

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 929

Atlanta, Ga. Feb'y 27 1889

Mr. A. L. Kinnett of the County  
of Cherokee 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

Left arm disabled

He is entitled to receive the sum of Fifty 50.00 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.

\$  
50.

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 50.00

per above voucher, this 27 of Feb'y 1889.

A. L. Kinnett

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT.

No. 368

Atlanta, Ga., Feb'y 6 1890

Mr. A. L. Kinnett of the County  
of Cherokee 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

Left arm disabled

He is entitled to receive the sum of Fifty 50.00 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.

\$  
50.00

RECEIVED OF STATE TREASURER, R. U. HARDEMAN,

Fifty 50.00

per above voucher, this 6 of Feb'y 1890.

A. L. Kinnett

to B. F. G. G. G. G. G.

1891.

No. 2925

STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT. }

Atlanta, Ga. April 7 1891.

Mr. A. L. Kinnitt of the County  
of Cherokee 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  
Ann dis

He is entitled to receive the sum of Fifty 100 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.

H. J. Harrison  
GOVERNOR.

By the Governor,

H. J. Harrison  
Sec'y EXECUTIVE DEPARTMENT.

\$ 50

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

Fifty 100 Dollars,  
per above voucher, this 7 of April 1891.

B. F. Lewis





POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County. }

I, Joshua Kimmett

hereby authorize

Wm. A. Kimmett

of Cherokee County

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

at Kingsville by cert

Witness my hand and seal this 1 day of Sept 1897

Executed in presence of

Wm. A. Kimmett } Joshua Kimmett

Joshua Kimmett  
Cherokee County

No. \_\_\_\_\_

INDIGENT PENSION  
1897.

Name Joshua Kimmett

County Cherokee

Approved \_\_\_\_\_ 1897.

WARRANT HANDED TO

POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Joshua Kimmett hereby authorize

W. J. Hunter of Cherokee County  
to receive and receipt for the pension allowed and request that he remit same to me

at Kelleyville by cash

Witness my hand and seal this 2 day of August 1897.

Executed in presence of

A. B. Kimmett } Joshua Kimmett

Questions for Applicant.

STATE OF GEORGIA,

Cherokee County.

Joshua Kimmett of said State and County, desiring to avail himself of the Pension Act approved December 15th, 1894, hereby submits his proofs, 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? (give State, County and post office) Kelleyville, Cherokee County, Georgia
2. Where did you reside on January 1st, 1894, and how long have you been a resident of this State? in Cherokee County, Georgia, since 1865
3. When and where were you born? Was born Aug. 20, 1815, at Kelleyville, Cherokee County, Georgia
4. When and where and in what company and regiment did you enlist or serve, in Federal or Confederate Army? at Kelleyville, Georgia, in Company B, 1st Georgia Infantry, Confederate Army, 1861-1865
5. How long did you remain in such company and regiment? Full term of the Army in 1865
6. For how long a period did you discharge regular military duty? about 10 months
7. When, where and under what circumstances were you discharged from service? in the Spring of 1865, after the surrender of the Army
8. What is your present occupation? Farming
9. How much can you earn (gross) per annum by your own exertions or labor? \$20 or 25 dollars
10. What has been your occupation since 1865? Farming
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"? Age 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? Have been for two years not able to earn my support
13. What property, effects or income do you possess and its gross value? Have a small amount of land and some stock
14. What property, effects or income did you possess in 1894, 1895 and 1896 and what disposition, if any, did you make of same? I owned in the year 1894, 1895 and 1896, a small amount of land and some stock, and I have since sold it
15. In what County did you reside during those years and what property did you then return for taxation? in Cherokee County, Georgia, as stated above
16. How were you supported during the years 1895 and 1896? By my labor
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? By my wife, Sarah, and I have since sold it
18. What was your employment during 1895 and 1896? What pay did you receive in each year? Farming, did not receive any pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Have wife & 3 daughters, my daughters are married in this county & I receive no aid from them
20. Are you receiving any pension, if so what amount and for what disability? I am not

Sworn to and subscribed before me this the

2nd day of August 1897.

A. B. Kimmett Ordinary.

of Cherokee County.

Joshua Kimmett  
Cherokee County

No.

INDIGENT PENSION

1897.

Name Joshua Kimmett

County Cherokee

Approved \_\_\_\_\_ 1897.

WARRANT HANDED TO

By \_\_\_\_\_

8/4/1897

Every Question MUST be Answered.

W. J. Hunter



# QUESTIONS FOR WITNESS.

STATE OF GEORGIA.

Charlottesville County.

W. S. Howard, of said State and County, having been presented as a witness in support of the application of Joshua Kimmitt for pension under the Act approved December 15th, 1894, 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? W. S. Howard  
Reside in Charlottesville, Va.
2. Are you acquainted with Joshua Kimmitt, the applicant, is of how long have you known him? I have known him since 1865
3. Where does he reside, and how long has he been a resident of this State? Charlottesville, Va. I have known him in this State since 1865
4. Do you know of his having served in the Confederate army or the Georgia militia? How do you know this? I know he served in Confederate army  
I served with him
5. When, where and in what company and regiment did he enlist? In the Fall of 1863  
he enlisted in Camp B. 54 Va. Regt.
6. Were you a member of the same company and regiment? I was
7. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? I was with him in the service for 2 months he was a good soldier  
W. S. Howard
8. What property, effects or income has the applicant? (Give your means of knowledge.) He has small amount of House Hold Furniture  
and a small piece of land
9. What property, effects or income did the applicant possess in 1895 and 1896, and what disposition, if any did he make of same? I don't know
10. What is the applicant's occupation and physical condition? He is an invalid  
and is not able to do any work
11. Is the applicant unable to support himself by labor of any sort, if so, why? He is  
and is not able to work
12. How was he supported during the years 1895 and 1896? in the past 1895-96  
applicant was in service with me
13. What portion of his support for these two years was derived from his own labor or income? He earned some \$100 a year
14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is old and infirm
15. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this  
the 2nd day of Aug, 1897.

W. S. Howard Ordinary.

Witness.

W. S. Howard Ordinary.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Charlottesville County.

Personally came before me W. S. Coleman and

J. M. Bates, both known to me as reputable physicians of said county, who being severally sworn, say on oath that they have examined carefully Mr Joshua Kimmitt, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

He is now 74 years old and his general health is broken down and by reason of age is not able to do but very little manual labor not sufficient to earn a living by work.

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this

the 2nd day of Aug, 1897.

W. S. Coleman Ordinary.

W. S. Coleman M.D.  
J. M. Bates M.D.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Charlottesville County.

I, A. C. Bates, Ordinary in and for said County, hereby certify that the applicant Joshua Kimmitt resides in said County, and was a bona fide resident of this State on the first day of January, 1894, and that the witnesses, viz: W. S. Coleman and J. M. Bates 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 heron prescribed, and that the full text of the affidavits was read to the applicant and witnesses before same was signed.

I further certify that the tax digests of Charlottesville County show that applicant returned for taxation in his name in 1895 thirty one dollars of property, and in 1896 thirty five dollars of property.

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

Witness my hand and seal of office, this 2nd day of August, 1897.

A. C. Bates Ordinary

of Charlottesville County.

# NOTE.

Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God." Additional affidavits may be attached if blank spaces are insufficient.

W. S. Howard was sworn to the foregoing questions before me, J. M. Bates, on the 2nd day of August, 1897.

Joshua Kimmitt was sworn to the foregoing questions before me, J. M. Bates, on the 2nd day of August, 1897.

W. S. Howard



# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Joshua Kinnett hereby authorize

W. D. Wright of Atlanta Ga.

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

A. C. Brown, only at Lawrence Ga.

by check

Witness my hand and seal, this 2<sup>nd</sup> day of Jan 1900.

Joshua Kinnett [L. S.]

Executed in presence of

A. C. Brown, only

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Joshua Kinnett hereby authorize

A. C. Brown, only of Cherokee County

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

me at Lawrence Ga.

by

Witness my hand and seal, this 2<sup>nd</sup> day of Jan 1901.

Joshua Kinnett [L. S.]

Executed in presence of

A. C. Brown, only

Kinnett, Joshua  
Cherokee Co.

CODE SEC. 1284.  
(For Those Already Enrolled.)

NO. 1887

INDIGENT

SOLDIER'S PENSION,

1900.

Name Joshua Kinnett

County Cherokee

WARRANT ISSUED

January 24 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. D. Wright

Geo. W. Harrison, State Printer, Atlanta.

No data

Kinnett, Joshua  
Cherokee Co.

CODE SECTION 1284

(For Those Already Enrolled.)

NO. 3678

INDIGENT

SOLDIER'S PENSION.

1901.

Name Joshua Kinnett

County Cherokee

WARRANT ISSUED

2/12 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

W. D. Wright

Geo. W. Harrison, State Printer, Atlanta.

No data

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Joshua Kimmett of Cherokee 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 76 years old and by occupation a farmer; 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 for the term of 18 months in Company B, of 11th Regiment of Georgia; that his physical condition is as follows: a general weakness from age & infirmity

that his property consists of the following items Household furniture

of the value of Thirty Dollars, 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 1900. I have heretofore as a resident of Cherokee county been allowed a pension for the year 189

Sworn to and subscribed before me, this, the 9th day of Jan, 1900. H. C. Burr Ordinary.

State of Georgia,

Cherokee County.

I, H. C. Burr Ordinary of said County, do certify that I am well acquainted with Joshua Kimmett 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 8th day of Jan, 1900.



H. C. Burr Ordinary Cherokee County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1900.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Joshua Kimmett of Cherokee 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 76 years old and by occupation a farmer 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 for the term of 18 months in Company B, of 11th Regiment of Georgia; that his physical condition is as follows: Arches drawn from age not able to do but very little work

that his property consists of the following items Household furniture and one old horse

of the value of Sixty Dollars, 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 1901. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1900

Sworn to and subscribed before me, this the 9th day of Jan, 1901. Joshua Kimmett H. C. Burr Ordinary.

STATE OF GEORGIA,

Cherokee County.

I, H. C. Burr Ordinary of said County, do certify that I am well acquainted with Joshua Kimmett 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.

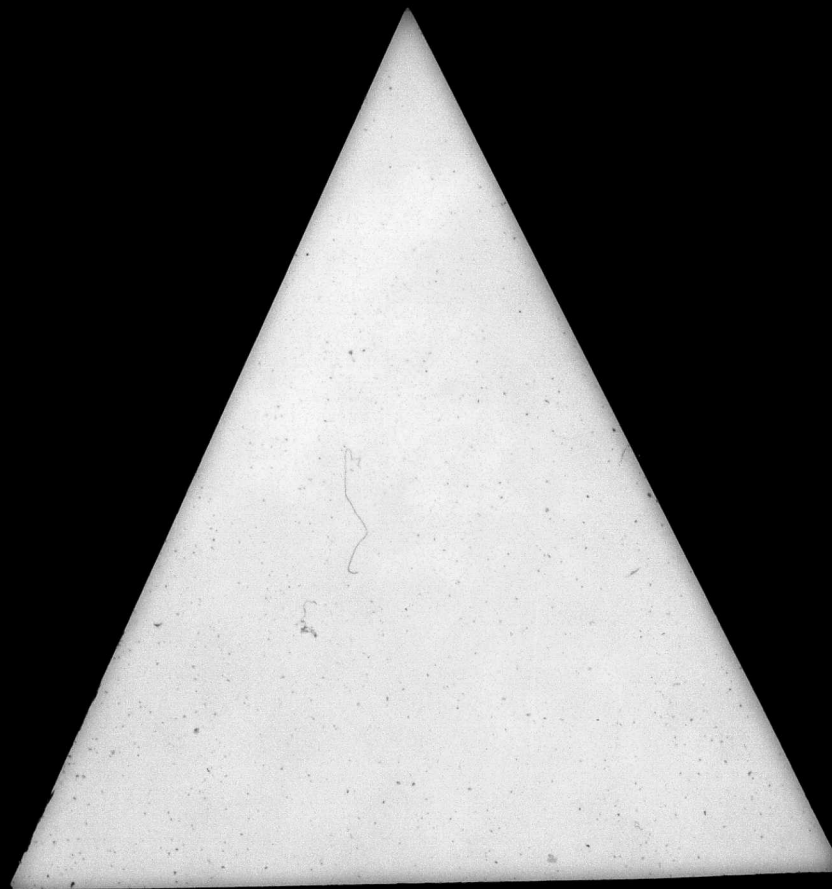
Given under my official signature and seal, this 9th day of Jan, 1901.



H. C. Burr Ordinary Cherokee County.

NOTE.—The blank spaces must be filled.  
NOTE.—Affidavit should not be attested before January 1st, 1901.

NOTE.—The blank spaces must be used.  
NOTE.—Affidavit should not be attested before January 1st, 1900.





# Ordinary's Certificate

STATE OF GEORGIA,

COUNTY }

I, Wm. S. Bell

Wm. S. Bell

COUNTY }

Ordinary of said County, do certify

that I know Wm. S. Bell 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 Wm. S. Bell

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 20 day of Oct 1912

(SEAL)

Wm. S. Bell Ordinary,  
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 give shall be true and correct." 2. Affidavits made by a witness who is not a resident of the County may be attested if taken before the Ordinary. 3. Only widows who married prior to January 1st, 1861, are entitled. 4. All affidavits must be made before the Ordinary of the residence of the person to be sworn and certified by him. 5. Attached certified copies of marriage license if applicable. If not, prove marriage by some person, or by general reputation.

## Widow's Pension

Under Act 1910—as Amended by Act of 1919.

County Cherokee

Name Mrs. S. O. Kennett

Widow of A. L. Kennett

Company 73

Regiment 34th Co. Johnson's Inf.

Approved \_\_\_\_\_

ENTERED ROSTER OFFICE

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

10-31-1919

Kennett, Adolphus  
Pension May 13, 62.  
Wounded & disabled.  
Kennesaw Mt. Ga.  
June 27 / 1864.  
(Not on M.R.)

Kennett, Sarah  
OK for 1920  
No. Cherokee Co



# Ordinary's Certificate

STATE OF GEORGIA,

Cherokee COUNTY.

I, J. M. Safford Ordinary of said County, do certify that I know Mrs. S. E. Kennel 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 F. M. Whitel 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, trustworthy, and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 20<sup>th</sup> day of Oct 1912.

(SEAL)

J. M. Safford Ordinary,  
Cherokee 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, 1891, 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.

*Kenneth, Sarah E.  
On Jan 9 20  
No. Cherokee Co.  
Merritt, Adolph  
Owens, Mary, 13, 62  
Merritt, Adolph  
Kenneth, M. E.  
June 27, 1904.  
(not in MR)*

## Widow's Pension

Under Act 1910—As Amended by Act of 1919.

County Cherokee  
Name Mrs. S. E. Kennel  
Widow of A. L. Kennel  
Company 73.  
Regiment 34<sup>th</sup> W. Johnson Reg.  
Approved Sub.

ENTERED ROSTER OFFICE

J. W. LINDSEY,  
Commissioner of Pensions.  
Printed and Published by the State Printer, Atlanta.

10-31-1919

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

## Questions for Applicant

STATE OF GEORGIA,

Cherokee COUNTY.

Personally before me comes Mrs. S. E. Kennel 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? Mrs. S. E. Kennel - Cherokee Co. Ga.
2. How long and since when have you been a continuing resident of the State of Georgia? all my life
3. When, where and to whom were you married? Dec. 28, 1891. Cherokee Co. Ga. A. L. Kennel
- a. Have you married since the death of first and soldier husband? No
4. 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.) Al. 73. 34<sup>th</sup> W. Johnson Reg.
5. When and where did the commands of your husband surrender or discharge from the army? March 20, 1865. NC
6. Was your husband personally present at the time of the surrender or discharge of this command? No
7. If he was not present state clearly where he was? Entered in Hospital at home
8. Where was his command when he left? Kennesaw Ga.
- a. For what cause did he leave his command? He was wounded in the right arm
- b. By whose authority did he leave his command? Dr. Kennel he was ordered back to Hospital at home by the Army
- c. For how long was he granted leave of absence? Rest 1 month
- c. What was his physical condition when he left his command? Badly wounded
- f. What effort did he make to return to his command? None was never able after he was wounded not able
- g. In what way was he prevented from going back to Command? No
- h. Was he captured by the enemy at any time? No
- i. If so, when and where captured and where held as a prisoner, and when and for what cause released?
- j. When and where did your first husband die? Cherokee Ga. Oct 6, 1911
- k. Were you residing together when he died? Yes
- l. If not, how long had you resided apart? Yes
- m. Are you now a widow? Yes
9. Have you or your husband heretofore been paid a pension by the State? Yes he had

If so, when and for what cause were you or your husband placed on the roll? On account of disability caused from wound in arm, his arm shoulder and hand putted away

Sworn to and subscribed before me this the 20<sup>th</sup> day of October 1912. Mrs. Sarah E. Kennel  
J. M. Safford Ordinary,  
Cherokee County.  
(SEAL)

# Questions for Witnesses as to Service of Husband and Marriage

STATE OF GEORGIA,

Cherokee COUNTY.

Personally before me comes F. M. Whelchel 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? F. M. Whelchel  
Carleton Co. Cherokee Co. Ga.
2. How long and since when have you known As A. J. Russell applicant?  
Sixty years
3. How long and since when has she continuously resided in this State? (Give date.)  
Ever since I have known her 1867-70.
4. When and to whom was she married? A. J. Russell How do you know? I live neighbor
5. How long and since when did you know A. J. Russell her husband?  
Sixty years since 1867.
6. When and where did A. J. Russell the husband of applicant, die?  
Near Carleton Cherokee Co. Ga. - do not know date
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
- Were they divorced?
9. When, where and in what Company and Regiment did A. J. Russell enlist?  
May 1862 Carleton Co. Cherokee Co. Co. B. 34th.
10. Were you a member of the same Company? Yes
11. How long within your personal knowledge did he perform actual military service with his Company and Regiment? From 1862 till 1864
12. When and where did his Command surrender, and was discharged? Anderson R. Co. Apr 1865
13. Were you personally present when it was surrendered? Yes If not, where were you and how came you there?
14. Was the husband of applicant personally present at surrender? Yes If not where was he? at home or in Hospital When, where and for what cause did he leave Command? (Give date.) 1864 Anderson Co. By whose authority did he leave his Command? wounded, sent to Hospital And how long was he granted leave? How do you know all this?  
I was in the fight when he was wounded at Petersburg, and he was sent to Hospital, I never saw him again.
15. For what cause, if you know of your own knowledge, was he prevented from returning to his Command? not able.
16. What effort did he make to return to his Command and how do you know this? Of your own knowledge or how? do not know

Sworn to and subscribed before me this the

1st day of April 1902.

