the foregoing affidavits were made and power of attorney was signed, is a Notary Public of said County, and the said affidavits and signatures thereto are genuine.

Given under my official signature and seal, this 10th day of February 1891.

John J. Ragan
Ordinary Bathoun County.

1890.

APPLICATION FOR ALLOWANCE.

Joseph Swanson
Applicant.

Bathoun
County.

Feb 24
Date of payment.

Feb 24
Entered on record.

John J. Ragan
Ordinary.

WARRANT ISSUED TO

John J. Ragan
No and other

Application for Allowance

No. 874

Joseph Swanson
Applicant.

Bathoun
County.

Feb 24
Date of payment.

Feb 24
Entered on record.

John J. Ragan
Ordinary.

WARRANT ISSUED TO

John J. Ragan

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cathoun County, PERSONALLY appears Joseph Swanson of Cathoun county, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has been such continually since the 18th day of December 1867; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Private in Company A, of 45th Regiment of Ala Volunteers Lowry's Brigade; that whilst engaged in such military service, at the battle of Shiloh in the State of Geo on the 22nd day of July 1867, he was wounded as follows: shot with Minnie ball entering the upper third causing the leg to be amputated above upper third

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1890. I have heretofore been allowed a pension of One Hundred dollars.

Sworn to and subscribed before me, this 12th day of February 1890, Geo. S. Swanson
C. J. Davis Chl.

NOTE. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA

Cathoun County, KNOW ALL MEN BY THESE PRESENTS, That I, Joseph Swanson of Cathoun county, in said State, do hereby appoint W. A. Wright of Cullon County (Monte) my true and lawful attorney in fact, for me and in my name, to receive and receipt for what ever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 12th day of February 1890.

Executed in the presence of us:

R. S. Davis
C. J. Davis Chl.

Send money to me as follows, by

Cathoun to Williamburg P. O.
Geo. S. Swanson County, Georgia.

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cathoun County, PERSONALLY appears Joseph Swanson of Cathoun County, State of Georgia, who, being duly sworn, says on oath that he is a bona fide citizen and resident of said State, and has resided therein continuously ever since the 18th day of September 1867; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served as a Volunteer in Company C, of 45th Regiment of Alabama Volunteers Lowry's Brigade; that whilst engaged in such military service at the battle of Shiloh in the State of Geo on the 22nd day of July 1867, he was wounded as follows: shot with Minnie ball entering the upper third of the thigh

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and the acts amendatory thereof, and makes application for the allowance to which he is entitled for the year ending October 26, 1891. I have heretofore been allowed a pension of One Hundred dollars, for for the year 1890

Sworn to and subscribed before me, this 10th day of Feb 1891, Joseph Swanson
Geo. S. Swanson Chl.

NOTE. State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cathoun County, Know all Men by these Presents, That I, Joseph Swanson of Cathoun County, State of Georgia, do hereby appoint W. A. Wright of Cullon my true and lawful attorney in fact, for me and in my name, to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 10th day of Feb 1891.

Executed in the presence of us:

L. S. Swanson
Geo. S. Swanson Chl.

Send money to me as follows, by

Randolph to Shelburne P. O.
Joseph Swanson County, Georgia.

STATE OF GEORGIA.

Calhoun County.

I, John J. Ragan Ordinary of said county, do certify that I am well acquainted with Joseph Swanson the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the individual he represents himself to be, and that he resides in this county.

Given under my official signature and seal, this 8 day of March 1892.

John J. Ragan
Ordinary Calhoun County.

Calhoun Co
Swanson Joseph
No. 1

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1901.

Name Joseph Swanson

County Calhoun

Disability Loss of leg

Amount \$ 100

Entered on record met 1892.

W. H. HARRISON, Agent.

No

AGENT.

M. H.

Geo. W. Harrison, State Printer, Atlanta, Ga.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Calhoun County. I, Joseph Swanson of Calhoun County, State of Georgia, do hereby appoint W. H. Harrison my true and lawful attorney in fact, for the use and purpose to receive and receipt for whatever amount of money I may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receive in my name for any warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

I, W. H. Harrison WHEREOF, I have hereunto set my hand and seal, this 8 day of March 1892.

Witness my hand and seal, this 8 day of March 1892.

Executed in the presence of us: John J. Ragan W. H. Harrison W. A. Wright

Send money to me as follows, by check to Joe J. Ragan to Morgan P. O. Calhoun County, Georgia.

Joseph Swanson

Swanson Joseph
Calhoun Co.

1892.

Application for Pension
No. 215
Large of leg
W. H. Harrison
County Calhoun
Amount 100
Date of record 8
Entered on record met
W. H. HARRISON
W. A. WRIGHT

STATE OF GEORGIA
For Applicants Heretofore Allowed Pensions

STATE OF GEORGIA
For Applicants Heretofore Allowed Pensions

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cathlamet County.
Personally appears *Joseph H. Swanson*
of *Cathlamet* County, State of Georgia, who, being duly sworn, says
on oath that he is a *bona fide* citizen and resident of Georgia, and has been such continuously
since the *1st* day of *Sept* 18*62*; that he enlisted
in the military service of the Confederate States (or of the State of *Alabama*)
during the war between the States, and served as a *Private* in Company *C*,
of *48th* Regiment of *Alabama* Volunteers *Louisiana*'s
Brigade; that whilst engaged in such military service at the battle of *Atlanta*
in the State of *Geo*, on the *22nd* day of *July* 1864, he was wounded as follows:

Left leg by shell off about the knee

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and
the acts amendatory thereof, and makes application for the allowance to which he is entitled for
the year ending October 26, 1892. I have heretofore been allowed a pension of

one hundred Dollars for Pension

Sworn to and subscribed before me this the

21 day of *Mich* 1892. *Joseph H. Swanson*
John F. Ragan Ordinary.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability.

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cathlamet County.
Know all Men by these Presents, That I, *Joseph H. Swanson*
Cathlamet County, in said State, do hereby appoint *Wm. May Jr*
of *Hull Co* my true and lawful attorney in fact, for
me and in my name, to receive and receipt for whatever amount of money I may be entitled to
from the State of Georgia by reason of the injury received as aforesaid in the military service of
the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing
my said attorney to receipt in my name for any Warrant that may be issued by the Governor,
or for any sum of money which may be coming to me for the reason aforesaid.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this *2nd*
day of *Mich* 1892. *Joseph H. Swanson* [L. S.]

Executed in the presence of us:

John F. Ragan
John F. Ragan
Send money to me as follows, by *John F. Ragan* to *John F. Ragan* F. O.
Randolph County, Georgia.

Joseph H. Swanson

For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cathlamet County.
Personally appears *Joseph H. Swanson* of *Cathlamet*
County, State of Georgia, being duly sworn, says on oath that he is a *bona fide* citizen and
resident of said State, and has resided therein continuously ever since the *1st*
day of *September* 1862; that he enlisted in the military service of the Con-
federate States (or of the State of *Alabama*) during the war between the
States, and served as a *Private* in Company *C*, of *48th* Regiment
of *Alabama* Volunteers *Louisiana*'s Brigade; that whilst engaged in
such military service at the battle of *Atlanta* in the State
of *Georgia*, on the *22nd* day of *July* 1864, he was
wounded as follows: *Left leg by shell off about the knee*
in the hospital Third of the Regt. High

Deponent desires to participate in the benefits of the Act, approved October 24, 1887, and
the acts amendatory thereof, and makes application for the allowance to which he is entitled for
the year ending October 26, 1892. I have heretofore been allowed a pension of

one hundred dollars, for *said disability*
Sworn to and subscribed before me, this, the *16th* day of *March* 1893. *John F. Ragan*
John F. Ragan O.C.

Note.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability, resulting from the wound or disease.

STATE OF GEORGIA,

Cathlamet County.
I, *John F. Ragan* Ordinary of said County,
do certify that I am well acquainted with *Joseph H. Swanson* the
applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his
said affidavit are true, and that he is disabled, to the extent he claims, and I know he is the in-
dividual he represents himself to be, and that he resided in this County.

I further certify that *John F. Ragan* is a duly qualified and sworn attorney in fact, and is authorized to receive and receipt for whatever amount of money he may be entitled to from the State of Georgia by reason of the injury received as aforesaid in the military service of the Confederate States (or of this State), as stated in the foregoing affidavit; hereby authorizing my said attorney to receipt in my name for any Warrant that may be issued by the Governor, or for any sum of money which may be coming to me for the reason aforesaid.

Given under my official signature and seal, this *16th* day of *March* 1893.
of *Cathlamet* County, Georgia. *John F. Ragan* Ordinary. *John F. Ragan* County.

STATE OF GEORGIA,

POWER OF ATTORNEY

Audited Feb. 14 1891.

Wm Smith
COMPTROLLER GENERAL.

Swanson, Joseph
Calhoun

1891.

Maimed Soldiers.

Voucher No.

877

Amount \$

100

Paid to

Joseph Swanson
Cross of Leg

Decy 14

1891.

Included in warrant No.

issued to Treasurer.

1891.

WARRANT-CLERK.

Geo. W. Harrison, State Printer, Atlanta.

W. A. Wright

1891.

No.

822

STATE OF GEORGIA,

EXECUTIVE DEPARTMENT. }

Atlanta, Ga. July 14 1891.

Mr. Joseph Swanson of the County
 of Calhoun having filed his application in the Executive
 Department for an allowance under the Act approved October 24, 1887, as amended by Acts
 approved Dec. 24, 1888 and Nov. 11, 1889, and the same having been examined and allowed for
Loss of leg
 He is entitled to receive the sum of One Hundred Dollars
 for such disability, the same being the allowance due for the year ending October 24, 1891.

The Treasurer will pay the same and hold his receipt on this voucher and return same to
 Executive Department for warrant.

By the Governor,

W. H. Hammon

GOVERNOR.

\$ 100

RECEIVED OF R. U. HARDEMAN, Treasurer of the State of Georgia.

One Hundred 00/100 Dollars,
 per above voucher, this 14 of July 1891.

Joe Swanson
W. H. Hammon

Audited *March 1st* 1889.

OFFICE OF THE
STATE COMPTROLLER
GEORGIA

Wm. A. M. Galt
COMPTROLLER-GENERAL

Salhoun
Maimed Soldiers.

Voucher No. *984*

Amount. \$ *100.*

Paid to *Joseph Smaison*

For *Loss of left leg*

Smaison

Feb 28 1889.

Included in Warrant No.
issued to Treasurer.

1889.

WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

W. A. M. Galt

Audited *Feb 24* 1890

Wm. A. M. Galt
COMPTROLLER-GENERAL

Salhoun
Maimed Soldiers.