J. M. Soliz Ordinary  
of Cherokee County.

(SEAL)



Kinnett, S.E. (Mrs.)

For Cherokee County

1929

**Application for Pension  
Due Deceased Pensioner**

(UNDER ACT 1919)

(To pay expenses of last illness and funeral)

Jacob Massey Ordinary

For Mrs. S.E. Kinnett

Date of Death June 28 1929

Amount \$100.00

Approved and ordered paid

Oct 10, 1929

JOHN W. CLARK,  
Commissioner of Pensions.

Paid

Ordinary: Fill out above in full and send this blank to Pension Department for approval. Do not pay out the money until the approved blank is in your hands giving you authority to do so. Send back to the Pension Department with your receipted payroll to be permanently filed with them. Do not keep this application in your office.

**JACOB MASSEY**  
ORDINARY CHEROKEE COUNTY  
CANTON, GEORGIA

Georgian Cherokee County,  
I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify that Mrs. Sarah Kinnett and Mrs. S.E. Kinnett is one and the same person, and she is on the pension roll for 1929.  
This July 29-1929

Jacob Massey, Ordinary,

Received of Jacob Massey, Ordinary

One Hundred and 00/100 Dollars,

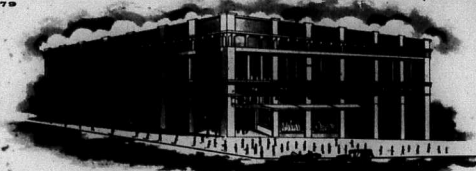
For Funeral Expenses Mrs. S.E. Kinnett

James Massey for  
by W.B. Blawie Ordinary

**JONES MERCANTILE COMPANY**CAPITAL, SURPLUS AND PROFITS MORE THAN \$1,500,000.00  
(OWNERS: CANTON FERTILIZER COMPANY)

ESTABLISHED 1875

INCORPORATED 1907

DIRECTORS:  
R.T. JONES  
P.W. JONES  
J.E. JOHNSTON  
E.M. MUGABILL  
L.L. JONESREFERENCES:  
BRADSTREET'S AGENCY  
ANY BANK OR BUSINESS  
CONCERN WHO KNOW USSTORE BUILDING - FLOOR SPACE OVER 50,000 SQUARE FEET  
DEPARTMENT STORE OF MERCHANDISE  
COTTON AND FERTILIZERS  
CANTON, GA.

June 29th, 1929

Mrs Sarah Kennett, for Her Estate

Casket 210.00 Embalming 25.00 Service 8.00

\$243.00

The above and foregoing account is rendered for funeral expenses of Mrs. S. E. Kennett, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me, this 23 Jones Mercantile Co.day of July, 1929.

Ordinary.

• State of Georgia, Cherokee County.

I hereby certify that Adolphus Kennett and Sarah E. McClure were joined in the holy bonds of matrimony by me on the 28th day of Dec. 1871.

• P.H. Brewster, M.G.

Recorded Feb. 22nd 1872.

W.R.F. Moss, Ordinary.

Office of Ordinary Cherokee County, Ga. Oct. 28th 1919.

I, J.M. Satterfield, Ordinary & Ex-officio Clerk Court of Ordinary, hereby certify that the above and foregoing is a true and correct copy of the marriage certificate of the above named parties as same appears of record in this office.

Ordinary &amp; Clerk Court Ordinary.

**Application for Pension Due to a Deceased Pensioner**

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, Cherokee County.

Personally before me, the Ordinary of said County, comes

of said County, who, after being sworn, on oath says that he knew Mrs. S. E. Kennett of said County, and that said Pensionerwas on the Pension Roll of said County at the time of death, which occurred in CherokeeCounty, in this State, on the 28 day of June, 1929,and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$243.00, per sworn statements fully and completely

ITEMIZED hereto attached.

Sworn to and subscribed before me,

Ordinary

Cherokee

County

(Seal of Ordinary)

**CERTIFICATE OF ORDINARY**GEORGIA, Cherokee County.

I, Jacob Massey Ordinary of said County, do certify that I personally know E.O. Kennett, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also knew Mrs. S. E. Kennett while in life and that this was the same person whose name appears on the Pension Roll of Cherokee County, and was paid a Pension of Fifty (\$50.00) Dollars in said County for 1929, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this 22 day of July, 1929  
(Seal of Ordinary) Ordinary

Cherokee County**INSTRUCTIONS:**

1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.

2nd. Each account must be sworn to before the Ordinary, and in the following form. (Do not use the terms: "just, true, due, unpaid," etc.)

"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of \_\_\_\_\_, who died without owning sufficient property to pay this bill.

3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.

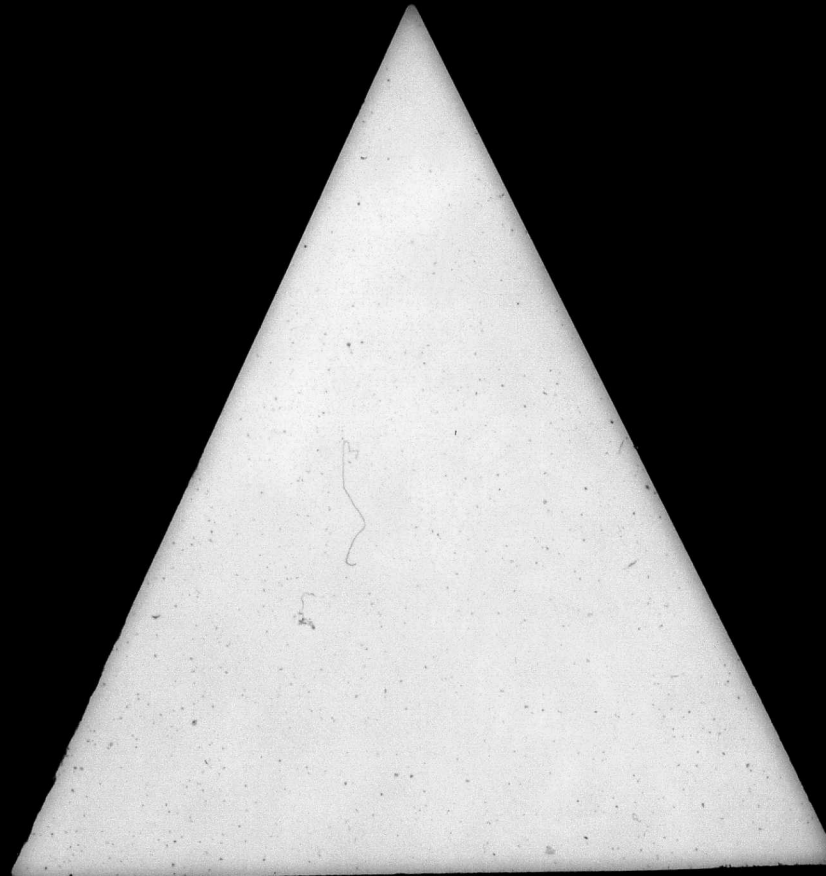
5th. Return this application, and attached bills, with your final settlement, to the Pension Department.

6th. Ordinary should see that the back of this blank, when folded, is filed out.



Ordinary & Clerk Court Ordinary.

4th. The completed voucher—this blank and the bills—must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.  
5th. Return this application, and attached bills, with your final settlement, to the Pension Department.  
6th. Ordinary should see that the back of this blank, when folded, is filled out.



Kirk, William J.  
Cherokee Co  
No. 224 ✓

APPLICATION FOR

Arm

FOR CONFEDERATE SOLDIER

Applicant *Kirk*  
*William J. Kirk*

County *Cherokee*

Limb *Left Arm above elbow*

Amount *A. B. D.*

Date of Warrant *November 14 1864*

Page *1*

*Ch. Co 2nd Regt Pa. Infy*

*app'd*

*E. 1952*

W. J. Kirk

Cherokee County.

Sworn to and subscribed before me this.....

.....<sup>7<sup>E</sup></sup>.....day of *Nov*.....1877..  
*Geo. Putnam, ordnary*

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.

## STATE OF GEORGIA.

County

Sworn to and subscribed before me this.....

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

APPLICATION FOR

John

FOR CONFEDERATE SOLDIER

Applicant: William D. ... 120016

County of Hickman

Limb. *Styl. ...*

Amount . . . . . \$ 00

Date of Warrant November 14 ...

Page 1714a

181

447

.....

8/11

113



# 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. GOETCHUS,  
Secretary House Representatives.  
WM. A. HARRIS,  
Secretary Senate.  
Approved, September 0th, 1879.

A. O. BACON,  
Speaker House Representatives.  
RUFUS E. LASTER,  
President Senate.  
ALFRED. H. COLQUITT, Governor.

## STATE OF GEORGIA,

Cherokee County.

Personally came B. F. Payne P. P. Dafoe and  
B. B. Lunsford

who, being duly sworn, depose and say they are acquainted with William R. Kist  
.....and know that he lost an arm in the military service during the late war;  
that said William R. Kist was amputated above the elbow; 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.....

..... day of December 1879.

Wm. Putnam, Clerk.

Personally came before me J. M. McAllister who being sworn depose and say that he is acquainted  
with William R. Kist and know that he lost an arm in the military service of the Confederate States and that said arm was amputated  
above the elbow and subscribed before me this 18th day of July 1879.

STATE OF GEORGIA,

Cherokee County.

I, C. W. Putnam, Ordinary of Cherokee

county, do certify that I am well acquainted with William R. Kist

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

affidavit are true, and that I am well acquainted with B. F. Payne

P. P. Dafoe and B. B. Lunsford

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 18th day of July 1879.

day of July 1879.

C. W. Putnam, Clerk.  
Cherokee County, Ga.



No additional data.

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

STATE OF GEORGIA,

*Cherokee* County.

I, *Oscar W. Patnam* Ordinary of said County, do certify that I am well acquainted with *William D. Kirk* 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:

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

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

Given under my official signature and seal, this *12* day of *February* 188*7*

*Oscar W. Patnam*  
Ordinary *Cherokee* County.

POWER OF ATTORNEY.

STATE OF GEORGIA,

*Cherokee* County.

KNOW ALL MEN BY THESE PRESENTS, That I, *William D. Kirk* of *Cherokee* county, in said State, do hereby appoint *W. A. Wright* 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 *12* day of *February* 188*7*

*W. D. Kirk* (L. S.)

Executed in the presence of us:

*P. P. Duthe*  
*Oscar W. Patnam, Ordinary*

DIRECTION:

Send money to me as follows, by *Register Letter* to *St. Louis, Mo.* P. O.  
*Cherokee* County, Georgia.

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 fact 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 of the residence of the applicant. The certificate of any other will not be received in any case.



STATE OF GEORGIA,

*Cherokee*

County.

I, *Orison W. Putnam* Ordinary of said county,  
do certify that I am well acquainted with *William D. Kink* 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 before  
whom the foregoing affidavits were made and power of attorney was signed, is a  
of said county, and the said affidavits and  
signatures thereto are genuine.

Given under my official signature and seal, this *5<sup>th</sup>* day of *February*, 1890

*Orison W. Putnam*

Ordinary *Cherokee*

County.

STATE OF GEORGIA,

*Cherokee*

County.

I, *Orison W. Putnam* Ordinary of said County,  
do certify that I am well acquainted with *William D. Kink* 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 before  
whom the foregoing affidavits were made and power of attorney was signed, is a  
of said County, and the said affidavits and  
signatures thereto are genuine.

Given under my official signature and seal, this *14<sup>th</sup>* day of *February*, 1891.

*Orison W. Putnam*

Ordinary *Cherokee*

County.

*Cherokee Co*  
*Kirk, William J.*  
**1890.**

No. 81  
APPLICATION FOR ALLOWANCE

FOR THE YEAR ENDING OCTOBER 31, 1891.

*Law of Kirk Ann*

Applicant *Wm. J. Kirk*

County, *Cherokee*

Amount, *100*

Date of warrant, *Feb'y 4.*

Entered on record

*Feb'y 11* 1890

WARRANT HANDED TO

Applicant

*Kirk, William J.*  
*Cherokee*

**1891**

*Kirk, William J.*  
*Cherokee Co*

**PAID 100-00/189**

Application for Allowance

FOR THE YEAR ENDING OCTOBER 31, 1891.

*Law of Kirk Ann*

Applicant *Wm. J. Kirk*

County, *Cherokee*

Amount, *100*

Date of Warrant, *Feb 6*

Entered on record

*Feb 11* 1891

WARRANT HANDED TO

Applicant

*Wm. J. Kirk*

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

*General W. A. Wright Sir I authorize*  
*authorize Joseph, C. N. McAffe to receive*  
*and receipt you for my money*  
*this 12<sup>th</sup> 1891 yours With Respects*  
*W. J. Kirk*

STATE OF GEORGIA

FOR APPLICANTS HOLDING ALLOWED POSITIONS



# For Applicants Heretofore Allowed Pensions.

## STATE OF GEORGIA,

*Cherokee* County, }  
PERSONALLY appears *Wm. D. Kirk* of *Cherokee* 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 *1st* day of  
*Sept* 1845; 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 *C*, of *22*th Regiment  
of *Infantry* Volunteers *Wright*'s Brigade; that whilst engaged  
in such military service, at the battle of *Chancellorsville* in the State  
of *Va*, on the *first* day of *May* 1865, he was  
wounded as follows: *Received shot in left arm. Shot amputated  
above the elbow in consequence of being wounded.*

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 *4th* day of *February* 1891.  
*William D. Kirk*  
*William D. Kirk*

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,

KNOW ALL MEN BY THESE PRESENTS, That I, \_\_\_\_\_  
of \_\_\_\_\_  
county, in said State, do hereby appoint \_\_\_\_\_  
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 \_\_\_\_\_  
day of \_\_\_\_\_ 1891.

Executed in the presence of us: \_\_\_\_\_  
[L. S.]

### DIRECTION.

Send money to me as follows, by \_\_\_\_\_  
to \_\_\_\_\_ P. O.  
County, Georgia.

# For Applicants Heretofore Allowed Pensions.

## STATE OF GEORGIA,

*Cherokee* County, }  
PERSONALLY appears *William D. Kirk* of *Cherokee*  
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 *1st*  
day of *September* 1845; 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 *C*, of *22*th Regiment  
of *Infantry* Volunteers *Wright*'s Brigade; that whilst engaged  
in such military service at the battle of *Chancellorsville* in the State  
of *Va*, on the *first* day of *May* 1865, he was  
wounded as follows: *Received shot in left arm. Shot amputated above the elbow in consequence of being wounded.*

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 \_\_\_\_\_  
dollars, for \_\_\_\_\_

Sworn to and subscribed before me, this *4th* day of *February* 1891.  
*William D. Kirk*  
*William D. Kirk*

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,

Know all Men by these Presents, That I, \_\_\_\_\_  
of \_\_\_\_\_ County, State of Georgia, do hereby appoint \_\_\_\_\_  
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 authoriz-  
ing my said attorney to receipt in my name for any Warrant that may be issued by the Govern-  
or, 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 \_\_\_\_\_  
day of \_\_\_\_\_ 1891.

Executed in the presence of us: \_\_\_\_\_  
[L. S.]

Send money to me as follows, by \_\_\_\_\_  
to \_\_\_\_\_ P. O.  
County, Georgia.

# STATE OF GEORGIA,

Cherokee County,

I, William W. Pittman Ordinary of said county,

do certify that I am well acquainted with William D. Kirt 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 first day of March 1892.

William W. Pittman

Ordinary Cherokee County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County,

Know all Men by these Presents, That I, \_\_\_\_\_ of \_\_\_\_\_ County, State of Georgia, do hereby appoint

\_\_\_\_\_ my true and lawful attorney in fact, for \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_ 1892.

\_\_\_\_\_ [Signature]

Executed in the presence of us, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Ordinary of said County.

Send money to me as follows, by \_\_\_\_\_

STATE OF GEORGIA, to \_\_\_\_\_ P. O.

County, Georgia.

Notary Public in and for the State of Georgia.

\_\_\_\_\_

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Kirk, Wm. See  
Cherokee Co.,

No. 27

SOLDIER'S PENSION.

1892.

FOR THE YEAR ENDING OCTOBER 31, 1892.

Name Wm. D. Kirt

County Cherokee

Disability Loss of Arm

Amount, \$ 100.00

Entered on record Met 1

1892.

W. H. HARRISON,

Secretary of Pension Department.

AGENT.

W. H. Harrison

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

Kirk, William

Cherokee Co.

1892.

Application for Pension

No. 467

Loss of Arm

Amount, \$100.00

Entered on record, 3/12/92

1892.

Warrant issued to

Applied for

No. 467

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

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STATE OF GEORGIA  
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA  
FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears William T. Kirk

of Cherokee 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 January 1863; 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 22th Regiment of Georgia Volunteers Wright's Brigade; that whilst engaged in such military service at the battle of Chattahoochee in the State of Ala, on the 1st day of March 1865, he was wounded as follows: by shell shot in the left arm, arm amputated above the elbow.

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

Sworn to and subscribed before me this the

1st day of March 1892.

Ordinary 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,

Cherokee County.

Know all Men by these Presents, That I, William T. Kirk

of Cherokee

County, in said State, do hereby appoint Thomas W. Annand of Cherokee 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 1st day of March 1892.

William T. Kirk [L. S.]

Executed in the presence of us:

Ordinary J. S. Dubre

DIRECTION.

Send money to me as follows, by

to P. O.

County, Georgia.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears William T. Kirk and Thomas W. Annand

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 1st day of January 1863; 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 22th Regiment of Georgia Volunteers Wright's Brigade; that whilst engaged in such military service at the battle of Chattahoochee in the State of Ala, on the 1st day of March 1865, he was wounded as follows: by shell shot in the left arm, arm amputated above the elbow.

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 1892, 1891 & 1890.

Sworn to and subscribed before me, this, the

1st day of March 1892.

Ordinary Ordinary.

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,

Cherokee County.

I, Thomas W. Annand Ordinary of said County,

do certify that I am well acquainted with William T. Kirk 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 1st day of March 1892.

Thomas W. Annand Ordinary of said County.

STATE OF GEORGIA,

Cherokee County.

POWER OF ATTORNEY.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

Know all Men by these Presents. That I,

William T. Kirk

of Cherokee

Thomas H. Anwood

County, State of Georgia, do hereby appoint

of Cherokee

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 24<sup>th</sup> day of February, 1894.