Voucher No. *1742*

Amount \$ *100*

Paid to *Joseph Smaison*

For *Loss of leg*

July 22 1890.

Included in warrant No.
issued to Treasurer.

18

William Galt
WARRANT CLERK.

W. J. Campbell, State Printer, Constitution Job Office.

W. A. M. Galt

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 984.

Atlanta, Ga. Feby 28 1890

Mr. Joseph Swanson of the County
of Calhoun having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
Dec. 24, 1888, and the same having been allowed for

Loss of left leg

He is entitled to receive the sum of One Hundred and no 100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold the receipt on this voucher and return same to
Executive Department for warrant.

By the Governor.

W. N. Harrison

CLERK EXECUTIVE DEPARTMENT.

100.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and no 100 Dollars.

per above voucher, this 28 of Feby 1890.

Joe Swanson

Per W. A. Wright

STATE OF GEORGIA,
EXECUTIVE DEPARTMENT.

No. 1742

Atlanta, Ga. Feby 28 1890

Mr. Joseph Swanson of the County
of Calhoun having filed his application in the Executive
Department for an allowance under the Act approved October 24, 1887, as amended by Act,
approved, Dec. 24, 1888, and the same having been allowed for

Loss of leg

He is entitled to receive the sum of One Hundred and no 100 Dollars
for such disability, the same being the allowance due for the year ending October 24, 1889.

The Treasurer will pay the same and hold his receipt on this voucher, and return same
to Executive Department for warrant.

By the Governor,

W. N. Harrison

CLERK EXECUTIVE DEPARTMENT.

\$ 100

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

One Hundred and no 100 Dollars.

per above voucher, this 22 of Feby 1890.

Joseph Swanson
W. A. Wright

NAME, Swanson, Joseph

YEAR 1889 COUNTY Calhoun

WHEN AND WHERE BORN?

ENLISTED WHEN AND WHERE?

RANK.

COMPANY AND REGIMENT? Private Co. C, 45th. Regt. Ala. Vols.
Lowery's Brigade.

NAME OF CAPTAIN AND COLONEL?

WOUNDED? At Atlanta, Ga. July 22nd. 1864 shot in left leg, amputated
above the knee.

CAPTURED, WHEN AND WHERE?

RELEASED.

WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None

NAME, Swanson, Joseph

YEAR 1891 COUNTY Calhoun

WHEN AND WHERE BORN? Resident of Ga. since Sept. 18, 1828

ENLISTED WHEN AND WHERE?

RANK. Volunteer

COMPANY AND REGIMENT? Co C 45th Regt. Ala Vols
Lowery's Brigade

NAME OF CAPTAIN AND COLONEL?

WOUNDED? Decatur, Ga. - July 22, 1864 - left leg shot off in
upper part of thigh.

CAPTURED, WHEN AND WHERE?

RELEASED.

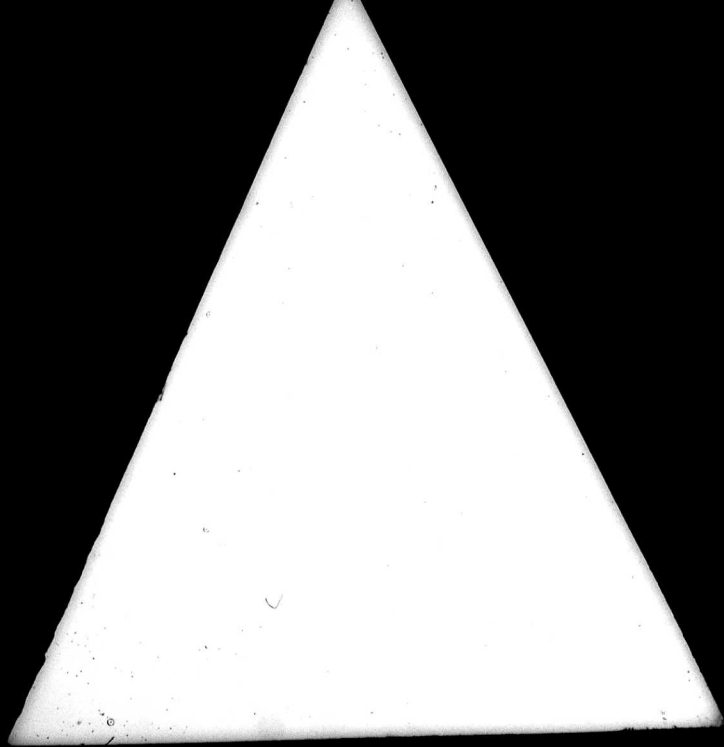
WHEN AND WHERE SURRENDERED?

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED.

WITNESSES. None



POWER OF ATTORNEY.

STATE OF GEORGIA,

Walhoun County.

I, *J. J. Shouder*,

lawfully authorize

Phil Cook of *Walhoun* Co. Ga.

to receive and receive for the pension allowed and request that he make same to *Ordinary*

at *Hogan* by *myself*

Witness my hand and seal, this *21st* day of *May* 190*2*

J. J. Shouder [L. S.]

J. J. Shouder

[L. S.]

Notary in presence of

Bel House Attorney.

Shouder, J. J.
Walhoun Co.
No. *one for 1906*

INDIGENT PENSION.
190*2*

Name *J. J. Shouder*
County *Walhoun*
Co. *6th Ga. Cavalry* Regt.
Approved *1902*

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

Ordinary will write name of Applicant, Company and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta, Ga.

5/27/02

POWER OF ATTORNEY.

STATE OF GEORGIA,

Polk County COUNTY.

Phil Cook of Atlanta Ga hereby authorizes
to receive and receipt for the pension allowed and request that he remit same to Ordinary

at Morgan by mail
Witness my hand and seal, this 20th day of May 1905

Executed in presence of J. T. Thornton [L. S.]

Ad. Monroe Ordinary

QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

Polk County COUNTY.

J. T. Thornton of said State and County, desiring to avail himself of the Pension Act (Session 1884, Code), hereby submits his goods, and after being duly sworn swears to make to the following questions, depose and answers as follows:

1. What is your name and where do you reside? (Give State County and post office)
J. T. Thornton Morgan, P.O. Polk County, Ga

2. How long and since when have you been a resident of this State? About 62 years

3. When and where were you born? Steghlanis Co. Va Aug 12/1826

4. When and where and in what company and regiment did you enlist or serve?
Sept 1861 I joined Co. E of 3rd Va Cavalry and was elected Captain and afterwards Colonel

5. How long did you remain in such company and regiment? I remain a Capt of Co. E. for 10 months and the balance of the war as 1st Colonel

6. When and where was your company and regiment surrendered and discharged?
Oct 14/1864 near Millboro Va. C. Sumner's N.C. Co. Company

7. Were you present with your company and regiment when it was surrendered? Yes

8. If not present, state specifically and clearly where you were, when you left your command, for what cause and by whose authority? I was present and really acting May 1864

9. How much can you earn (gross) per annum by your own exertions or labor? nothing

10. What has been your occupation, since 1868? farming and milling

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmary and poverty," or third, "blindness and poverty"? blindness and poverty

12. If upon the first ground, state how long you have been in such condition that you could not earn your support? If upon the second, give a full and complete history of the infirmity and its extent? If upon the third, state whether you are totally blind and when and where you lost your sight? I am totally blind I began going blind in Jan 1904 and by June was totally blind

13. What property, real and personal, or income, do you possess, and its gross value?
I own nothing at all

14. What property, real or personal, did you possess in 1894, 1895, 1896, 1897, 1898, 1899, 1900, 1901 and 1902, and what disposition, if any, by sale or gift, have you made of same? About 1898 I lost my plantation and all I had in a law suit

15. In what County do you reside during those years, and what property did you then return for taxation?
Am Polk County. I was in my plantation in Polk County, Ga

16. How were you supported during the years 1899, 1900, 1901 and 1902?
By my family

17. How much did your support cost for each of those years, and what portion did you contribute thereto by your own labor or income? My family can't afford to pay me. I don't work

18. What was your employment during 1898, 1899, 1901 and 1902? What pay did you receive in each year?
I got what cash I could make

19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead, or other property? Their ages and how employed? I have an eldest wife only 45 yrs old. She both live with our widow daughter in law

20. Are you receiving any pension? If so, what amount and for what disability?
no

21. Have you ever made an application for pension before? no

22. How many applications have you ever made and under what class? none

Sworn to and subscribed before me this the 20th day of May 1905 J. T. Thornton Applicant.

Ad. Monroe Ordinary, of Polk County.

Every Question MUST Be Answered.

INDIGENT PENSION.

1905

Name of Applicant

County

Age

Occupation

JOHN W. LINDSEY, Ordinateur of Polk

WARRANT HANDED TO

Ordinary will verify name of Applicant, County and Registered on back on individual name.

Ordinary will verify name of Applicant, County and Registered on back on individual name.

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Ordinary will verify name of Applicant, County and Registered on back on individual name.

AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Personally came before me W. H. Ragan M.D. and
both known to me as reputable physicians
of said County, who, being severally sworn, say on oath that they have examined carefully

applicant for pension under Section 1254, Code, and after
such personal examination say that his precise physical condition is as follows:

Old Infirmer and totally blind

and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this, the

20 day of May 1905

A. I. Monroe Ordinary.

ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Calhoun County.

I, A. I. Monroe Ordinary, in and for said County, hereby certify
that the applicant, J. F. Thornton resides in said County, and has
been a bona fide resident of this State since the 14 day of January 1871
and that the witness, viz. J. F. Thornton, J. F. Thornton and J. F. Thornton
are of trustworthy character, and that their statements are entitled to full faith and credit.

I further certify that before answering the foregoing questions the applicant and each witness took the oath
hereon prescribed, and that the full text of the affidavit was read to the applicant and witness before same was signed.

I further certify that the tax digest of Calhoun County shows that applicant
returned for taxation in his name in 1890 no Dollars of
property, and in 1900 no Dollars of property; in 1901
no Dollars of property; in 1902
no Dollars of property.

In my opinion the foregoing claim is yes made in good faith.

Witness my hand and seal of office, this 24 day of May 1905.

A. I. Monroe Ordinary,
of Calhoun County.

NOTE.

- Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall each answer make to each of the questions asked of you, and the answers you shall give will be the whole truth, so help you God."
- Additional affidavits may be attached if blank spaces are insufficient.
- In every case the Ordinary must certify to the character of the witness, and as to the execution of the proof as above set out.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Calhoun County.