William T. Kirk [L. S.]

Executed in the presence of us

A. L. Burns, Ordinary

J. B. Croft

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

KNOW ALL MEN BY THESE PRESENTS, That I, Wm. T. Kirk

of Cherokee

County, State of Georgia, do hereby appoint

R. D. Douglas

of Hutton 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 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 24<sup>th</sup> day of Feb, 1895.

W. T. Kirk

[L. S.]

Executed in presence of us

A. L. Burns, Ordinary

## DIRECTIONS.

Send money to me as follows, by

to

P. O.

County, Georgia.

(For These Already Enrolled.)

No. 452

**Soldier's Pension.**

**1894.**

Name William T. Kirk

County Cherokee

Disability Loss of arm

Amount, \$ 100

1894.

21.3

W. H. HARRISON,

Secretary Executive Department.

WARRANT HANDED TO

Wm Anwood

Geo. W. Harrison, State Printer, Atlanta.

No data

(For These Already Enrolled.)

No. 859

**SOLDIER'S PENSION.**

**1895.**

Name Wm. T. Kirk

County Cherokee

Disability Loss of arm

Amount, \$ 100.00

1895.

3/4

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

all

Geo. W. Harrison, State Printer, Atlanta.

No data

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

*Cherokee* County. }

PERSONALLY appears *W. T. Kirk* of *Cherokee* 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 *6<sup>th</sup>* day of *October* 1848; 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 *B*, of *22<sup>nd</sup>* Regiment of *Georgia* Volunteers, *Wingte*'s Brigade; that whilst engaged in such military service at the battle of *Chambersville, Va* in the State of *Va*, on the *1<sup>st</sup>* day of *May* 1863, he was wounded as follows: *Wounded in left arm which caused the loss of hand arm*

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 26, 1894. I have heretofore been allowed a pension of

*One Hundred* dollars, for the year 1894

Sworn to and subscribed before me, this, the *3<sup>rd</sup>* day of *February* 1894. *W. T. Kirk*  
*A. C. Burns, 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, }

*Cherokee* County. }

I, *A. C. Burns* Ordinary of said County, do certify that I am well acquainted with *W. T. Kirk* 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 *3<sup>rd</sup>* day of *February* 1894.



*A. C. Burns*  
*Cherokee* County.

## For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA, }

*Cherokee* County. }

PERSONALLY appears *W. T. Kirk* of *Cherokee*

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 *6<sup>th</sup>* day of *September* 1848; 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 *B*, of *22<sup>nd</sup>* Regiment of *Georgia* Volunteers, *Wingte*'s Brigade; that whilst engaged in such military service at the battle of *Chambersville* in the State of *Va*, on the *1<sup>st</sup>* day of *May* 1863, he was wounded as follows: *Wounded in left arm causing loss of said arm*

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 1895

Sworn to and subscribed before me, this, the *3<sup>rd</sup>* day of *February* 1895. *W. T. Kirk*  
*A. C. Burns, 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, }

*Cherokee* County. }

I, *A. C. Burns* Ordinary of said County, do certify that I am well acquainted with *W. T. Kirk* 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 *3<sup>rd</sup>* day of *February* 1895.



*A. C. Burns*  
*Cherokee* County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_

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

by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1896.

[L. S.]

Executed in presence of us

# POWER OF ATTORNEY.

STATE OF GEORGIA,

County. }

I, Wm. J. Kirk hereby authorize L. W. Woodward

of Charlottesville

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

by, me

at Nelly Springs, Va

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 23<sup>d</sup>

day of Feb 1897.

[L. S.]

Executed in presence of

J. H. Harris

ordering

Kirk, William J

Charlottesville

(For Those Already Enrolled.)

No. 2441

**SOLDIER'S PENSION.**

**1896.**

Name Wm. J. Kirk

County Charlottesville

Disability Loss of arm

Amount, \$100.00 Dollars

3/3

1896

RICHARD JOHNSON,

Secretary Executive Department.

WARRANT HANDED TO

Atty

Geo. W. Harrison, State Printer, Atlanta.

No Duty

Kirk, William J.

Charlottesville

(For Those Already Enrolled.)

No. 2448

**INVALID**

**SOLDIER'S PENSION.**

**1897.**

Name Wm. J. Kirk

County Charlottesville

Disability \_\_\_\_\_

Amount, \$100.00

2/24

1897.

RICHARD JOHNSON,

Commissioner of Pensions.

WARRANT HANDED TO

Atty

Geo. W. Harrison, State Printer, Atlanta.

No Duty

STATE OF GEORGIA

FOR APPLICANTS NOT YET ALLOWED PENSIONS

STATE OF GEORGIA

FOR APPLICANTS NOT YET ALLOWED PENSIONS



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Cherokee County.

Personally appears Wm T Kirk of Cherokee 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 Sept 1847; 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 2, of 22th Regiment of Georgia Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Va, on the first day of May 1867, he was wounded, injured or diseased as follows:  
Wounded in left arm causing loss of said arm

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 Cherokee county been allowed a pension of One hundred dollars, for the year 1896.

Sworn to and subscribed before me, this, the 11 day of January 1896. Wm T Kirk  
A. C. Corn 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,  
Cherokee County.

I, A. C. Corn Ordinary of said County, do certify that I am well acquainted with Wm T Kirk 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 17 day of January 1896.



A. C. Corn  
Ordinary Cherokee County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,  
Cherokee County.

Personally appears Wm T Kirk of Cherokee 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 Sept 1847; 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 2, of 22th Regiment of Georgia Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Virginia, on the 1st day of May 1867, he was wounded, injured or diseased as follows:  
Gun shot in left arm causing loss of said arm.

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 Cherokee county been allowed an invalid pension of One hundred Dollars, for the year 1896.

Sworn to and subscribed before me, this, the 14 day of January 1897. Wm T Kirk  
Allen C. Corn Ordinary POST OFFICE Holly Springs

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,  
Cherokee County.

I, Allen C. Corn Ordinary of said County, do certify that I am well acquainted with Wm T Kirk 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 14 day of January 1897.



Allen C. Corn  
Ordinary Cherokee County.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

charlotte County.

I, Wm. T. Kirk hereby authorize Jos. Kirk  
of Atlanta, Ga

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

at Wolff Springs, Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 24  
day of May 1898,

W. T. Kirk [L. S.]

Executed in presence of

J. C. Cunningham

# POWER OF ATTORNEY.

STATE OF GEORGIA,

charlotte County.

I, Wm. T. Kirk hereby authorize L. J. Evans  
of Atlanta, Ga

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

at Wolff Springs, Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 16  
day of Feb 1899.

W. T. Kirk [L. S.]

Executed in presence of

J. C. Cunningham

ACT OF 31 OCT. 1885.  
(For Those Already Enrolled.)

No. 2451

INVALID

SOLDIER'S PENSION.

1898.

Name Wm. T. Kirk

County charlotte

Disability Loss of Arm

Amount, \$ 100.00 1898.

2426

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

appet

SEC. W. HARRISON, STATE PRINTER, ATLANTA

No data

CODE SECTION 12A.

(For Those Already Enrolled.)

No. 2564

INVALID

SOLDIER'S PENSION.

1899.

Name Wm. T. Kirk

County charlotte

Disability Loss of Arm

Amount, \$ 100.00 1899.

2418

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

Wm. T. Kirk

SEC. W. HARRISON, STATE PRINTER, ATLANTA

No data



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cherokee* County.

Personally appears *Wm. T. Kirk* of *Cherokee* 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 *6<sup>th</sup>* day of *Sept* 1844; 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 *22<sup>nd</sup>* Regiment of *Co* Volunteers, *Wrights*'s Brigade; that whilst engaged in such military service in the State of *Pa*, on the *1<sup>st</sup>* day of *May* 1862, he was wounded, injured or diseased as follows:

*Wound in Left arm causing loss of hand limb*

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 20th, 1898. I have heretofore under said law as a resident of *Cherokee* county been allowed an invalid pension of

*one hundred* Dollars, for the year 1892.

Sworn to and subscribed before me, this, *W. T. Kirk* *24<sup>th</sup>* day of *June* 1898. POST-OFFICE

*A. B. Curran* 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,

*Cherokee* County.

I, *A. B. Curran* Ordinary of said County, do certify that I am well acquainted with *Wm. T. Kirk* 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 *24<sup>th</sup>* day of *June* 1898.



*A. B. Curran* Ordinary *Cherokee* County.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

*Cherokee* County.

Personally appears *Wm. T. Kirk* of *Cherokee* 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 *6<sup>th</sup>* day of *Sept* 1844; 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 *22<sup>nd</sup>* Regiment of *Co* Volunteers, *Wrights*'s Brigade; that whilst engaged in such military service in the State of *Pa*, on the *1<sup>st</sup>* day of *May* 1862, he was wounded, injured or diseased as follows:

*Wound in Left arm causing amputation of hand limb*

Deponent makes application for the pension to which he is entitled for the year ending October 20th, 1898. I have heretofore under said law as a resident of *Cherokee* County been allowed an invalid pension of *one hundred* Dollars, for the year 1892.

Sworn to and subscribed before me, this, *W. T. Kirk* *16<sup>th</sup>* day of *June* 1898. POST-OFFICE *Holly Springs Ga*

*A. B. Curran* 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,

*Cherokee* County.

I, *A. B. Curran* Ordinary of said County, do certify that I am well acquainted with *Wm. T. Kirk* 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 *16<sup>th</sup>* day of *June* 1898.



*A. B. Curran* Ordinary *Cherokee* County.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. J. Kirk

hereby authorize

Stewart A. Evans of Atlanta Ga

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

W. J. Kirk by check

at Holly Springs Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 8

day of March 1900.

W. J. Kirk [L. S.]

Executed in presence of

M. J. Mullins [Signature]

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, W. J. Kirk

hereby authorize

A. L. Brown, Esq. of Cherokee County

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

W. J. Kirk by check

at Atlanta Ga

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 8

day of May 1901.

W. J. Kirk [L. S.]

STATE OF GEORGIA

Executed in presence of

A. L. Brown, Esq.

Kirk, W. J.  
Smoking  
(For These Already Enrolled.)

No. 1976

INVALID

SOLDIER'S PENSION.

1900.

Name W. J. Kirk

County Cherokee

Disability Loss of Arm

Amount, \$ 100.00

Warrant issued July 9 1900.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT MADE TO

W. J. Kirk

No date

Kirk, William J.  
Cherokee Co

(For These Already Enrolled.)

No. 2466

DISABLED

SOLDIER'S PENSION.

1901.

Name W. J. Kirk

County Cherokee

Disability Loss of Arm

Amount, \$ 100.00

2/12 1901.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT MADE TO

W. J. Kirk

Geo. W. Harrison, State Printer, Atlanta.

No date

STATE OF GEORGIA

For Applicants Heretofore Allowed Pensions.

# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Wm. J. Kirk of Cherokee 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 Sept 1861; 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 B, of 24th Regiment of Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1st day of May 1862, he was wounded, injured or diseased as follows:

Bullet shot in Left arm causing  
Loss of said limb

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1901. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of One Hundred Dollars, for the year 1892.

Sworn to and subscribed before me, this, the W. J. Kirk day of Jan 1900. POST OFFICE

A. C. Connor, Clerk

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,

Cherokee County.

I, A. C. Connor Ordinary of said County, do certify that I am well acquainted with Wm. J. Kirk 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 6

day of Jan 1900.

A. C. Connor  
Ordinary Cherokee County.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Wm. J. Kirk of Cherokee 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 Sept 1861; 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 B, of 24th Regiment of Volunteers, Wright's Brigade; that whilst engaged in such military service in the State of Georgia, on the 1st day of May 1862, he was wounded, injured or diseased as follows:

Bullet shot in Left arm which caused the  
Loss of said limb

Deponent makes application for the pension to which he is entitled for year ending October 26th, 1901. I have heretofore under said law as a resident of Cherokee County been allowed an invalid pension of One hundred Dollars, for the year 1890.

Sworn to and subscribed before me, this the W. J. Kirk day of Jan 1901. Postoffice

A. C. Connor, Clerk

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,

Cherokee County.

I, A. C. Connor Ordinary of said County, do certify that I am well acquainted with Wm. J. Kirk 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 6

day of Jan 1901.

A. C. Connor  
Ordinary Cherokee County.





# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Wm. P. Kirk hereby authorize  
A. C. Carr of Canton Ga.

to receive and receipt for the pension paid hereon and request that he remit same to  
me by  
at Canton Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7<sup>th</sup>  
day of May 1902.

Executed in presence of

A. C. Carr, Clerk

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Wm. P. Kirk hereby authorize  
Wm. P. Kirk of Atlanta Ga.

to receive and receipt for the pension paid hereon and request that he remit same to  
A. C. Carr by check  
at Canton Ga.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 8<sup>th</sup>  
day of May 1903.

Executed in presence of

A. C. Carr, Clerk

COURT SECTION 120A  
(FOR THOSE ALREADY ENROLLED.)

No. 2113

DISABLED  
SOLDIER'S PENSION  
1902.

Name Wm. P. Kirk  
County Cherokee  
Co. E. 34<sup>th</sup> Regt Caval  
Disability Loss of arm  
Amount, \$ 100.00  
2 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
Andy  
Geo. W. Harrison, State Printer, Atlanta.

No date

Kirk, William P.  
Cherokee Co

COURT SECTION 120B  
(FOR THOSE ALREADY ENROLLED.)

No. 2216

DISABLED  
SOLDIER'S PENSION  
1903.

Name Wm. P. Kirk  
County Cherokee  
Co. 6 11<sup>th</sup> Regt Caval  
Disability Loss of arm  
Amount, \$ 100.00  
2 1903.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
Andy  
Geo. W. Harrison, State Printer, Atlanta.

No date



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears Wm F Kirk of Cherokee 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 Sept 1843; 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 42, of 21th Regiment of Co Volunteers, Wright's's Brigade; that whilst engaged in such military service in the State of No, on the 1st day of May 1863, he was wounded, injured or diseased as follows:

Wounded in Left arm causing loss of said arm

Deponent makes application for the pension to which he is entitled for the year ending October 28th, 1902. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of One hundred Dollars, for the year 1901.

\*Sworn to and subscribed before me, this the \_\_\_\_\_

7 day of July 1902. Post-office \_\_\_\_\_

W. F. Kirk  
W. F. Kirk  
Notary.—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,

Cherokee County.

I, W. F. Kirk Ordinary of said County, do certify that I am well acquainted with Wm F Kirk 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 7 day of July 1902.



W. F. Kirk Ordinary Cherokee County.

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

БОМЕР ОВ АЛЛОВИЕА

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears Wm F Kirk of Cherokee 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 Sept 1843; 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 42, of 21th Regiment of Co Volunteers, Wright's's Brigade; that whilst engaged in such military service in the State of No, on the 1st day of May 1863, he was wounded, injured or diseased as follows:

Wounded in Left arm causing loss of said arm

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 Cherokee County, been allowed an invalid pension of One hundred Dollars, for the year 1902.

Sworn to and subscribed before me, this the \_\_\_\_\_

7 day of July 1903. Post-office \_\_\_\_\_

W. F. Kirk  
W. F. Kirk  
Notary.—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,

Cherokee County.

I, W. F. Kirk Ordinary of said County, do certify that I am well acquainted with Wm F Kirk 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 7 day of July 1903.



W. F. Kirk Ordinary Cherokee County.

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

БОМЕР ОВ АЛЛОВИЕА

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Wm. J. Kirk hereby authorize

Wm. J. Knight of Atlanta, Ga.  
to receive and receipt for the pension paid hereon, and request that he remit same to  
S. C. Connor, only by check  
at Boston, Ma.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2d  
day of January 1904.

W. J. Kirk [L. S.]

Executed in presence of

S. C. Connor, only

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Wm. J. Kirk hereby authorize

W. J. Webb of Cherokee County  
to receive and receipt for the pension paid hereon, and request that he remit same to  
by  
at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 11th  
day of Jan 1905.

Wm. J. Kirk [L. S.]

Executed in the presence of

J. B. Aubrey

Kirk, William J.

Cherokee Co.  
(FOR THOSE ALREADY ENROLLED.)

No. 2277

DISABLED

SOLDIER'S PENSION

1904.

Name Wm. J. Kirk  
County Cherokee  
Co. C Regiment 22nd  
Disability Loss of Arm  
Amount, \$100.00  
FEB 18 1904.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
Wm. J. Kirk  
Geo. W. Harrison, State Printer, Atlanta.

no date

Kirk, William J.

Cherokee Co.  
(FOR THOSE ALREADY ENROLLED.)

No. 3337

DISABLED

SOLDIER'S PENSION

1905.

Name W. J. Kirk  
County Cherokee  
Co. C Regiment 22nd  
Disability Loss of Arm  
Amount, \$100.00  
FEB 23 1905.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO  
Wm. J. Kirk  
Geo. W. Harrison, State Printer, Atlanta.

no date



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears Wm. T. Kirk of Cherokee 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 6 day of Sept 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 22th Regiment of Ga Volunteers Wright's Brigade; that whilst engaged in such military service in the State of Ga, on the 1st day of May 1863, he was wounded, injured or diseased as follows:

gunshot causing loss of left arm

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 Cherokee County, been allowed an invalid pension of one hundred Dollars, for the year 1903.

Sworn to and subscribed before me, this the 2d day of May 1904.

W. T. Kirk

Post-office

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,

Cherokee County.

I, W. T. Kirk Ordinary of said County, do certify that I am well acquainted with Wm. T. Kirk 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 May 1904.

W. T. Kirk

Ordinary Cherokee County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1904.

Put  
your  
seal  
here.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee COUNTY.

Personally appears William T. Kirk of Cherokee 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 6 day of Sept 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company B, of 22th Regiment of Ga Volunteers Wright's Brigade; that whilst engaged in such military service in the State of Ga, on the 1st day of May 1863, he was wounded, injured or diseased as follows:

gunshot causing loss of left arm

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 Cherokee County, been allowed an invalid pension of one hundred Dollars, for the year 1904.

Sworn to and subscribed before me, this the 11th day of Jan 1905.

Wm. T. Kirk

Post-office

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,

Cherokee COUNTY.

I, W. T. Kirk Ordinary of said County, do certify that I am well acquainted with Wm. T. Kirk 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 Jan 1905.

W. T. Kirk

Ordinary Cherokee County.

NOTE.—Fill all blanks and of Company and Regiment.

NOTE.—All vouchers and affidavits must bear date after January 1, 1905.

Put  
your  
seal  
here.