J. F. Thornton of said State and County, having been presented
as a witness in support of the application of J. F. Thornton for pension
under section 1254, Code, and after being duly sworn true answers to the following questions, depose and
answers as follows:

- What is your name and where do you reside? J. F. Thornton
at Wicksburg in Calhoun County
- Are you acquainted with J. F. Thornton the applicant; if so, how
long have you known him? Since 1861
- Where does he reside, and how long and since when has he been a resident of this State?
at Wicksburg in Calhoun County since I know
- When, where, and for what company and regiment did he enlist, and how do you know?
Co. E 3rd Georgia Cavalry, I was present
- Were you a member of the same company and regiment? Yes
- How long did he perform regular military duty? until end of war
- When and where was his command surrendered? at a near Camp, near
Wicksburg in North Carolina
- Were you present when it surrendered? Yes
- Was applicant present? I think so, but cannot say for sure.
- If he was not present, where was he? then or near there
When did he leave his command? For what cause?
By what authority he left? How do you know all of this?

- What property, effects or income has the applicant? (Give your means of knowledge.)
He has no property that I know of, except a income
- What property, effects or income did the applicant possess in 1898, 1897, 1896, 1895, 1894, 1901 and 1902,
and what disposition, if any, did he make of same? He owned property, but lost
it in some such
- Has he conveyed away any of his property in the last four years, if so, what was it, and to whom?
Yes, but I know of it, think not
- What is the applicant's occupation and physical condition?
Has no occupation now, totally blind
- Is the applicant unable to support himself by labor of any sort; if so, why? Yes, because
of infirmity and blindness
- How was he supported during the years 1898, 1899, 1900, 1901 and 1902?
By his own labor, running saw mill
- What portion of his support for these four years was derived from his own labor or income?
All I know
- Give a full and complete statement of the applicant's physical condition that entitles him to a pension under
Section 1254, Code? He is totally blind, infirm & by
reason of his family
- Who composed family? What property have they? Children's age and their earning capacity?
His wife name

20. What interest have you in the recovery of a pension by this applicant? none
Sworn to and subscribed before me, this the
20 day of May 1905
A. I. Monroe Ordinary, J. F. Thornton Witness.

QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Washington COUNTY.

J. E. Lawson of said State and County, having been presented as a witness in support of the application of J. T. Thornton for pension under Section 1254, Code, and after being duly sworn true answers to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? J. E. Lawson
Resides in Calhoun Co. Ga
2. Are you acquainted with J. T. Thornton, the applicant; if so, how long have you known him? Since 1860
3. Where does he reside, and how long and since when has he been a resident of this State? He resides in Calhoun Co. I know since 1860
4. When, where and in what company and regiment did he enlist, and how do you know? He was Capt of Co. E. 3rd Ga Cavalry, raised in 1861. I was a member
5. Were you a member of the same company and regiment? Yes
6. How long did he perform regular military duty? From fall 1861 to summer
7. When and where was his command surrendered? Oct. 15/1865. near
Greensboro N. C.
8. Were you present when it surrendered? Yes
9. Was applicant present? Yes
10. If he was not present, where was he? He was present
When did he leave his command? For what cause?
By what authority he left? How do you know all of this? I was there and saw and talked with Col. J. T. Thornton, the night after surrender.
11. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property.
12. What property, effects or income did the applicant possess in 1896, 1897, 1898 and 1899, and what disposition, if any, did he make of same? He has owned nothing since about 1898, when he lost all in a lawsuit
13. Has he conveyed away any of his property in the last four years, if so, what was it, and to whom? no
14. What is the applicant's occupation and physical condition? no occupation.
He is very old and feeble & totally blind
15. Is the applicant unable to support himself by labor of any sort, if so, why? Too old & too feeble, based on his being blind
16. How was he supported during the years 1898 and 1899? by his own labor
17. What portion of his support for these two years was derived from his own labor or income? I suppose the whole
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code? He was a very hard old man until he began losing his eye sight, then he failed fast and now since he is totally blind, he must be very old & feeble
19. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 36 day of May 1900.
A. S. Monroe }
Ordinary. J. E. Lawson Witness.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Calhoun County.

hereby authorize

Phil Cook

of Atlanta

to receive and receipt for the pension allowed, and request that he remit same to

Ordinary

at Morgan Co.

by Mail

Witness my hand and seal, this 4th day of January 1906.

J. I. Thornton [L. S.]
March

Executed in the presence of

A. J. Henderson Ord.

POWER OF ATTORNEY.

STATE OF GEORGIA.

Calhoun County.

hereby authorize

I, J. I. Thornton

Phil Cook of Atlanta

to receive and receipt for the pension allowed, and request that he remit same to

Ordinary

at Morgan Co.

by Mail

Witness my hand and seal, this 1st day of January 1907.

J. I. Thornton [L. S.]
March

Executed in presence of

A. J. Henderson Ordinary

Thornton, J. I.
Calhoun Co.
Court Session 1904.
(FOR THESE ALREADY ENROLLED)

No. 2657

**INDIGENT
SOLDIER'S PENSION
1906.**

Name J. I. Thornton
County Calhoun
Circuit 1st Regiment Calhoun

WARRANT ISSUED
1906.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
[Signature]

See Pensions in Pensions and Accounts Co., 10th W. Washington, Wash.

no data

Thornton, J. I.
Calhoun Co.
Court Session 1904.
(FOR THESE ALREADY ENROLLED)

No. 5241

**INDIGENT
SOLDIER'S PENSION
1907.**

Name J. I. Thornton
County Calhoun
Circuit 1st Regiment Calhoun

WARRANT ISSUED
1907.