# POWER OF ATTORNEY.

Form No. 5.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ of \_\_\_\_\_ to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_ by \_\_\_\_\_ at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 1906

Executed in the presence of \_\_\_\_\_

[L.S.]

INVALID

SOLDIER'S PENSION,

1906

Name Wm. P. Kirk  
County Cherokee  
Co. E. 22nd Regt.  
Disability 14-1/2 Wound  
Amount \$50 - Paid by  
190

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

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

7/16/05.

Form No. 1.

# FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears Wm. P. Kirk of said Cherokee County, State of Georgia, who being duly sworn, says on oath that he was born on the 6th day of Sept. 1843, that he is a bona fide citizen and resident of Georgia, and has been continuously since the 1st day of 18, that he enlisted in the military service of the Confederate States (or the State of \_\_\_\_\_) on the

21st day of Feb. 1862, during the war between the States, and served in Company E. of 22nd th Regiment of Georgia Volunteers 10th Brigade, and was honorably discharged on the \_\_\_\_\_ day of \_\_\_\_\_ 1863; that whilst engaged in such military service, and in line of duty, in the State of Va. on the 1st day of May 1863, he was disabled or wounded as follows:

By Explosion of shell right hip joint was dislocated and his hands practically incompetent to perform the ordinary manual vocations of life.

Where was command surrendered? Appomattox Va.

Was applicant present? Never met If not, where

was he? at home How come there? was wounded

And by whose authority? State fully. was wounded on the 1st day of May 1863 was never able for service after that date and was not with command after that date.

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof, and makes application for the pension to which he is entitled for the year thereunder, ending October 28th, 190—

Sworn to and subscribed before me, this the 6th day of Sept. 1905

W. J. Kirk

Post Office Holly Springs

Notar.—State fully nature of wound or character of disease which causes the disability, and explain particularly the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to the service.

Notar.—Do not trouble to mention wounds which do not disable.

Notar.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.

The Instructions as Set Out in the Notes Must be Observed.

## AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County A. R. Mosteller  
B. F. Crisler & W. H. Nesbit and  
 personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say  
 under oath, that they are personally and well acquainted with Wm. P. Kirk  
 whose application is herewith presented for a pension, that he has resided in this State continuously since the  
 day of \_\_\_\_\_ 18\_\_\_\_, that he served in Company E. of the

22<sup>nd</sup> Regiment of Long's Brigade, and from our personal knowledge he,  
 while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language  
 when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is dis-  
 abled from work as a direct result thereof. If he does any labor or can do any, state what.)

On May, 1st 1863 Mosteller says that Applicant  
was shot in arm & hip while he was  
in the Army serving as a sapper in  
the Confederate service, and that he  
saw said Kirk while in wounded state  
and that he knows that said Kirk recd.  
this hip wound while in said confederate  
service. B. F. Crisler & W. H. Nesbit both  
testify that the statement by Mosteller  
is true.

Where was applicant's command surrendered? Appomattox Va.

Was he with it? No. Mosteller was his home wounded. Were all of you present?

If not, where was he? B. F. Crisler & W. H. Nesbit was also at  
home wounded at the surrender.  
 Where were you all?

How do you know the facts you state to be true? Mosteller & Nesbit were present at the time  
he was wounded

We personally know above stated facts. We were with him in the army and have known him ever since.

He was honorably discharged or retired from the service on \_\_\_\_\_ day of \_\_\_\_\_  
 186\_\_\_\_. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 186\_\_\_\_.  
 We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this \_\_\_\_\_ day of Sept 1905,  
A. R. Mosteller  
B. F. Crisler  
W. H. Nesbit  
 Ordinary.

Note 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are  
 legally qualified to the same.  
 2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.  
 3.—All blank spaces must be filled when signed.  
 4.—Three witnesses are required.

## PHYSICIAN'S AFFIDAVIT.

STATE OF GEORGIA

Cherokee County.

PERSONALLY comes before me, \_\_\_\_\_ Ordinary of said County,  
John M. Price and J. H. Price both known to  
 me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully  
 examined Wm. P. Kirk and after such personal examination, say that the present

condition of applicant is as follows: 1st dislocation of the right hip upward  
& backward, with total destruction of extensor ligament  
The hip is greatly reduced in size and  
the leg is substantially and essentially  
useless and applicant is incompetent  
to perform the ordinary manual occupation  
of life.

and that such condition is permanent. Said condition arises from the following facts: Applicant  
says that the injury was recd. in battle  
May, 1st 1863 at Chancellorsville Va.

We have treated applicant professionally for \_\_\_\_\_ years, and his condition, as above stated,  
 does \_\_\_\_\_ arise from heredity or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this \_\_\_\_\_ day of Sept 1905,  
J. H. Price  
J. M. Price  
 Ordinary.

Note 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or  
 injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or  
 origin, as understood by affiants.  
 Note 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

Cherokee County.

I, N. J. Webb Ordinary of said County,  
 do certify that I am well acquainted with Wm. P. Kirk the  
 applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are  
 true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he  
 resides in this County and has been a bona fide resident since the \_\_\_\_\_ day of \_\_\_\_\_ 1845

I also certify that the witnesses to-wit: A. R. Mosteller B. F. Crisler & W. H. Nesbit  
 and Physicians are persons of respectability, that their statements are worthy of full  
 credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the  
 same.

Given under my official signature and seal, this \_\_\_\_\_ day of Sept 1905,  
N. J. Webb  
 Ordinary Cherokee County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, W. J. Kirk hereby authorize

W. J. Webb of

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 6<sup>th</sup>

day of January 1906.

W. J. Kirk [L. S.]

Executed in the presence of

F. M. Webb

Cons. Service 1890.

(FOR THOSE ALREADY ENROLLED.)

No. 1116

DISABLED  
SOLDIER'S PENSION  
1906.

Name W. J. Kirk  
County Cherokee  
Co. B Regiment 22<sup>nd</sup> Ga  
Disability Loss of Arm  
Amount, \$ 100.00  
2/11 1906.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Q

The Pensioner's Name and Address See. 11, Section 1, Act.

No data

Cons. Service 1890.

(FOR THOSE ALREADY ENROLLED.)

No. 2040

DISABLED  
SOLDIER'S PENSION  
1907.

Name W. J. Kirk  
County Cherokee  
Co. B Regiment 22<sup>nd</sup>  
Disability Lost Arm  
Amount, \$ 100.00

FEB 13 1907

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Q

The Pensioner's Name and Address See. 11, Section 1, Act.

No data

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, W. J. Kirk hereby authorize

W. J. Webb of Cherokee

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

by

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 2

day of Jan 1907.

W. J. Kirk [L. S.]

Executed in presence of

F. M. Blackburn

Cons. Service 1890.

(FOR THOSE ALREADY ENROLLED.)

No. 2040

DISABLED  
SOLDIER'S PENSION  
1907.

Name W. J. Kirk  
County Cherokee  
Co. B Regiment 22<sup>nd</sup>  
Disability Lost Arm  
Amount, \$ 100.00

FEB 13 1907

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDED TO

Q

The Pensioner's Name and Address See. 11, Section 1, Act.

No data



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

State of Georgia,

Cherokee County.

Personally appears W. T. Kirk of Cherokee 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 6 day of Sept 1843; that he enlisted in the military service of the Confederate States, (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 22th Regiment of Ga Volunteers Wright's Brigade; that whilst engaged in such military service in the State of Ga, on the 1 day of May 1863, he was wounded, injured or diseased as follows:  
Lost Left arm at Chancellorsville  
Va

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1906. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of One hundred Dollars, for the year 1905.

Sworn to and subscribed before me, this the 6 day of Jan 1906.

W. T. Kirk  
Post-Office \_\_\_\_\_

M. J. Webb

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,

Cherokee County.

I, M. J. Webb Ordinary of said County, do certify that I am well acquainted with W. T. Kirk 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 6 day of January 1906.

M. J. Webb  
Ordinary Cherokee County.



NOTE.—Fill all blanks and of Company and Regiment.  
NOTE.—All vouchers and affidavits must bear date after January 1st, 1906.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cherokee County.

Personally appears W. T. Kirk of Cherokee 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 \_\_\_\_\_ 1843; that he enlisted in the military service of the Confederate States (or of the State of Ga) during the war between the States, and served as a Private in Company E, of 22th Regiment of Ga Volunteers Wright's Brigade; that whilst engaged in such military service in the State of Ga, on the 1 day of May 1863, he was wounded, injured or diseased as follows:

Lost Left arm

Deponent makes application for the pension to which he is entitled for the year ending October 26th, 1907. I have heretofore, under said law, as a resident of Cherokee County, been allowed an invalid pension of One hundred Dollars, for the year 1906.

Sworn to and subscribed before me, this the 2 day of Jan 1907.

W. T. Kirk  
M. J. Webb Postoffice Canton

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,

\_\_\_\_\_ County.

I, \_\_\_\_\_ Ordinary of said County, do certify that I am well acquainted with \_\_\_\_\_ 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 \_\_\_\_\_ day of \_\_\_\_\_ 1907.



\_\_\_\_\_ Ordinary \_\_\_\_\_ County.

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

# POWER OF ATTORNEY.

Form No. 8.

STATE OF GEORGIA,

County.

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
of \_\_\_\_\_ to receive and receipt for the pension allowed and  
request that he remit same to \_\_\_\_\_ by \_\_\_\_\_  
at \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this \_\_\_\_\_  
day of \_\_\_\_\_ 190 \_\_\_\_\_

[L. S.]

Executed in the presence of \_\_\_\_\_

Pension Office, 10/1/07.  
Physicians must say whether the leg as a direct result of the wound in  
hip or leg has rendered that leg essentially and substantially useless.  
That is to say that it cannot be used for any purpose without artificial  
aid or support.

J. W. Lindsay,  
Gen. of Pen.

INVALID

SOLDIER'S PENSION,

1907

Name W. T. Kirk  
County Cherokee  
Co. C. 22<sup>nd</sup> Inf.  
Disability Shot by shell in  
Amount, \$ 10.00  
Is army pay less than 100% Yes

JOHN W. LINDSEY,  
Commissioner of Pensions

WARRANT HANDED TO

Ordinary will write Name of Applicant, Company  
and Regiment on back of instrument above.

1907-1909

1907-1909

# FOR USE OF APPLICANTS WHO HAVE NOT HERETOFORE DRAWN.

Form No. 1.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears W. T. Kirk of said Cherokee

County, State of Georgia, who being duly sworn, says on oath that he was born on the 6<sup>th</sup> day of  
Sept 1843, that he is a bona-fide citizen and resident of Georgia, and has been  
continuously since the 6<sup>th</sup> day of Sept 1863, that he enlisted  
in the military service of the Confederate States (or the State of Georgia) on the  
23<sup>rd</sup> day of Feb 1861, during the war between the States, and  
served in Company 8 of 22<sup>nd</sup> th Regiment of Ga Volunteers  
Wright Brigade, and was honorably discharged on the 10<sup>th</sup> day of  
May 1865; that whilst engaged in such military service, and in line of duty in  
the State of Virginia, on the 1<sup>st</sup> day of May 1863

he was disabled or wounded as follows: Shot by shell in  
right hip dislocating it and  
making it 4 inches short which  
renders him unable for manual  
labor

Where was command surrendered? Appomattox Court House Va

Was applicant present? I was not If not, where

was he? Augusta Ga How come there? at Hospital

And by whose authority? State fully. I was there by authority  
of the Physicians

Deponent desires to participate in the benefits of Section 1250 of the Code, and the Acts amendatory thereof,  
and makes application for the pension to which he is entitled for the year thereunder, ending October 24th, 190 \_\_\_\_\_

Sworn to and subscribed before me, this the

23<sup>rd</sup> day of August 1907

W. T. Kirk  
Ordinary. Post Office Canton Ga

NOTE.—State fully nature of wound or character of disease which causes the disability, and explain particularly  
the extent of the disability. If claim is based on disease, give full and connected history of disease, tracing it directly to  
the service.  
NOTE.—Do not trouble to mention wounds which do not disable.  
NOTE.—The Ordinary will see that all blank spaces are filled when the affidavits are signed.



# **AFFIDAVIT FOR THREE WITNESSES.**

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County W. H. Nesbit  
B. F. Crisler and A. R. Monteller  
 personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say

under oath, that they are personally and well acquainted with H. T. Kirk  
 whose application is herewith presented for a pension, that he has resided in this State continuously since the

10 day of Sept 1845, that he served in Company E of the  
22 Regiment of Mounted Brigade, and from our personal knowledge he,

while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where, and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor or can do any, state what.)

Shot by shell in right hip  
dislocating it and making it  
4 inches short which  
renders him unable to perform  
any manual labor

Where was applicant's command surrendered? Appomattox C.H. Va

Was he with it? No Were all of you present?

If not, where was he? he was in Augusta Ga

Where were you all? Nesbit I was at home wounded  
and discharged from service at home discharged  
B. F. Crisler  
A. R. Monteller

How do you know the facts you state to be true? We were in  
the same Company

We personally know above stated facts. We were with him in the army and have known him ever since.

He was honorably discharged or retired from the service on 10 day of May

1865. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 1865.

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 26 day of Oct 1907  
W. H. Nesbit  
B. F. Crisler  
A. R. Monteller  
 Ordinary.

Note 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.  
 2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.  
 3.—All blank spaces must be filled when signed.  
 4.—Three witnesses are required.

# **PHYSICIAN'S AFFIDAVIT.**

STATE OF GEORGIA

Cherokee County.

PERSONALLY comes before me, W. J. Webb Ordinary of said County,  
G. D. Blackwell and J. P. Trusk  
 me as reputable physicians of said County, who, being severally sworn, say on oath, that they have carefully

examined William T. Kirk and after such personal examination, say that the present

condition of applicant is as follows: Applicant has left arm  
off at shoulder and right hip dis  
located the head of femur downwards  
and backwards making the lumbar  
much shorter and muscles rigid which  
causes him to stoop in walking thus  
condition renders him unable to perform  
labor

and that such condition is permanent. Said condition arises from the following facts:

We have treated applicant professionally for \_\_\_\_\_ years, and his condition, as above stated, does \_\_\_\_\_ arise from heredity or congenital causes, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 23 day of Aug 1907  
W. J. Webb Ordinary.  
G. D. Blackwell M.D.  
J. P. Trusk M.D.

NOTE 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its causes or origin, as understood by affiants.  
 NOTE 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

Cherokee County.

I, W. J. Webb Ordinary of said County,

do certify that I am well acquainted with H. T. Kirk the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he

resides in this County and has been a bona fide resident since the \_\_\_\_\_ day of \_\_\_\_\_ 1845

I also certify that the witnesses to-wit: G. D. Blackwell J. P. Trusk  
W. H. Nesbit are persons of respectability, that their statements are worthy of full credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal, this 9 day of Oct 1907  
W. J. Webb  
 Ordinary Cherokee County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.



2—Witnesses are asked to make their statements full and explicit, tracing disbursements to its true cause.  
3—All blank spaces must be filled when signed.  
4—Three witnesses are required.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

Audited *Mch. 2* 1889.  
*Wm. B. Wright*  
COMPTROLLER-GENERAL.

*Cherokee*

Maimed Soldiers.

Voucher No. *1029*.  
Amount. \$ *100*.  
Paid to *W. J. Kirk*  
For *Loss of*  
*Left arm*  
*March 2* 1889.

Included in Warrant No.  
issued to Treasurer.

1889.

WARRANT CLERK.

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

*W. A. H.*

Audited *Feb. 5* 1890.  
*Wm. B. Wright*  
COMPTROLLER-GENERAL.

*Cherokee*

Maimed Soldiers.

Voucher No. *81*.  
Amount \$ *100*.  
Paid to *Wm. J. Kirk*  
For *Loss of left*  
*arm*  
*Feb. 4* 1890.

Included in warrant No.  
issued to Treasurer.

18

WARRANT CLERK.

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

*Applicant*

*Kirk, W. J.*  
*Cherokee*  
1891.

Maimed Soldiers.

Voucher No. *139*.  
Amount \$ *100*.  
Paid to *W. J. Kirk*  
For *Loss of*  
*arm*  
*Feb 6* 1891.

Included in warrant No.  
issued to Treasurer.

1891.

WARRANT CLERK.

Geo. W. Harrison, State Printer, Atlanta.

*Thos. M. Arnold*

No. 1029  
STATE OF GEORGIA, } Atlanta, Ga. Feb 2 1889  
EXECUTIVE DEPARTMENT.

Mr. W. J. Kirk of the County  
of Cherokee 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 2 of March 1889.

W. J. Kirk

Per W. J. Wright

No. 81  
STATE OF GEORGIA, } Atlanta, Ga. Feb 4 1890  
EXECUTIVE DEPARTMENT.

Mr. Wm. J. Kirk of the County  
of Cherokee 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 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, 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 4 of Feb 1890

W. J. Kirk

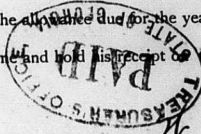


STATE OF GEORGIA,  
EXECUTIVE DEPARTMENT. }

No. <sup>1891.</sup> 159  
Atlanta, Ga. July 6 1891.

Mr. William T. Kirk of the County  
of Cherokee 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 hold his receipt for this voucher and return same to  
Executive Department for warrant.



H. J. Worthen  
GOVERNOR.

By the Governor,

M. H. Harrison

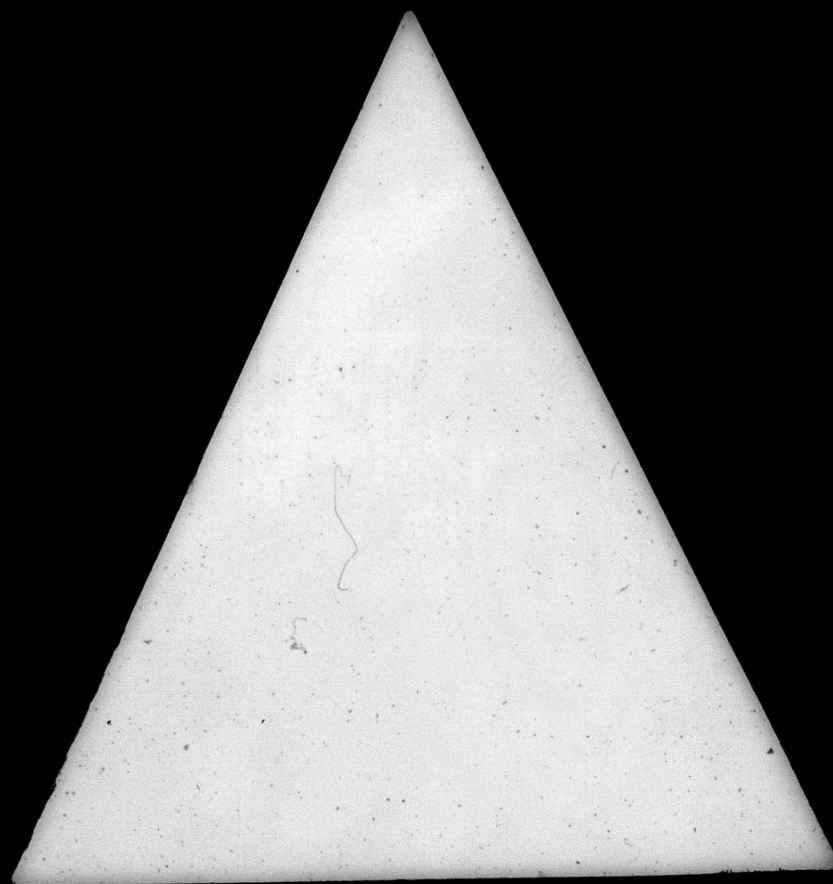
SEC'Y EXECUTIVE DEPARTMENT.

\$ 100

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

One Hundred Dollars,  
per above voucher, this 6 of Feb 1891.

William T. Kirk  
by J. W. Thompson atty





POWER OF ATTORNEY.

Form No. 1.

STATE OF GEORGIA,

County. }

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_

of \_\_\_\_\_ to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_ by \_\_\_\_\_

at \_\_\_\_\_

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

day of \_\_\_\_\_ 1902.

[L.S.]

Executed in the presence of \_\_\_\_\_

Pension Office - 10 - 3 - 1902.

Applicant statements and his testimony fails to make such a claim as will under the law authorize the grant of a disabled pension. Pensions are not paid for partial injuries.

J.W.Lindsey,

Com. Of Pensions.

Pension Office 8/13/02

The testimony, now applicant does not show that the injuries complained of was rendered either the arm or leg instantly and essentially useless. It should show that it cannot be used for any purpose without artificial aid. If he is indigent apply on that form.

J.W.Lindsey,

Com. Of Pensions.

Pension Office  
9/28/1904  
It is not shown that the leg is essentially and instantly rendered useless as in result of which disability has resulted. It is not shown that the leg is essentially and instantly rendered useless as in result of which disability has resulted. It is not shown that the leg is essentially and instantly rendered useless as in result of which disability has resulted.

*Knox, John Benson*  
*Cherokee County*  
*Disappointed 7/28 7914*

Code Section 1250.

No. \_\_\_\_\_

INVALID  
Soldier's Pension,  
1902.

Name *John B. Karp*  
County *Cherokee*  
Co. *A 30th* Regt.  
Disability *Wounds*  
Amount, \$ \_\_\_\_\_

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.

9/18-1902  
8/26/03 8/22/04.





# AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY appears before me, the undersigned Ordinary in and for said County, S. L. Cohen and George Brown, personally known to me to be trustworthy citizens, each of whom, being duly sworn according to law, severally say,

under oath, that they are personally and well acquainted with John B. Leno, whose application is herewith presented for a pension, that he has resided in this State continuously since the all his day of life 18 that he served in Company 4 of the

25th Regiment of Calvin Brigade, and from our personal knowledge, he while in line of duty, was injured by the service as follows: (give full statement, and tell in your own language when, where and how the injury happened, or the disease was contracted, and to what extent applicant is disabled from work as a direct result thereof. If he does any labor, or can do any, state what.)

S. L. Cohen says that John B. Leno has the said Leno contract a disease in the service that has now and has every since the war disabled him for manual labor.

W. L. Coleman says that John B. Leno was wounded at Battle of Spotsylvania which said wounds & disease contracted in service disabled him from manual labor sufficient to cause his disability.

George Brown that said Leno made a head wound, and was wounded while in the service said Leno is not able to do but very little labor and I suppose the reason is the cause of his disability.

Where was applicant's command surrendered? at Appomattox Va

Was he with it? at Appomattox Va. Were all of you present? S. L. Cohen and George Brown

If not, where was he? at Appomattox Va

Where were you all? at Appomattox Va

How do you know the facts you state to be true? was with him at Appomattox Va

We personally know above stated facts. We were with him in the Army and have known him ever since.

He was honorably discharged or retired from the service on \_\_\_\_\_ day of \_\_\_\_\_

186\_\_\_\_. Applicant is permanently disabled as stated and has been so to our certain knowledge ever since 18\_\_\_\_

We have no interest in the recovery of a pension by him.

Sworn to and subscribed before me, this 16 day of Sept 1902. S. L. Cohen Ordinary.

Note 1.—The Ordinary will see that the full text of the affidavit is understood by the witnesses, and that they are legally qualified to the same.  
2.—Witnesses are asked to make their statements full and explicit, tracing disability to its true cause.  
3.—All blank spaces must be filled when signed.  
4.—Three witnesses are required.

# PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA,

Cherokee County.

PERSONALLY comes before me, A. B. Conn Ordinary of said County, W. L. Coleman and J. M. Price, both known to me as reputable physicians of said County, who being severally sworn, say on oath, that they have carefully examined Mr John B. Leno and after such personal examination, say that the present

condition of applicant is as follows: Two gun shot wounds one through the biceps muscles wounding the brachial artery and the left the right arm in a paralyzed condition impairing the use very much of that arm, also an other wound in the lower part of the left ilium fracturing the bone to such an extent as to produce necrosis of the bone causing it to disintegrate for several years and rendering him now unable to do manual labor sufficient to cause his disability. Said condition arises from the following facts: The disability now is due to wounding the nerve in the arm and fracturing the muscle to such an extent as to cause the arm to break away, the wound in the hip left in a very bad condition owing to the long neglected condition.

We have treated applicant professionally for 4 years, and his condition, as above stated,

does not arise from hereditary or congenital cause, or from vicious or intemperate habits.

Sworn to and subscribed before me, this 16 day of Sept 1902. W. L. Coleman J. M. Price Ordinary.

Note 1.—State fully the physical condition and especially the extent of disability. If disability results from wound or injury, state its location, character and present condition. If from disease, give its nature and character, and its cause or origin, as understood by affiants.  
Note 2.—The physicians will be careful to fill every blank space in oath.

STATE OF GEORGIA,

Cherokee County.

I, S. L. Cohen Ordinary of said County,

do certify that I am well acquainted with John B. Leno the applicant in the foregoing affidavit, and am well satisfied that the statements made by him in his said affidavit are true, and he is disabled, as he claims, and I know he is the individual he represents himself to be, and that he resides in this County and has been a bona fide resident since the 16 day of Sept 1855

I also certify that the witnesses, to-wit: W. L. Coleman J. M. Price S. L. Cohen W. L. Leno and George Brown are persons of respectability, that their statements are worthy of full credit and belief, and that the full text of the affidavit was read to and understood by them before they signed the same.

Given under my official signature and seal, this 16 day of Sept 1902. S. L. Cohen Ordinary Cherokee County.

All amending proofs must be executed with the same formality as original proofs, and the Ordinary must so certify.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY.

I, \_\_\_\_\_ hereby authorize

of \_\_\_\_\_

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

at \_\_\_\_\_

by \_\_\_\_\_

Witness my hand and seal, this \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

[L. S.]

Executed in presence of \_\_\_\_\_

No. 4th 1907

INDIGENT PENSION.

1906

Name J. B. Knox  
County Cherokee  
Co. G. 23rd Ga. Regt.

Approved \_\_\_\_\_ 190 \_\_\_\_\_

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

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

Printing and Publishing Co. Geo. W. Harrison, Mgr., Atlanta, Georgia.

9/20/06

# QUESTIONS FOR APPLICANT.

STATE OF GEORGIA,

COUNTY.

Cherokee of said State and County, desiring to avail himself of the Pension Act (Section 1254, Code), hereby submits his proofs, 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? (Give, State, County and Postoffice.)

John B. Knox Holly Springs Cherokee Co. Ga.

2. How long and since when have you been a resident of this State? All my life

3. When and where were you born? 16<sup>th</sup> Feb. 1839. in Cherokee Co. Ga.

4. When and where and in what company, and regiment did you enlist or serve? while Aug-1861 at Camp McDonald, Co. 23<sup>rd</sup> Regt. Ga. Vol.

5. How long did you remain in such company and regiment? until Surrender 1865

I was Surrendered under Gen. Hafford at Kingston Ga. in Summer of 1865

6. When and where was your company and regiment surrendered and discharged? War

Bentonville N. C. in Spring of 1865

7. Were you present with your company and regiment when it was surrendered? No

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 wounded on 31<sup>st</sup> day of September 1864 shot through the left arm at Ft. Hannon

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

10. What has been your occupation since 1865? Farming

11. Upon which of the following grounds do you base your application for pension, viz: first, "age and poverty," second, "infirmity and poverty," or third, "blindness and poverty"? Infirmity & 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 suffering with lung trouble. Also have gas that when in the night in great pain. Also have shot in left hip. At present bleeding me unable to perform any labor

13. What property, real and personal, or income, do you possess, and its gross value? I have about eight dollars worth of personal property

14. What property, real or personal, did you possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, by sale or gift, have you made of same?

15. In what County did you reside during those years, and what property did you then return for taxation?

In Cherokee County same personal property

16. How were you supported during the years 1901, 1902, 1903, 1904 and 1905? by relatives

one cow and raising and sell some little birds

17. How much did you support cost for each of those years, and what portion did you contribute thereto by your own labor or income? at cost very little. Raising a few chickens

18. What was your employment during 1901, 1902, 1903, 1904 and 1905? What pay did you receive in each year? just what little gardening &c. that I could do

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 no family

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? Twice

22. How many applications have you ever made and under what class? I don't know

Sworn to and subscribed before me this the

21 day of August 1906

J. B. Knox

Ordinary.

of Cherokee County.

Applicant.

Every Question Must Be Answered

I was never able to do service any more



# QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cherokee COUNTY.

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

1. What is your name and where do you reside? W. J. Lowery  
Canton Cherokee County Georgia
2. Are you acquainted with John B. Throat the applicant: if so how long have you known him? I know all my life
3. Where does he reside, and how long and since when has he been a resident of this State? he resides in Cherokee County and has all his life
4. When, where and in what company and regiment did he enlist, and how do you know? in August 31 1861 at Camp McDonold Co. G. 23<sup>rd</sup> Tex.
5. Were you a member of the same company and regiment? I was
6. How long did he perform regular military duty? A little more than three years
7. When and where was his command surrendered? at Bentonville N.C.
8. Were you present when it surrendered? I was not I was in prison
9. Was applicant present? I don't know of my own knowledge
10. If he was not present, where was he? he was wounded and sent off before  
When did he leave his command? on the 31<sup>st</sup> day of Sept. 1864 For what cause? he was shot in the hip  
By what authority he left? by authority of Doctors How do you know all of this?  
he was present at the battle of Fort Harris where  
he was wounded
11. What property, effects or income has the applicant? (Give your means of knowledge.)  
he has very little property. I am his neighbor
12. What property, effects or income did the applicant possess in 1901, 1902, 1903, 1904 and 1905, and what disposition, if any, did he make of same? very little, having lost his wife he lives by himself and is very poor
13. Has he conveyed away any of his property in the last four years; if so, what was it, and to whom?  
none of any consequence
14. What is the applicant's occupation and physical condition? Formerly his physical condition is very weak has gunshot in left arm also in left hip also has lung trouble
15. Is the applicant unable to support himself by labor of any sort; if so, why? He is not able to labor season as above stated
16. How was he supported during the years 1901, 1902, 1903, 1904 and 1905? by what little he could work and raising a little basket
17. What portion of his support for these four years was derived from his own labor or income?  
as above stated
18. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under Section 1254, Code gunshot in right arm also in left hip and lung trouble
19. Who composes family? What property have they? Children's ages and their earning capacity?  
just himself his wife having died
20. What interest have you in the recovery of a pension by this applicant? none

Sworn to and subscribed before me, this

21 day of August 1906

W. J. Webb Ordinary.

Witness.

# AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cherokee COUNTY.

Personally came before me John M. Tucker and John P. Throat, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully

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

The applicant was wounded in the arm and  
and at this time he is suffering from  
a bad cough also in the lungs down  
and he is in an emaciated condition  
and unable to do manual labor  
and that we have no interest in said pension being allowed.

Sworn to and subscribed before me, this the

21<sup>st</sup> day of August, 1906

W. J. Webb Ordinary.

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee COUNTY.

I, W. J. Webb Ordinary, in and for said County, hereby certify that the applicant J. B. Throat resides in said County, and has been a bona fide resident of this State since the all his day of life 1869 and that the witnesses, viz.: John M. Tucker and John P. Throat 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 Cherokee County shows that applicant returned for taxation in his name in 1901 \$92. Dollars of property, and in 1902 \$105 Dollars of property; in 1903 \$87. Dollars of property; in 1904 \$75. Dollars of property; in 1905 \$80 Dollars of property.

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

Witness my hand and seal of office, this 11<sup>th</sup> day of Sept 1906

W. J. Webb Ordinary.  
Cherokee County.

# NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answers make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. 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.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY. }

I, J. B. Knox, hereby authorize

W. J. Webb of Canton

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

me at Canton

by \_\_\_\_\_

Witness my hand and seal, this 7 day of Jan, 1907.

J. B. Knox [L. S.]

Executed in presence of

H. M. Blackwell

Navy J. B.  
Cherokee Co.

Cons. Enroll. 1254.  
(FOR THOSE ALREADY ENROLLED)

No. 7992

INDIGENT  
SOLDIER'S PENSION  
1907.

Name J. B. Knox  
County Cherokee  
Co. 4 Regiment 23 Regt

WARRANT ISSUED

AUG 20 1 1907.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

W  
Gen. W. HARRIS, State Prison, Atlanta.

no date



# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS

State of Georgia,

Cherokee County.

Personally appears J. B. Knox of Cherokee 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 \_\_\_\_\_ 1839; that he is 67 years old and by occupation a Farmer, 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 for the term of 4 yrs. in Company 4, of 23th Regiment of Georgia Vol.; that his physical condition is as follows: Infirmity and poverty.

that his property consists of the following items: nothing

of the value of \_\_\_\_\_ Dollars. I am now earning by my labor, nothing 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 Cherokee County, been allowed a pension for the year 1906.

Sworn to and subscribed before me, this the 7th day of Jan. 1907. } J. B. Knox  
W. J. Webb Ordinary.

State of Georgia,

Cherokee County.

I, W. J. Webb Ordinary of said County, do certify that I am well acquainted with J. B. Knox 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 7th day of January 1907.

W. J. Webb Ordinary Cherokee County.



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

Georgia, Cherokee County.

Personally appeared before me, the undersigned, A.C. Conn, Ordinary, in and for the aforesaid county, J. B. Knox, who is an applicant for a pension as an invalid soldier, for services rendered during the Civil war between the States, he being a Confederate soldier, and having made application for pension in the year 1902, and same having been rejected on the ground that "applicant statements and his testimony fails to make such a claim as will under the law authorize the grant of a disabled pension".

He deposes and makes this further and additional testimony: That from the wound he received in his right arm as the result of being hit by a minne ball, has caused that member to be of no use to him in trying to perform any physical labor, and that said arm prevents him from performing any kind of labor. And that the wound referred to in his original application, caused by a minne ball, which shattered his hip, and has caused him to lose the use of that limb and that he can not from this wound do any physical labor. And that from the pain that deponent experiences when he tries to do any physical labor is so excruciating that he has to quit. That it has been 8 or 10 years since deponent has been able to contribute to his support by any kind of labor. And for past two years he has hardly been able to get about at all, and he has not tried to do any physical labor. And he further says that he has to depend upon the charities of others for his support.

Sworn to and subscribed to before me,  
this 25 day of Aug., 1903

A. C. Conn  
Ordinary Cherokee County.

Georgia, Cherokee County.

Personally appeared before me, the undersigned, A.C. Conn, Ordinary in and for Cherokee county, Jos. W. Knox, who on oath says that he is personally acquainted with J.B. Knox. And that he knew him to be a soldier in Company G. 23rd Georgia Regiment, Volunteers. He knew that J.B. Knox was wounded during the war and that at the time of the surrender of his command at Appomattox, and that he knew that said J.B. Knox was not with his command at the time of the surrender. He knew that he was wounded and at home on furlow at the time of the surrender.

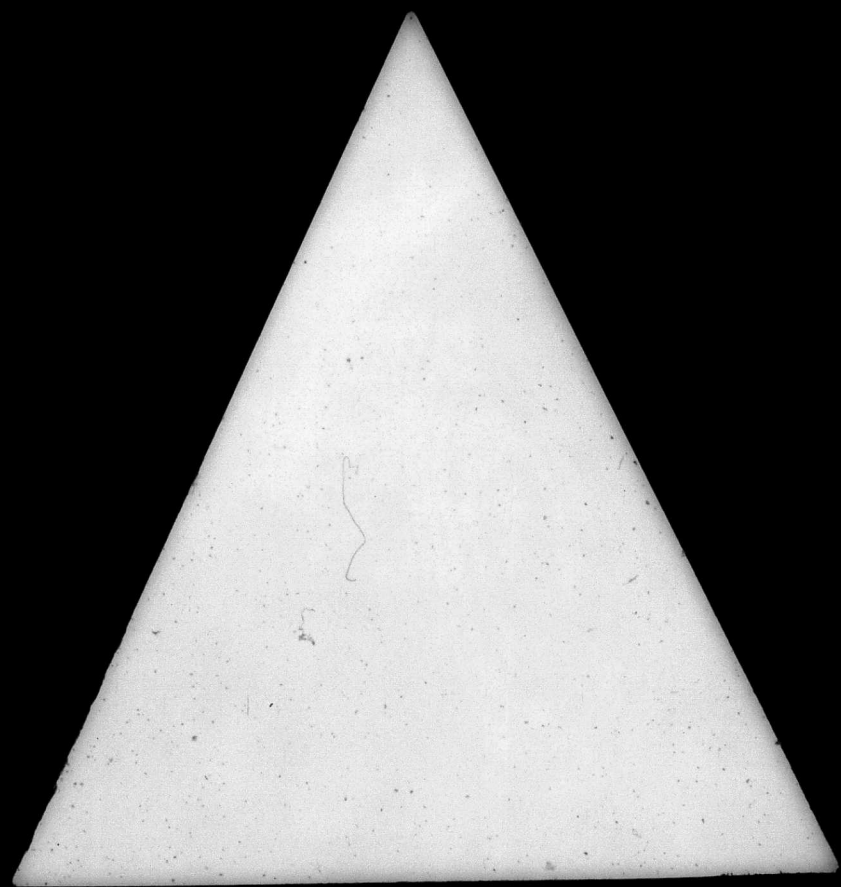
He further knows that the said J.B. Knox was honorably discharged at Kingston some time in August, 1865. That he was given his discharge by General Wofford. That deponent was present at the time with the said J.B. Knox.