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDLED TO
[Signature]

See Pensions in Pensions and Accounts Co., 10th W. Washington, Wash.

no data

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Calhoun County.

Personally appears J. T. Thornton of Calhoun County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of 1892; that he is 74 years old and by occupation a mill man; that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 yrs in Company 6 of 5th Regiment of Pa. Cavalry; that his physical condition is as follows: I am totally blind and very feeble unable to labor.

that his property consists of the following items: nothing

of the value of no Dollars. I am now earning by my labor, no Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1906. I have heretofore, as a resident of Calhoun County, been allowed a pension for the year 1905.

Sworn to and subscribed before me, this the 4th day of January 1906. J. T. Thornton Ordinary.

State of Georgia,

Calhoun County.

I, A. S. Monroe Ordinary of said County, do certify that I am well acquainted with J. T. Thornton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal, this 4th day of January 1906.

A. S. Monroe Ordinary Calhoun County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1906.

FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Calhoun County.

Personally appears J. T. Thornton of Calhoun County, State of Georgia, who, being duly sworn, says on oath that he is a *bona fide* citizen and resident of said County and State, and has resided in said State continuously ever since the day of Aug 1891; that he is 75 years old and by occupation a no occupation that he enlisted in the military service of the Confederate States (or of the State of) during the war between the States, and served for the term of 4 yrs in Company 6 of 5th Regiment of Pa. Cavalry. Capt and then Lieut. Col.; that his physical condition is as follows: total blindness, very feeble.

that his property consists of the following items: none

of the value of no Dollars. I am now earning by my labor, no Dollars per month. That by reason of his physical condition and poverty he is unable to support himself by his own exertion or labor, and that he receives no pension but the one herein applied for.

Deponent desires to participate in the benefits of the Act approved December 15th, 1894, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year 1907. I have heretofore, as a resident of Calhoun County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 15th day of January 1907. J. T. Thornton Ordinary.

State of Georgia,

Calhoun County.

I, A. S. Monroe Ordinary of said County, do certify that I am well acquainted with J. T. Thornton the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and I know he is the individual he represents himself to be, and that he resides in this County.

Given under my official signature and seal this 15th day of January 1907.

A. S. Monroe Ordinary Calhoun County.

NOTE.—The blank spaces must be filled.
NOTE.—Affidavit should not be attested before January 1st, 1907.

NAME Thornton, J. T.

YEAR 1906 COUNTY Calhoun

WHEN AND WHERE BORN? August 13, 1826 - Pittsylvania County, Virginia.
Resident of Georgia about 69 years.

ENLISTED WHEN AND WHERE? September 1861 - Stewart County, Georgia

RANK. Captain, afterwards ~~2d~~ Lieut. Colonel.

COMPANY AND REGIMENT? Company E, 3rd Ga. Cavalry

NAME OF CAPTAIN AND COLONEL?

WOUNDED?

CAPTURED, WHEN AND WHERE?

RELEASED.

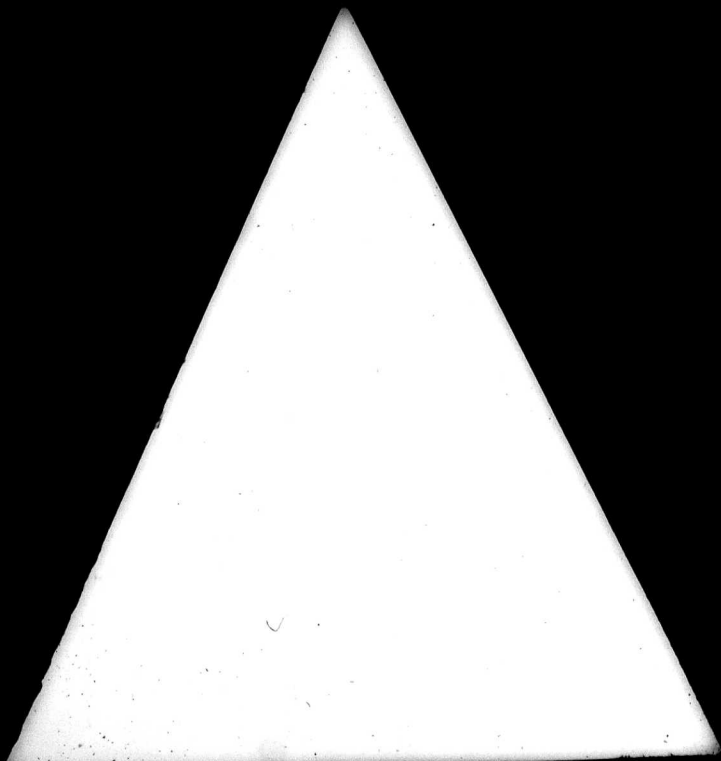
WHEN AND WHERE SURRENDERED? April 15, 1865 - near Greensboro, North
Carolina, at Company shops.

IF NOT PRESENT AT SURRENDER, WHERE WERE YOU?

DIED, WHEN AND WHERE?

BURIED,

WITNESSES. Jeff L. Boynton - same command -- No data.
lw J. E. Lawson - Same command



STATE OF GEORGIA,

COUNTY

Ordinary of said County, do certify

the applicant for pension. 8b

Thos. H. Rogers

rediff

1969

1.

County

NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:

“You do solemnly swear that you will true answers make to each of the questions asked you and the evidence you shall give will be the truth. So help you God.”

2. Additional affidavits may be attached if blank spaces are insufficient.

4. All affidavits must be made before the Ordinary of the residence.

such Ordinary.

o. ascertain whether copies of marriage licenses are obtainable. If not, prove marriage, by some person, or by general reputation.

Calhoun County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Calhoun

Name Mrs. Amanda L. Linn

Widow of Mrs. Tunnison.....

Company 1906

Regiment 514 Regt Ga Vols

Approved -----

J. W. LINDSEY,
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta

8/23-1919

Ordinary's Certificate

STATE OF GEORGIA,

Calhoun COUNTY.

I, Thos. H. Rogers Ordinary of said County, do certify
that I know Mrs. Amanda Timmons the applicant for pension. She
is the person she represents herself to be and she is a bona fide continuing resident citizen of said County
and was on the 4th November 1908; that I also know Thos. H. Rogers
the witness who swears to the service of husband; that both of them are now residents of said County and
were duly sworn by me before signing the foregoing affidavits and that they both are truthful, trust-
worthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 21 day of Aug 1919.

(SEAL)

A. J. Monroe Ordinary,
Calhoun County.

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and the witness in the following words:
"You do solemnly swear that you will true answers make to each of the questions asked you and the evidence
you shall give will be the truth. So help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Only widows who married prior to January 1st, 1881, are entitled.
4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by
such Ordinary.
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general
reputation.

Handwritten: 8/23/1919
No. 10
Calhoun County

Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Calhoun
Name Mrs. Amanda Timmons
Widow of Mrs. Timmons 1906
Company "G."
Regiment 514 Regt. Va. Mde
Approved _____

Handwritten: 8/23/1919

J. W. LINDSEY,
Commissioner of Pensions.
Byrd Building Co., State Printing, Atlanta.

Handwritten: 8/23-1919

Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Baldwin COUNTY,

Personally before me comes Thos H Rogers, who, after being duly sworn, true answers to make to the following questions, answers as follows:

1. What is your name and where do you reside? Thos H Rogers
Baldwin Co Ga
2. How long and since when have you known Martha Ann Timmerman applicant?
have known since she was a child
3. How long and since when has she continuously resided in this State? (Give date.)
since 1867
4. When and to whom was she married? John Rogers 1867. How do you know? known
5. How long and since when did you know Martha Ann Timmerman her husband?
since 1867
6. When and where did Martha Ann Timmerman the husband of applicant, die?
Baldwin Co Ga Oct 24 1900
7. Were the applicant and her husband living together as husband and wife at the date of his death?
yes
8. If not, how long did they live apart before his death? yes
9. Were they divorced? yes
10. When, where and in what Company and Regiment did Martha Ann Timmerman enlist?
Sept 1867 Co B 1st Regt Ar 20th
11. Were you a member of the same Company? yes
12. How long within your personal knowledge did he perform actual military service with his Company and Regiment? from enlistment to Aug 13 1868
13. When and where did his Command surrender, and was discharged?
Sept 7 1868 at Appomattox Co Va
14. Were you personally present when it was surrendered? no. If not, where were you at home and how came you there?
at home
15. Was the husband of applicant personally present at surrender? no. If not where was he? discharged Aug 13 1868. When, where and for what cause did he leave Command? (Give date.) discharged by order of General Sherman. By whose authority did he leave his Command? General Sherman. And how long was he granted leave? discharged. How do you know all this?
was in fact he was the first of the Co to surrender with the rest of the Co to the date of surrender Sept 1868
16. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? no
17. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? no

Sworn to and subscribed before me this the

22nd day of Aug 1912
A. J. Morrow Ordinary
of Baldwin County.

(SEAL)

Thos H Rogers

Application for Pension by a Widow Under Act of 1910 As Amended by Act of 1919

Questions for Applicant

STATE OF GEORGIA,

Baldwin COUNTY,

Personally before me comes Mrs Amanda J Timmerman of said State and County, and, after being duly sworn, says that she desires to apply for a pension allowed under the Act of 1910, as amended by Act of 1919, and submit testimony to make out the same, true answers makes to the following questions to-wit:

1. What is your name, and where do you reside? Martha Ann Timmerman Morgan Ga
2. How long and since when have you been a continuing resident of the State of Georgia?
all my life 74 years
3. When, where and to whom were you married? Oct 25 1867 in Randolph Co Ga
to John Timmerman
4. Have you married since the death of first and soldier husband? no
5. When, where and in what Company and Regiment did your husband enlist as a soldier in Confederate Army or Georgia Militia? (State the arms and class of Service.)
Feb 4 1862 Baldwin Co Ga Co B 1st Regt Ar 20th
6. When and where did the commands of your husband surrender or discharge from the army?
Sept 7 1868 at Appomattox Co Va
7. Was your husband personally present at the time of the surrender or discharge of this command?
no
8. If he was not present state clearly where he was? Baldwin Co Ga
9. Where was his command when he left? no
10. For what cause did he leave his command? discharged for disability
11. By whose authority did he leave his command? Genl Sherman
12. For how long was he granted leave of absence? discharged
13. What was his physical condition when he left his command? was badly wounded
14. What effort did he make to return to his command? none
15. In what way was he prevented from going back to Command? no
16. Was he captured by the enemy at any time? no
17. If so, when and where captured and where held as a prisoner, and when and for what cause released?
no
18. When and where did your first husband die? Oct 24 1900 in Baldwin Co Ga
19. Were you residing together when he died? yes
20. If not, how long had you resided apart? no
21. Are you now a widow? yes
22. Have you or your husband heretofore been paid a pension by the State? yes

If so, when and for what cause were you or your husband placed on the roll? was placed on the roll and drew pension 1870

Sworn to and subscribed before me this the

22nd day of Aug 1912
A. J. Morrow Ordinary
of Baldwin County.