Deponent knows that the reason for the said J.B. Knox not being with his command at the time of the surrender of his command was that he was seriously wounded and was at home on a furlow and that he was barely able to go to Kingston at the time he was discharged.

Sworn to and subscribed to before me,  
this 25th day of Aug., 1903.

J. B. Knox  
Ordinary of Cherokee County, Georgia.









# APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

## Questions for Applicants to Answer.

STATE OF GEORGIA.

Cherokee County.

J. W. Lindsey of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office) J. W. Lindsey, Cherokee Co., Canton, Ga. F. 204
2. How long and since when have you been a continuous resident citizen of this State? 64 years
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865? Yes
4. When and where, and in what Company and Regiment did you enlist? (Give the arm and class of Service) About April 1st 1862, Bartow, Fla. Co., 1st Ga. State Regt.
5. How long did you remain in the actual Military Service with said Company and Regiment? (Give date of discharge) Until March 11, 1865
6. When and where was your Company and Regiment surrendered or discharged from the Service? At Appomattox
7. Were you actually present with your Command when it was surrendered or discharged? Yes
8. If you were not actually present, state specifically and clearly where you were. At home on 30 days furlough, which term I did not expend
  - a. Where was your Command when you left it? Millidgeville, Va.
  - b. When did you leave the Command? March 11, 1865
  - c. For what cause did you leave? Furlough
  - d. By whose authority did you leave? By the Officers of the Command
  - e. For how long was your leave granted? In what way? For 30 days, Furlough
9. Why did you not return to your Command after leave expired? My leave was expired
- g. In what way were you prevented? At home on furlough
- h. What effort did you make to return? None, because I was home already
- i. Were you captured during the war? No
- j. If so, when, and where? In what prison were you held and when were you released?
10. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value.) 40 acres of land \$2000.00, Home \$500.00, Cow & pig \$40.00, 5 Hogs \$15.00, Negro \$10.00, Home \$100.00
11. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price? 40 acres of land \$2000.00, Home \$500.00, Cow & pig \$40.00, 5 Hogs \$15.00, Negro \$10.00, Home \$100.00
12. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list.) 40 acres of land \$2000.00, Home \$500.00, Cow & pig \$40.00, 5 Hogs \$15.00, Negro \$10.00, Home \$100.00
13. What annual or monthly income or earnings of yourself and wife and the source derived have you? None
14. Are you drawing a pension of any amount from this State or the United States? No
15. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed? No

Sworn to and subscribed before me, this the

31 day of Aug, 1910

J. W. Lindsey

Cherokee County.

Ordinary,

Cherokee County.

Soldier's Application.

Confederate

UNDER ACT 1910.

County Cherokee

Name J. W. Lindsey

Company 1

Regiment 1st Ga. State Regt.

Approved

J. W. LINDSEY,  
Comptroller of Pensions

THOMAS F. STEPHENSON, Attorney.

## STATE OF GEORGIA

71 M. McQuinn, of said State and County is hereby presented as a witness in support of the application of P. M. Gray for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

- ### AFFIDAVIT OF TWO FREEHOLDERS.

## STATE OF GEORGIA.

Personally before me comes J. F. and K. W. Jones who on oath says that they are free holders residing in said County and we know J. F. Jones the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) 1 c. lot of land \$200.00  
1 c. lot of land \$200.00  
1 c. lot of land \$200.00  
1 c. lot of land \$200.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov.

1908? (State it fully by items.)..... *None*

2. When and to whom was it sold or given to \_\_\_\_\_  
 3. What was the price paid or stated to be paid \_\_\_\_\_  
 4. What relation is the party to applicant? None  
 5. What disposition was made of the proceeds of the sale \_\_\_\_\_  
 6. Was the disposition of this property made in good faith and full value \_\_\_\_\_  
 or was it made to obtain a pension? \_\_\_\_\_
- Sworn to and subscribed before me, this the 31 day of August 1910 } J. F. Glavin  
J. F. Glavin }  
 of Chicago }  
 County.

## ORDINARY'S CERTIFICATE

STATE OF GEORGIA,  
*Cherokee* County.

- I, Wm. H. McQuinn Ordinary of said County, certify that I know the applicant John J. McQuinn for Pension is the person he represents himself to be and resides in said County. That I also know Wm. H. McQuinn the witness swearing to the service and J. J. McQuinn who are free holders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Returns of J. J. McQuinn shows that his value for tax is in 1900 2.28 for 1901 2.28 for 1910 3.53
- Sworn under my hand and official seal of office this 27 day of Nov 1910.

Ordinary, *Charles* County

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicants and all witnesses the following words: "You do solemnly swear that you will true answers make to each question asked you and the evidence you shall give shall be the whole truth; so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. Affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavits of Free Holders unnecessary.





# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Cherokee County.

J. W. Fontenau of said State and County is hereby presented as a witness in support of the application of J. H. Knox for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? J. W. Fontenau  
Reside in Cherokee County
2. How long and since when have you known J. H. Knox the applicant?  
known him 50 years
3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? Reside in Cherokee County  
been in this State 57 years or more
4. When, where and in what Company and Regiment did J. H. Knox enlist during war from 1861 to 1865? (Give date and place) about April 1861, Co. H, 1st Georgia Inf.  
at Macon, Ga.
5. How did you obtain your information of this Service? I was present,  
a member of same company
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from March 11<sup>th</sup> 1861
7. When and where was his Command surrendered or discharged (give date and place) Surrendered at Kingston, Ga., don't remember date,
8. Were you personally present at the Surrender? yes
9. If not, where were you and how came you there?
10. Was the applicant personally present with his Command at surrender? No.
11. If not where was he and how came him there? He was given 30 days furlough  
March 14, 1865, and his furlough had not expired until the  
Command was surrendered, then he returned to the
12. When did he leave his Command? March 14, 1865 Where was his Command when he left it? Milledgeville, Ga. for what cause did he leave? Furlough  
By whose authority did he leave? Officer in Command and how long was he granted leave? 30 days How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) of my own personal knowledge, I was in service
13. In what way was he prevented from returning to his Command? Command had been  
disbanded before his furlough expired How do you know? of personal knowledge
14. What effort did he make to return to his Command and how do you know? When his furlough  
expired there was no Command to return to
15. Was applicant captured as a prisoner? No. If so, when and where?  
In what prison was he held? and when released?

Sworn to and subscribed before me, this the

12 day of Sept, 1910.

J. W. Fontenau  
W. J. Hark Ordinary  
of Cherokee County.



W. J. Webb  
Ordinary  
of Cherokee County.

July 30  
Aug 30  
60

113.91  
For Cherokee County

1930

**Application for Pension  
Due Deceased Pensioner**

(UNDER ACT 1904)

(To pay expenses of last illness and funeral)

For W. H. Knox Ordinary  
Date of Death Aug 4 1933  
Amount \$ 105.97

Approved and ordered paid

JOHN W. GILES  
Commissioner of Pensions.

PAID TO ORDINARY ON THIS CLAIM:			
DATE	FUND FROM WHICH PAID		
4-17	1930	113.91	
4-17	Refund 1930	68.00	
4-17			
TOTAL		181.91	

Pay #113.91  
105.97

ESTABLISHED 1879

FORTY YEARS AND MORE AT CANTON

INCORPORATED 1907

**JONES MERCANTILE COMPANY**  
DEPARTMENT STORE & MERCHANDISE  
COTTON AND FERTILIZERS  
CANTON, GA.

MR W H KNOX  
FOR JOS. KNOX "ESTATE"

DATE	ITEMS	CHARGES	CREDITS	BALANCE
1933 NOV. 4	ACCOUNT RENDERED			
6	1 PR GLOVES	1 59		
25	NAILS 15 TACKS 15	30		
6	7 YD CREPE 5 53 COTTON 65 5 SHEETING 75	6 93		
DEC.	5 YDS LACE 95 5 YDS CLOTH 75	1 70		
6	HARDWARE FOR GASKET	8 00		
	CASH 163 TEL	75		19 27
<p>GEORGIA CHEROKEE COUNTY, Personally appeared before me the undersigned, a Notary Public in and for said State and County, C H Peacock, Undertaker for the Jones Mercantile Company who upon oath deposes and says that mr Jos. Know, the deceased did not leave sufficient estate to pay his funeral expenses.</p> <p>JONES MERCANTILE COMPANY BY <u>C. H. Peacock</u> UNDERTAKER.</p> <p>Sworn to and subscribed before me this March 4, 1935 <u>W. J. Webb</u> N.P. Georgia, State at Large.</p>				

State of Georgia--Cherokee County.

M.V.Morgan of said State and County is hereby presented as a witness in support of the application of J W Knox for the Pension provided by the Act of 1910, in said State, and after being duly sworn true answers to make to the questions propounded, answers as follows:-

My name is M V Morgan, reside in Cherokee county, Ga.

I have known Mr. J W Knox, since 1864, that he resides in said County, has been in this State since 1864.

I know that he enlisted in April 1864, in Company F, 1st Ga.Reg.

I was a member of same regiment, but in Company. A.

I know that J W Knox remained with said Company until March 11th 1865, when he and I were both given a thirty days furlough, and went home together, and two days before my Furlough expired I started back to the command, got to Atlanta, Ga, and was notified that the war was over, that my Command had been disbanded, and I could not get back to them, I went with what remained of our Command to Kingston, Ga. and was payroled there. I know that J W Knox could not get back to his Command, or there was no Command to go to when his Furlough expired.

Sworn to and subscribed before me,

this Sept. 12th 1910.

*M. J. Webb, Ordinary*

## Application for Pension Due to a Deceased Pensioner

(To Be Paid to the Ordinary for Expenses of Funeral and Last Illness)

(Under Act Approved August 15, 1904)

GEORGIA, *Cherokee* County.

Personally before me, the Ordinary of said County, comes *Mrs. Lila Knox* of said County, who, after being sworn, on oath says that he knew *J. W. Knox* of said County, and that said Pensioner was on the Pension Roll of said County at the time of death, which occurred in *Cherokee* County, in this State, on the *4* day of *Nov*, 19*10*, and that pensioner left no widow surviving, and no estate of any value sufficient to pay these funeral expenses, which amounted to the sum of \$*101.97*, per sworn statements fully and completely ITEMIZED hereto attached.

Sworn to and subscribed before me,

*David M. Webb* Ordinary  
*Cherokee* County  
(Seal of Ordinary)

*Mrs. Lila Knox*

## CERTIFICATE OF ORDINARY

GEORGIA, *Cherokee* County.

I, *David M. Webb* Ordinary of said County, do certify that I personally know *Mrs. Lila Knox*, who is a resident citizen of said County, and that said person is of truthful and trustworthy character, entitled to full faith and credit; that I also know *J. W. Knox* while in life and that this was the same person whose name appears on the Pension Roll of *Cherokee* County, and was paid a Pension of ..... (\$.....) Dollars in said County for 19*10*, and I now believe said pensioner to be dead; and that the instructions at the foot of this voucher have been carefully observed in making up this voucher and the bills which are attached hereto.

Given under my hand and official seal, this *15* day of *Nov*, 19*10*.

(Seal of Ordinary)

*David M. Webb* Ordinary  
*Cherokee* County

### INSTRUCTIONS:

- 1st. Require those claiming expenses of last illness and funeral, to make out their accounts in fully itemized form, giving each item and the value of it, and each date.
- 2nd. Each account must be sworn to before the Ordinary, and in the following form:  
"The above and foregoing account is rendered for services in the last illness (or for funeral expenses, as the case may be) of ..... who died without owing sufficient property to pay this bill.
- 3rd. The Ordinary must see to it that each bill is perfectly legitimate in every respect, and properly sworn to, and all attached neatly to this blank, after this blank has been properly completed as indicated.
- 4th. The completed voucher--this blank and the bills--must be sent to the Pension Department for approval and no money must be paid out until it is returned to you as your authority to make the payment.
- 5th. Return this application, and attached bills, properly receipted, to the Pension Department.
- 6th. Ordinary should see that the back of this blank, when folded, is filled out.

15.00  
8.35  
48.00  
19.67  
15.00  
105.62

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Cause of death should be stated in plain terms, so that it may be properly classified. Exact statement of occupation is very important. Was disease or injury caused by dangerous or insanitary conditions or occupation? Where was disease contracted if not at place of death?

1. PLACE OF DEATH		2. FULL NAME	
County <u>Cherokee</u>	Wills District (Number and Name) <u>Canton 192</u>	J. W. Knox	
City or Town <u>Canton, Ga.</u>	Length of residence in this city or town: Yrs. <u>1</u> Mos. <u>12</u> Days <u>12</u>	Residence (City or Town) <u>Canton, Ga.</u>	
Street and Number (No.) <u>12</u> (Street) <u>12</u>		Ward <u>12</u> (If death occurred in a hospital, give its name instead of street and number)	
3. SEX <u>Male</u>		4. COLOR or RACE <u>White</u>	
5. Single, Married, Widowed, Divorced (write the word) <u>Widowed</u>		6. DATE OF BIRTH (month, day, year) <u>Oct 15 1885</u>	
7. AGE <u>50</u> Years <u>12</u> Months <u>12</u> Days <u>12</u> Hours <u>12</u> Minutes		8. OCCUPATION <u>Retail Farmer</u>	
9. BIRTHPLACE <u>Ga.</u>		10. NAME <u>J. W. Knox</u>	
11. BIRTHPLACE <u>Canton, Ga.</u>		12. MAIDEN NAME <u>Mahinda Brooks</u>	
13. BIRTHPLACE <u>Canton, Ga.</u>		14. INFORMANT <u>W. H. Knox</u>	
15. BURIAL PLACE <u>Canton, Ga.</u>		16. UNDERTAKER <u>None</u>	

MEDICAL CERTIFICATE OF DEATH	
17. I HEREBY CERTIFY, That I attended the deceased from <u>Oct 15</u> to <u>Oct 15</u>	18. DATE OF DEATH <u>Oct 15 1885</u>
I last saw the deceased alive on <u>Oct 14</u> at <u>12:00</u> o'clock.	
The principal cause of death and related causes of importance in the order of onset and duration of each: <u>Subacute Peritonitis</u>	
Other contributory causes of importance:	
What test confirmed diagnosis? (Specify whether autopsy, operation, laboratory, or clinical)	
If death was due to external causes (violence) fill in also the following:	
Was injury an accident, suicide, or homicide?	
Where did injury occur (Specify city or town, if outside of limits, the country, and also the state)	
Did injury occur in a home, public place or industry?	
Manner of injury	
Nature of injury	
(Signed) <u>Dr. J. W. Knox</u> M.D.	
(Address) <u>Canton, Ga.</u>	
15. FILED <u>4</u>	
(Signed) <u>James W. Smith</u>	

State of Georgia  
1933 J. W. Knox Dr.  
to Dr. J. W. Harpe  
for medical services  
rendered to self  
Oct 15 Self call prescription  
and medicine \$2.00  
Oct 17 medicine sent \$2.00  
Oct 20 Self call prescription  
and medicine \$2.00  
Oct 22 medicine sent \$2.00  
Oct 23 medicine sent \$2.00  
Oct 24 medicine sent \$2.00  
The above and foregoing acct. is rendered  
for services in the last illness of  
J. W. Knox, who died without leaving  
sufficient property to pay this bill.  
I am one to and subscribed before me  
Mar. 4-1933 Dr. J. W. Harpe  
last made  
Ordained



Georgia, Cherokee County.  
 I, Jacob Massey, Ordinary and ex-officio clerk of the court of  
 Ordinary of said County, do hereby certify that the within and  
 foregoing is a correct copy of the death of J.W. Knox, as appears  
 of file in this office,

This 13 day of March 1935.

*Jacob Massey* Ordinary.

State of Georgia  
 1933 J.W. Knox Dr  
 to Dr L.M. Harpe  
 for medical services  
 required to Self  
 Oct 15 Self call prescription  
 and medicine \$2.00  
 Oct 17 Medicine sent \$2.00  
 Oct 20 Self call prescription  
 and medicine \$2.00  
 Oct 22 Medicine sent \$2.00  
 Oct 23 Medicine sent \$2.00  
 Oct 24 Medicine \$2.00  
 The above and foregoing acct. is rendered  
 for services in the last illness of  
 J.W. Knox, who died without leaving  
 sufficient property to pay this bill.  
 Done and subscribed before me  
 Mar 4-1935 Dr L.M. Harpe  
 Jacob Massey  
 Clerk

**STATEMENT**

March 12 1935

M J. W. Knox, Estate  
Canton Ga.

To Canton Drug Co. DR.

**TERMS**

Jan 19 1933	R	50		
	cc pill	25		
Jan 27 1933	R 20 292	100		
" 31 1933	R Dr. Boring	75		
	1 bottle rectum	100		
Feb 4 1933	R	75		
	cl. cream	30		
Feb 17 1933	Buck	20		
	Ticks drops	50		
Mar 4 1933	2R	140		
Aug 28 1933	R by R. W.	165		
	Total	835		

Georgia, Cherokee County, Ga.

The above and foregoing acct. is rendered for Medicine for last illness of J.W. Knox, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,  
This 12 day of March 1935.

*Paul Marney* Ordinary.

**STATEMENT**

CANTON, GA. March 13 - 1935

Mrs. J. W. Knox

TO DR. JAS. R. BORING DR.

Office Phone 8

Residence Phone 1127

Medicine for J.W. Knox  
Sept. 11 to Oct. 1933 \$15.00

Georgia, Cherokee County.

This Bill is rendered for medical treatment for J.W. Knox, in his last illness in Sept. and Oct. 1933.

Sworn to and subscribed before me,  
This March 13, 1935.

*Paul Marney* Ordinary.

*Jas. R. Boring M.D.*

{ Material & Labor for Coffin \$15.<sup>00</sup>  
{ for J.W. Knox

GEORGIA, CHEROKEE COUNTY.

The above and foregoing accounty is rendered for material and labor for coffin for J.W. Knox, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,  
This 20<sup>th</sup> day of April, 1935.