(SEAL)

Mrs Amanda J Timmerman

MARRIAGE LICENSE

OF

Marion J. ...
AND

Amelia ...

Issued Oct 12 1918

and Recorded on Page 56 Book

of Marriage Licenses, 1918

Ordinary

PRINTED & BOUND BY THE GEORGIA STATE PRINTING CO., ATLANTA, GA.

ORDINARY'S CERTIFICATE

Americus Printing Co., Americus, Ga.

GEORGIA

Randolph County.

I, J. H. ... Ordinary and Probate Judge in and for the County and State aforesaid, and as such ex-officio Clerk of my own Court, which is a Court of Record, having a seal, do hereby certify that the foregoing is a true and correct copy...

Amelia ...

as taken from the records of said Court of Ordinary.

I further certify that all my acts as such Clerk, and this attestation, are in due form and by the proper officer; that I am the Judge of the Court, duly commissioned and qualified, and that full faith and credit should be given to all my acts as such Judge and Clerk.

In Witness Whereof, I have hereunto set my official signature and the seal of said Court of Ordinary.

This 15 day of August, 1918

J. H. ...
Judge and ex-officio Clerk Court of Ordinary Randolph County.



You are hereby authorized to join
Mrs. Jimmies and Amanda J. Felt
 in the Holy State of Matrimony according to the Constitution
 and Laws of this State and for so doing this shall be your License.
 And you are hereby required to return this License to me
 with your Certificate hereon of the fact and date of the Marriage.
 Given under my hand and seal this 12th day of
October 1876 M. G. Gentry (L.S.)
 Ordinary.

STATE OF GEORGIA

CERTIFICATE

RANDOLPH COUNTY

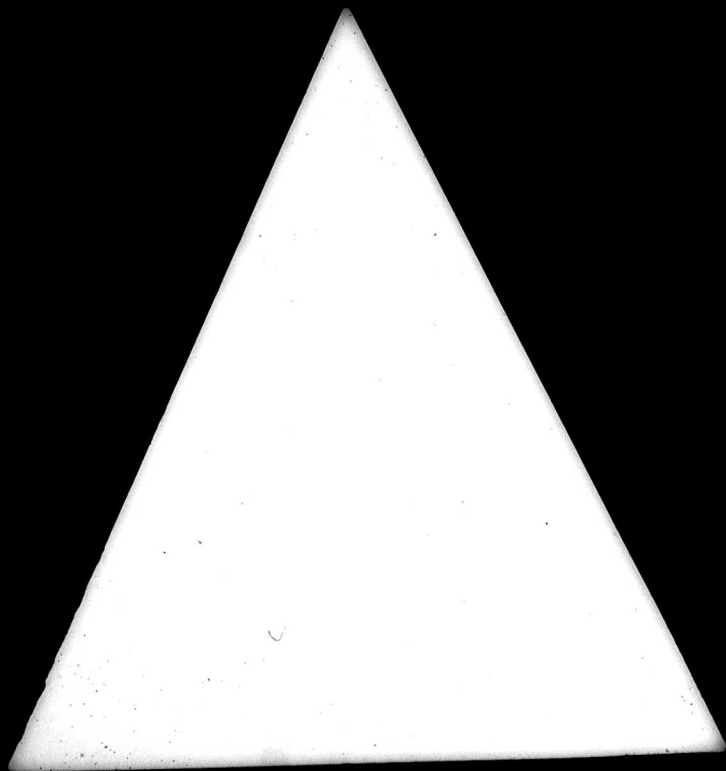
I Certify that Mrs. Jimmies and Amanda J. Felt
 were joined in Matrimony by me this 12th day of October Nineteen Hundred
and 1876

Recorded

191

H. Stubbs M. G.

Ordinary.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Calhoun County,

I, John W. Lindsey, hereby authorize John W. Lindsey

of Atlanta Ga to receive and receipt for the pension allowed and

request that he send same to Calhoun by Mail

at Monticello Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 25th

day of June 1904

John W. Lindsey [L.S.]

Executed in the presence of

Calhoun County

Pension Office, 7/10/04.

The testimony that shows that the hand has been rendered essentially and substantially useless as the sole result of the gun shot wound received in the service, this means that it is unfit for any use whatever. This must be stated fully.

J. W. Lindsey,
Com. of Pensions.

Timmons, Moses
Calhoun Co.,

See Section 1295.

No. 1906

INVALID
SOLDIER'S PENSION,
190

Name Moses Timmons
County Calhoun
Co. 6 3-1-04 Regt.
Disability Discharge Under Hon
Amount, \$ 2.00
190

JOHN W. LINDSEY,
Commissioner of Pensions.

WARRANT HANDED TO

7/10/04
Ordinary will enter Name of Applicant, Company and Regiment on back as indicated above.

Geo. W. Harrison, State Printer, Atlanta.

7/10/05