*Jacob Massey*

Ordinary.

*G.R. Bramling*

\$ 15.00 CANTON, GA., April 20 1935  
RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA  
FIFTEEN AND NO/100 DOLLARS  
For Bill J.W. Knox's last illness.  
IN PART SETTLEMENT OF CONFEDERATE PENSION FOR 193.  
WITNESS: *Ida Paer* PAYEE SIGN HERE *James R. Bozinger*  
THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED,  
AND REMAINS ATTACHED TO CHECK

\$ 15.00 CANTON, GA., April 20 1935  
RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA  
FIFTEEN AND NO/100 DOLLARS  
For material and labor for coffin J.W. Knox  
IN PART SETTLEMENT OF CONFEDERATE PENSION FOR 193.  
WITNESS: *G.R. Bramling* PAYEE SIGN HERE *G.R. Bramling*  
THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED,  
AND REMAINS ATTACHED TO CHECK

\$ 8.35 CANTON, GA., April 20 1935  
RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA  
Eight and 35/100 DOLLARS  
For Medicine for last illness J.W. Knox  
IN PART SETTLEMENT OF CONFEDERATE PENSION FOR 193.  
WITNESS: *Austin Brown* PAYEE SIGN HERE *Canton Drug Co.*  
THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED,  
AND REMAINS ATTACHED TO CHECK



{ Material & Labor for Coffin #15-<sup>20</sup>  
for J.W. Knox

GEORGIA, CHEROKEE COUNTY.

The above and foregoing accounty is renedred for material and labor for coffin for J.W. Knox, who died without owning sufficient property to pay this bill.

Sworn to and subscribed before me,  
This "ar. 11, 1935.

Ordinary.

*Jacob Massey*

*G.R. Gramling*

\$ 15.00 CANTON, GA., April 20 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

FIFTEEN AND NO/100 DOLLARS

For material and labor for coffin J.W. Knox

IN PART SETTLEMENT OF ACCOUNT DEBITED TO JACOB MASSEY

WITNESS:

*G.E. Jackson*

PAYEE SIGN HERE

*G.R. Gramling*

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

\$ 15.00 CANTON, GA., April 20 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

FIFTEEN AND NO/100 DOLLARS

Dr. Bill J.W. Knox's last illness.

IN PART SETTLEMENT OF ACCOUNT DEBITED TO JACOB MASSEY

WITNESS:

*Ida Paer*

PAYEE SIGN HERE

*James R. Baxine*

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

\$ 8.35 CANTON, GA., April 20 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Eight and 35/100

For Medicine for last illness J.W. Knox

IN PART SETTLEMENT OF ACCOUNT DEBITED TO JACOB MASSEY

WITNESS:

*Austin Brown*

PAYEE SIGN HERE

*Canton Drug Co.*

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

\$ 48.00 CANTON, GA., April 20 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Forty Eight and no/100

For Bill for J.W. Knox's last illness.

IN PART SETTLEMENT OF ACCOUNT DEBITED TO JACOB MASSEY

WITNESS:

*Mrs. S.M. Harpe*

PAYEE SIGN HERE

*W.D.M. Hape*

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK

\$ 19.27 CANTON, GA., April 20 1935

RECEIVED OF JACOB MASSEY, ORDINARY, CHEROKEE COUNTY, GEORGIA

Nineteen and 27/100

For Funeral expenses of J.W. Knox.

IN PART SETTLEMENT OF ACCOUNT DEBITED TO JACOB MASSEY

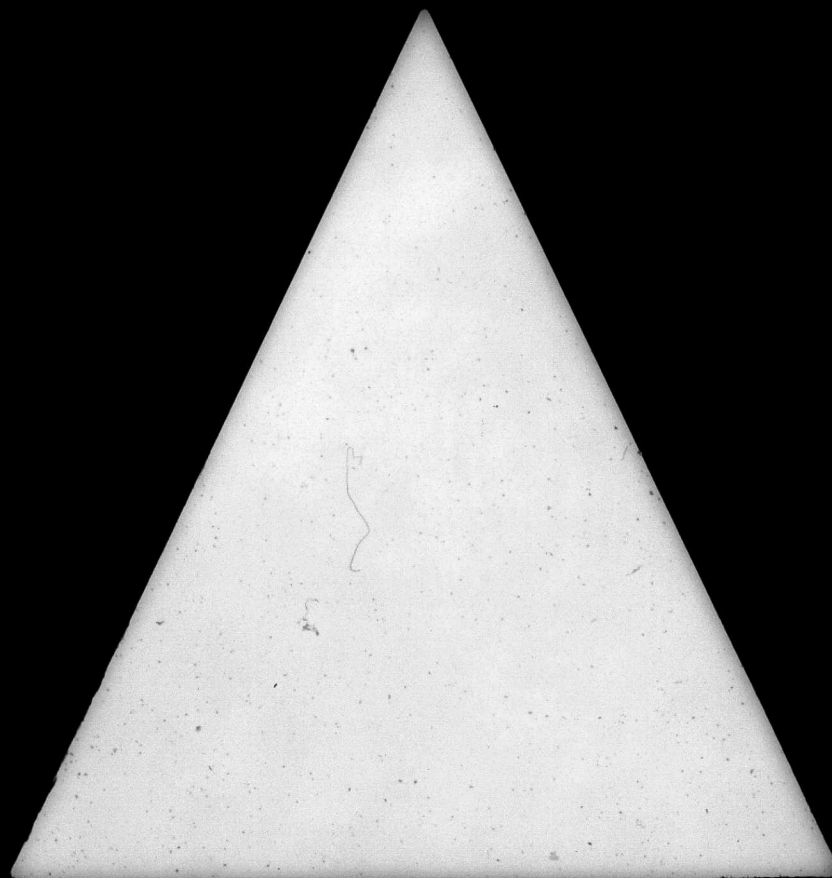
WITNESS:

*Ruth Groues*

PAYEE SIGN HERE

*Jones Mercantile Co.*

THE ACCOMPANYING CHECK WILL NOT BE PAID UNLESS THIS VOUCHER IS PROPERLY SIGNED AND WITNESSED, AND REMAINS ATTACHED TO CHECK



# ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

COUNTY,

I, Frank M. Macleay

Ordinary of said County, do certify that I

know Mrs. M. H. Knox

the applicant for this pension, and that she is the

person she represents herself to be and that she is a bona fide continuing resident of said County and was on the 23 day of Sept 1922

That I also know

witness as to marriage, and I also know

that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 23 day of Sept 1922

(SEAL)

Frank M. Macleay Ordinary,  
Cherokee 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 give shall be the truth, so help you God." 2. Additional affidavits may be attached if blank spaces are insufficient. 3. All affidavits must be made before the Ordinary of the county of residence. 4. Only widows who married prior to first January, 1921, are entitled. 5. Affidavits must be filed with copies of marriage license if obtainable. If not, prove marriage by some person, or by general reputation. 6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

"NEW" CLASS 1923  
No.

## Widow's Application

To Be Put on Roll in Her Own Right When  
Husband Was on the Indigent Roll or  
Put on Under Act of July 11, 1910—  
As Amended by Act of 1919.

County Cherokee  
Name Mrs. M. H. Knox  
Widow of M. H. Knox  
Company L.  
Regiment 23rd  
Approved John W. Blair  
Commissioner of Pensions

J. W. LINDSEY,  
Commissioner of Pensions.

Byrd Printing Co., State Printers, Atlanta.

9/26/1922



# ORDINARY'S CERTIFICATE

STATE OF GEORGIA,

Cherokee COUNTY.

I, Jacob Massey Ordinary of said County, do certify that I know Mrs. M. H. Knox the applicant for this pension, and that she is the person she represents herself to be and that she is a bona fide continuing resident of said County and was on the 23 day of Sept 1922

That I also know \_\_\_\_\_ witness as to marriage, and I also know \_\_\_\_\_ that both of the foregoing were duly sworn by me before signing the respective affidavits, and that they are truthful and trustworthy and their statements are entitled to full faith and credit.

Sworn under my hand and official seal of office this 23 day of Sept 1922

(SEAL.)

Jacob Massey Ordinary.  
Cherokee Co 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. All affidavits must be made before the Ordinary of the county of residence.  
4. Only widows who married prior to first January, 1881, are entitled.  
5. Attach certified copies of marriage license if obtainable. If not, prove marriage, by some person, or by general reputation.  
6. Widows of Disabled Pensioners must use the Blue Application Blank and state and prove full term of husband's service—because he made no proof of service and was not required to do so.

## Widow's Application

To Be Put on Roll in Her Own Right When Husband Was on the Indigent Roll or Put on Under Act of July 11, 1910—As Amended by Act of 1919.

County Cherokee  
Name Mrs. M. H. Knox  
Widow of W. H. Knox  
Company Co.  
Regiment 23rd  
Approved John W. Gland  
Commissioner of Pensions

J. W. LINDSEY,  
Commissioner of Pensions.

Bird Printing Co. State Printer, Atlanta.

9/26/1922

JACOB MASSEY, Ordinary  
Ex-officio Clerk Court of Ordinary

## OFFICE OF ORDINARY CHEROKEE COUNTY CANTON, GEORGIA Sept. 25th 1922,

\*\*\*\*\*

Pension Commissioner,  
Atlanta, Ga.

Dear sir:- I am enclosing herewith Mrs. M. H. Knox's application to be put on in her own name.

I am getting on fine.

Respectfully yours,

Jacob Massey

MARRIAGE LICENSE

OF

AND

Issued \_\_\_\_\_ 192

and Recorded on Page \_\_\_\_\_ Book \_\_\_\_\_

of Marriage Licenses

Ordinary

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of Willie T. Knox and Malissa H. Cagle with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary.

This 25th day of Sept. 1922.

Jacob Massey  
Ordinary and ex-officio C.C.C.

# WIDOW'S AFFIDAVIT

STATE OF GEORGIA,

Cherokee COUNTY.

Personally before me comes Mrs. M. H. Knox of said County, who, after being duly sworn, says that she is the widow of W. P. Knox to whom, in the County of Cherokee State of Ga. she was married on the 20 day of Nov 1877 and that she remained his wife, and resided with him to the date of his death in Feb 5 1922 and that she has not since his death remarried. At the time of his death he was a resident of Cherokee County, in said State of Georgia, and he was on the Confederate Pension Roll of the State and paid a pension of \$ 125 in Cherokee County for 1921 per annum, on account of being a soldier in Company G Regiment 23 Inf Vol (Volunteers or State Militia)

That she is now a bona fide resident citizen of said County of Cherokee and she has so continuously resided since day of birth 1856

Sworn to and subscribed before me, this the

23 day of Sept 1922 her  
Paul Massey Ordinary Mrs. M. H. Knox  
Cherokee County. neat

(SEAL)

## Affidavit of Witnesses to Prove Marriage and to Whom. Date of Death of Husband

STATE OF GEORGIA,

\_\_\_\_\_ COUNTY.

Personally before me comes \_\_\_\_\_ known to be responsible and truthful persons, residing in said County, who after having been duly sworn, say: that of their own personal knowledge Mrs. \_\_\_\_\_, who made the foregoing affidavit, is the lawful widow of \_\_\_\_\_ who died in \_\_\_\_\_ County in said State of \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_, and that she has not since remarried. That she became the wife of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_, and that she and he had resided together as man and wife continuously since \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_, and that the \_\_\_\_\_ was the same man who was on the pension roll of said State \_\_\_\_\_ from \_\_\_\_\_ County \_\_\_\_\_ when he died.

Sworn to and subscribed before me, this the

\_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
\_\_\_\_\_ Ordinary \_\_\_\_\_  
of \_\_\_\_\_ County.

(SEAL)

the time of his death he was a resident of Cherokee County, in said State  
of Georgia, and he was on the Confederate Pension Roll of the State and paid a pension  
of \$ 125 in Cherokee County for 19 21 per annum, on account of being a soldier in  
Company 23 Regiment 23 Div Vol (Volunteers of State Militia)

That she is now a bona fide resident citizen of said County of Cherokee and she  
has so continuously resided since birth day of 1856

Sworn to and subscribed before me, this the  
23 day of Sept 19 22  
Just Massey Ordinary Mrs. M. H. Massey  
of Cherokee County. near  
(SEAL)

**Affidavit of Witnesses to Prove Marriage and to Whom.  
Date of Death of Husband**

STATE OF GEORGIA, }  
COUNTY. }

Personally before me comes \_\_\_\_\_ known to be  
responsible and truthful persons, residing in said County, who after having been duly sworn, say: that  
of their own personal knowledge Mrs. \_\_\_\_\_, who made the foregoing  
affidavit, is the lawful widow of \_\_\_\_\_ who died in \_\_\_\_\_  
County in said State of \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_,  
and that she has not since remarried. That she became the wife of \_\_\_\_\_ on  
the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_, and that she and he had resided together as man and  
wife continuously since \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_, and that the \_\_\_\_\_ was  
the same man who was on the pension roll of said State \_\_\_\_\_ from \_\_\_\_\_  
County \_\_\_\_\_ when he died.

Sworn to and subscribed before me, this the  
\_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_  
\_\_\_\_\_ Ordinary \_\_\_\_\_  
of \_\_\_\_\_ County. \_\_\_\_\_  
(SEAL)



wife continuously since.....day of.....18....., and that the.....was  
the same man who was on the pension roll of said State.....from.....  
County.....when he died.

Sworn to and subscribed before me, this the

.....day of.....19

..... Ordinary

of..... County.

(SEAL)

No.



TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL

*You are hereby authorized to join*

Willis T. Knox and Malissa H. Cagle

*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 19th day of  
Nov. 1877. 192 O.W. Putnam (L.S.)

STATE OF GEORGIA

CERTIFICATE

CHEROKEE COUNTY

I Certify that Willis T. Knox and Malissa H. Cagle

were joined in Matrimony by me this 20th day of Nov Nineteen Hundred  
and 1877.

Recorded Dec. 14th 1877 192

S. R. Dickson, N.P.

O.W. Putnam

Ordinary.

County -----when he died.

Sworn to and subscribed before me, this the

-----day of-----19

----- Ordinary -----

of ----- County.

(SEAL)

No.



TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL

*You are hereby authorized to join*

Willie T. Knox

and

Malissa H. Cagle

*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* 19th *day of*

Nov. 1877.

192

O.W. Putnam

Ordinary (L.S.)

STATE OF GEORGIA

**CERTIFICATE**

CHEROKEE COUNTY

*I Certify that*

Willie T. Knox

and

Malissa H. Cagle

*were joined in Matrimony by me this* 20th *day of* Nov *Nineteen Hundred*  
*and* 1877.

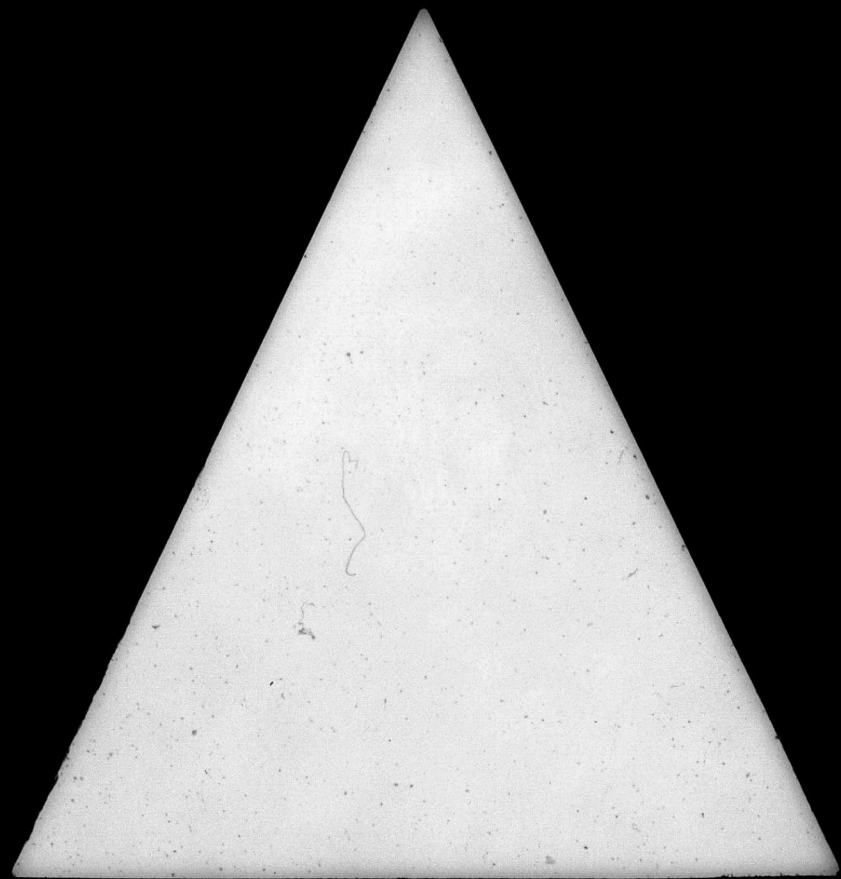
*Recorded* Dec. 14th 1877

192

S.R. Dickson, M.P.

O.W. Putnam

Ordinary





*Knob W. J.*  
*Driskin*  
*Dr. or Capt*  
*OK for 1911*

**Confederate  
Soldier's Application.**

✓ UNDER ACT 1910.

County *Cherokee*  
Name *W. J. Knob*  
Company *G.*  
Regiment *23<sup>rd</sup> Reg + 1<sup>st</sup>*  
*in Reserve*  
Approved \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions

CHAS. F. BYRD, State Printer, Atlanta.

*10/2/11*

# APPLICATION FOR SOLDIER'S PENSION UNDER ACT 1910.

## Questions for Applicants to Answer.

STATE OF GEORGIA

Cherokee County

W. T. Knox of said State and County, hereby applies for the pension provided by Act of 1910, to Confederate Soldiers, and submits his sworn statement, with his testimony to make out the same, and after being duly sworn true answers to make to the questions propounded, answers as follows, to wit:

1. What is your name and where do you reside? (Give County and Post-office)  
W. T. Knox, Route one Cherokee Co. Ga.
2. How long and since when have you been a continuous resident citizen of this State?  
Resident in this State since birth except 6 years in Tenn.
3. Did you enlist in the Army of the Confederate States or of the Organized Militia of this State from 1861 to 1865?  
Yes, in 1861, in the 1st Regt. of the 1st Div. of the Georgia Militia.
4. When and where, and in what Company and Regiment did you enlist? (Give the arms and class of Service)  
July 18th, Cherokee Co. Regt. 23rd, 1st Div. of the Georgia Militia.
5. How long did you remain in the actual Military Service with said Company and Regiment?  
(Give date of discharge) till Oct. 1st, 1865, when I was discharged at York Town Va.
6. When and where was your Company and Regiment surrendered or discharged from the Service?  
I don't know.
7. Were you actually present with your Command when it was surrendered or discharged?  
No.
8. If you were not actually present, state specifically and clearly where you were.  
In Nov. 1862, I joined Comp. E, 1st Ga. State Inf., and was present until surrendered.
- a. Where was your Command when you left it?  
They left this last Command, I was on detail service in W. T. Knox, surrendered at Mill Springs, Tenn.
- b. When did you leave the Command?  
March, 1863.
- c. For what cause did you leave?  
Discharged for disability from Nov. 5, 1862.
- d. By whose authority did you leave?  
Dr. Joseph, Jr. of the 1st Ga. State Inf.
- e. For how long was your leave granted? In what way?  
Heavily wounded, final discharge.
- f. Why did you not return to your Command after leave expired?  
Wound so severe.
- g. In what way were you prevented?  
I was with Comp. E, 1st Ga. State Inf. when surrendered.
- h. What effort did you make to return?  
No.
- i. Were you captured during the war?  
No.
- j. If so, when, and where? In what prison were you held and when were you released?
9. What property of every description was owned, in the use, possession and control of yourself and wife, and its cash value on the 4. Nov. 1908? (Make list by items and value).  
80 acres land \$300.00, one year crop \$40.00, 2 cows \$30.00, 2 pigs \$10.00, 2 chickens \$5.00, 25 lbs. butter \$2.50.
10. What property of any kind have you or your wife disposed of and for what purpose since 4 Nov. 1908. To whom and for what price?  
None, except one item.
11. What property of any description of any kind, and of any value now owned and in the use, possession and control of yourself and wife and its cash value? (Make itemised list).  
Same as above, plus 1 acre of land \$10.00, 1 cow \$10.00, 1 pig \$5.00, 1 chicken \$2.50.
12. What annual or monthly income or earnings of yourself and wife and the source derived have you?  
None, except small crop.
13. Are you drawing a pension of any amount from this State or the United States?  
No.
14. Have you ever applied for the Georgia Pension and had it refused? and for what cause it was not allowed?  
No.

Sworn to and subscribed before me, this the

17 day of Sept, 1912

Ordinary,

W. T. Knox  
of Cherokee County.

Soldier's Application.

UNDER ACT 1910.

Confederate

W. T. Knox

Cherokee Co. Ga.

17th Sept 1912

Cherokee

W. T. Knox

23rd

1st Div.

1st Regt.

1st Div.

1st Regt.

1st Div.

CHAS. P. BIRD, State Printer, Atlanta.

J. W. LINDSEY,  
Commissioner of Pensions.



# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Cherokee County.

Alfred Edwards of said State and County is hereby presented as a witness in support of the application of W. T. Ward for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? Alfred Edwards  
Reside at Marietta Cherokee County Ga
2. How long and since when have you known W. T. Ward the applicant?  
known him 60 years
3. Where does he now reside, and since when has he been bona fide, continuing resident in this State and how do you know? Resides in Cherokee County Ga  
has continuously in State for 30 years
4. When, where and in what Company and Regiment did W. T. Ward enlist during war from 1861 to 1865? (Give date and place). July 1861 Camp 5, 23rd Reg
5. How did you obtain your information of this Service? I was present,  
member of same Company
6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date). 1861 Feb. 1862
7. When and where was his Command surrendered or discharged (give date and place).  
I don't know
8. Were you personally present at the Surrender? No
9. If not, where were you and how came you there? I was in Prison at  
Point Lookout
10. Was the applicant personally present with his Command at surrender? I don't  
know
11. If not where was he and how came him there? he had been discharged  
at Point Lookout Feb. 1862 on account of defective hearing
12. When did he leave his Command? Feb. 1862 Where was his Command when he left it? Point Lookout for what cause did he leave? discharge  
Good Town Va
- By whose authority did he leave. Capt. J. G. Smith and how long was he granted leave? final discharge How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) from  
personal knowledge by being in same place
13. In what way was he prevented from returning to his Command? he was not permitted to return  
How do you know? I know he had a final discharge
14. What effort did he make to return to his Command and how do you know?  
asked pay
15. Was applicant captured as a prisoner. No If so, when and where?  
In what prison was he held? and when released?

Sworn to and subscribed before me, this the

17 day of Sept 1910  
W. J. Webb

Alfred Edwards  
Ordinary  
of Cherokee County.

# AFFIDAVIT OF TWO FREEHOLDERS.

STATE OF GEORGIA.

Cherokee County.

Personally before me comes W. T. Ward who on oath says that they are freeholders residing in said County and we know W. T. Ward the applicant for pension and we know the property that is now in the use, possession and control of himself and wife and of its cash value to wit: (Make List by items and value.) 80 acres of land  
val \$200.00 - One of pair, 2 cows \$50.00  
\$25.00 3 dogs \$15.00, House hold \$25.00  
Total \$222.00

1. What property, if any, has been sold or given away by the applicant or his wife since 4 Nov 1908? (State it fully by items). None
2. When and to whom was it sold or given to? None
3. What was the price paid or stated to be paid? None
4. What relation is the party to applicant? Son in law
5. What disposition was made of the proceeds of the sale? None
6. Was the disposition of this property made in good faith and full value? None  
or was it made to obtain a pension? None

Sworn to and subscribed before me, this the

17 day of Sept 1910.

W. J. Webb Ordinary, Cherokee County.  
G. R. Grumley  
F. M. Leonard

# ORDINARY'S CERTIFICATE.

STATE OF GEORGIA.

Cherokee County.

I, W. J. Webb Ordinary of said County, certify that I know the applicant W. T. Ward for Pension is the person he represents himself to be and resides in said County. That I also know Alfred Edwards & W. J. Webb the witness swearing to the service and G. R. Grumley & F. M. Leonard who are freeholders, that they are all residents of said County and were duly sworn by me before signing the foregoing affidavit and they are all truthful and trustworthy and their statements are entitled to full faith and credit. That the Tax Results of W. T. Ward shows that his and wife value for tax is in 1908 \$17.15 for 1909 \$22.00 for 1910 \$29.33

Sworn under my hand and official seal of office this 18 day of Oct 1910.

W. J. Webb Ordinary  
of Cherokee County.

- NOTES: 1. Before any questions are answered the Ordinary shall swear applicant and all witnesses in the following words: "Do you solemnly swear that you will give answers to each question asked you and the evidence you shall give shall be the whole truth; so help you God?"
2. Additional affidavits may be attached if blank spaces are insufficient.
3. All affidavits must be made before the Ordinary and certified by him.
4. If applicant has no property at all in his possession, use or control of self and wife, affidavit of freeholders unnecessary.



# QUESTIONS FOR WITNESS AS TO SERVICE.

STATE OF GEORGIA.

Cherokee County.

H. A. Beck of said State and County is hereby presented as a witness in support of the application of H. T. Karp for the pension provided by the Act of 1910, in said State, and after being sworn true answers to make to the questions propounded, answers as follows:

1. What is your name and where do you reside? H. A. Beck - Resides in Cherokee County, Ga.

2. How long and since when have you known H. T. Karp the applicant? known him since 1862

3. Where does he now reside, and since when has he been a bona fide, continuing resident in this State and how do you know? he resides in Cherokee County, Ga. at the State.

4. When, where and in what Company and Regiment did H. T. Karp enlist during war from 1861 to 1865? (Give date and place) enlisted 1862, Cherokee Co. Regt. E. 1st Ga.

5. How did you obtain your information of this Service? members of same Company

6. How long within your own personal knowledge did he perform actual military service with this Company and Regiment? (give date) from 1862 until the surrender.

7. When and where was his Command surrendered or discharged (give date and place) I don't know

8. Were you personally present at the Surrender? No

9. If not, where were you and how came you there? out on detail

10. Was the applicant personally present with his Command at surrender? I don't know.

11. If not where was he and how came him there? Can't say

12. When did he leave his Command? Can't say, Where was his Command when he left it? for what cause did he leave?

By whose authority did he leave? and how long was he granted leave? How do you know all that you have stated to be true? If of your own knowledge (Tell clearly and specifically) personal knowledge

13. In what way was he prevented from returning to his Command? How do you know?

14. What effort did he make to return to his Command and how do you know?

15. Was applicant captured as a prisoner? No If so, when and where? In what prison was he held? and when released?

Sworn to and subscribed before me, this the 21 day of Sept 1910 } H. A. Beck  
H. J. Webb Ordinary,  
of Cherokee County.

State Rep.

STATE OF GEORGIA, Cherokee County

I, Jacob Massey, Ordinary of said County, do certify that I personally know Mrs. M. H. Knox, the applicant, and that she is the lawful widow of W. T. Knox, and was on the Compensated Pension Roll of said Cherokee County, and was paid a Pension from Cherokee County for 1921, and at the time of his death on the 5 day of Feb, 1922, there was due to him and unpaid his Pension of One Hundred Dollars from the State of Georgia, and I know \_\_\_\_\_, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 24 of Feb, 1922  
(SEAL.) Jacob Massey Ordinary  
Cherokee County.

Application for Pension Due  
Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

M. H. Knox  
Widow of W. T. Knox  
of Cherokee County  
Old or New Old  
Date of Death Feb 5 - 1922

Approved and ordered paid.

1921.

J. W. LINDSEY,  
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Office.

STATE OF GEORGIA, Cherokee County

I, Jacob Massey, Ordinary of said County, do certify that I personally know Mrs. M. H. Knox, the applicant, and that she is the lawful widow of W. T. Knox, and was on the Comp. Pension Roll of said Cherokee County, and was paid a Pension from Cherokee County for 1921, and at the time of his death on the 5 day of Feb, 1922, there was due to him and unpaid his Pension of One Hundred Dollars from the State of Georgia, and I know \_\_\_\_\_, the within witness, and he is of a truthful and trustworthy character and entitled to full credit.

Given under my hand and seal this 14 of July, 1922.  
(SEAL.) Jacob Massey Ordinary  
Cherokee County.

Application for Pension Due  
Deceased Soldier

(UNDER ACT 1891)

(To be paid his Widow or Dependent Children)

BY

M. H. Knox  
Widow of W. T. Knox  
of Cherokee County  
Old or New Old  
Date of Death Feb 5 - 1922

Approved and ordered paid.

1922.

J. W. LINDSEY,  
Commissioner of Pensions.

Ordinary: Fill out above in full and send this blank to Pension Office for approval before you pay out the money, and then return it with your pay-rolls for permanent filing in the Pension Office.

GEORGIA, Cherokee County.

I hereby authorize and constitute J. H. Knox, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1922 through my deceased husband, W. T. Knox, who was on the Pension Roll and paid from Cherokee County for 1922.

Witness my hand this 24 day of Feb, 1922.

Attested before me:

Jacob Massey, Ord. } Mrs. M. H. Knox  
her mark

GEORGIA, Cherokee County.

I hereby authorize and constitute C. H. Ellison, of said County, my lawful attorney to collect, and receipt for me in my name, for the Pension due me for 1922 through my deceased husband, W. T. Knox, who was on the Pension Roll and paid from Cherokee County for 1921.

Witness my hand this 14 day of July, 1922.

Attested before me:

Jacob Massey, Ord. } Mrs. M. H. Knox  
her mark



# Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 9, 1901.

STATE OF GEORGIA, Cherokee County

Personally before me comes Mrs. M. H. Knox, of said County, who after being duly sworn, on oath says that she is the widow of W. T. Knox who was duly enrolled as a Confederate Pensioner from the County of Cherokee and was paid a Pension of One Hundred twenty five Dollars from Cherokee County for 1921, and that the said W. T. Knox died in Cherokee County on the 5 day of Feb, 1922 and at the time of his death a Pension of \$100.00 was due him from Cherokee County and unpaid for 1922. Applicant further swears that she married the said W. T. Knox on the 19 day of Nov, 1877, in Cherokee County and State of Ga, 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 that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 24 day of Feb, 1922.  
East Marney, Ordinary.  
Cherokee County. W. T. Knox (L. S.)  
 (SEAL.)

## AFFIDAVIT OF WITNESS

STATE OF GEORGIA, \_\_\_\_\_ County

Personally before me comes \_\_\_\_\_, who on oath says that he knew \_\_\_\_\_ while in life and that he knows Mrs. \_\_\_\_\_, the above applicant; that he knows that the said \_\_\_\_\_ and \_\_\_\_\_ were in due form of law married in the County of \_\_\_\_\_ in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_, and that they resided together as husband and wife from date of marriage to the day of his death on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, and I know that she is his dependent widow.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1921.  
 \_\_\_\_\_, Ordinary.  
 \_\_\_\_\_ County.  
 (SEAL.)

INSTRUCTIONS:  
 1st. This form can be used by guardian, or minor children, where there is no widow.  
 2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witness.  
 3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.  
 4th. This form is for widows of disabled soldiers who died after October 8th, and for widows and dependent children of Service soldiers who died after November 1st.  
 5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filed out.  
 6th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.  
 7th. Return this application with your final settlement to the Pension Office.  
 8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.  
 9th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner, who was due 180 and 180, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

# Application for Pension Due Deceased Soldier

(To Be Paid to His Widow or Dependent Children)

UNDER ACT APPROVED OCTOBER 9, 1901.

STATE OF GEORGIA, Cherokee County

Personally before me comes Mrs. M. H. Knox of said County, who after being duly sworn, on oath says that she is the widow of W. T. Knox who was duly enrolled as a Confederate Pensioner from the County of Cherokee and was paid a Pension of one hundred & twenty five Dollars from Cherokee County for 1921, and that the said W. T. Knox died in Cherokee County on the 5 day of Feb, 1922 and at the time of his death a Pension of \$100.00 was due him from Cherokee County and unpaid for 1922. Applicant further swears that she married the said W. T. Knox on the 20 day of Nov, 1877, in Cherokee County and State of Ga, 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 that the Pension so due and unpaid be paid to her.

Sworn to and subscribed before me this 14 day of July, 1922.  
East Marney, Ordinary.  
Cherokee County. M. H. Knox (L. S.)  
 (SEAL.)

## AFFIDAVIT OF WITNESS

STATE OF GEORGIA, \_\_\_\_\_ County

Personally before me comes \_\_\_\_\_, who on oath says that he knew \_\_\_\_\_ while in life and that he knows Mrs. \_\_\_\_\_, the above applicant; that he knows that the said \_\_\_\_\_ and \_\_\_\_\_ were in due form of law married in the County of \_\_\_\_\_ in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 18\_\_\_\_, and that they were residing together as husband and wife at the time of his death on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, and I know that she is his dependent widow.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 1922.  
 \_\_\_\_\_, Ordinary.  
 \_\_\_\_\_ County.  
 (SEAL.)

INSTRUCTIONS:  
 1st. This form can be used by guardian, or minor children, where there is no widow.  
 2nd. The Ordinary must, in all cases, send certificate of marriage attached hereto, if marriage is not proven by witness.  
 3rd. Avoid the use of the enormously large form of marriage certificate in common vogue throughout this State, suitable only for framing. Such a certificate is entirely too bulky for use in any sort of pension paper.  
 4th. This form is for widows of disabled soldiers who died after October 8th, and for widows and dependent children of Service soldiers who died after November 1st.  
 5th. The Ordinary should examine the blank carefully and see that it is fully and correctly completed, and the seals affixed, and that the back, when folded, is filed out.  
 6th. Pay out no money on this application until it is approved in the Pension Office, and returned to you as your authority to make the payment.  
 7th. Return this application with your final settlement to the Pension Office.  
 8th. The widow signs pay-roll for the pension of her husband, signing her name opposite his name thereon.  
 9th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner, who was due 180 and 180, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.



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 7th. Return this application with your final settlement to the Pension Office.  
 8th. The widow gets pay-roll for the pension of her husband, signing her name opposite his name thereon.  
 9th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner who was due 1921 and 1922 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

authority to make the payment.  
 7th. Return this application with your final settlement to the Pension Office.  
 8th. The widow gets pay-roll for the pension of her husband, signing her name opposite his name thereon.  
 9th. The pension for only one year can be covered by one voucher. Each year's pension is a separate and distinct transaction and must be so treated. If widow of a "new" pensioner who was due 1921 and 1922 pensions, she must make two yellow applications—one for each year. Attach a separate marriage license to each yellow blank.

## MARRIAGE LICENSE

AND

Issued \_\_\_\_\_ 1922

and Recorded on Page \_\_\_\_\_ Book \_\_\_\_\_

of Marriage Licenses

Ordinary

Print & Sewing Co., Atlanta

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of Willis T. Knox and Malissa H. Cagle with the original thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary.  
 This 14th day of July 1922.

*Jacob Massey*  
 Ordinary and ex-officio C.O.O.

## Marriage License

AND

Issued \_\_\_\_\_ 19

and recorded on Page \_\_\_\_\_ Book \_\_\_\_\_

of Marriage Licenses.

ORDINARY.

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of Willis T. Knox and Malissa H. Cagle with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the court of Ordinary.  
 This Feb. 24th 1922.

*Jacob Massey*  
 Ordinary and ex-officio C.O.O.

# Marriage License

OF

AND

Issued \_\_\_\_\_ 19 \_\_\_\_\_

and recorded on Page \_\_\_\_\_ Book \_\_\_\_\_

\_\_\_\_\_ of Marriage Licenses.

ORDINARY.

GEORGIA?CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio Clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of Willis T. Knox and Malissa H. Cagle with the original record thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the court of Ordinary.

This Feb. 24th 1922.

Jacob Massey  
Ordinary and ex-officio C.O.C.

# MARRIAGE LICENSE

OF

AND

Issued \_\_\_\_\_ 1922 \_\_\_\_\_

and Recorded on Page \_\_\_\_\_ Book \_\_\_\_\_

\_\_\_\_\_ of Marriage Licenses

Ordinary

GEORGIA, CHEROKEE COUNTY.

I, Jacob Massey, Ordinary and ex-officio clerk of the Court of Ordinary of said County, do hereby certify that I have compared the foregoing copy of marriage license of Willis T. Knox and Malissa H. Cagle with the original thereof, now remaining in this office, and the same is a correct transcript therefrom, and of the whole of such original record.

In Testimony Whereof, I have hereunto set my hand and affixed the seal of the Court of Ordinary.

This 14th day of July 1922.

Jacob Massey  
Ordinary and ex-officio C.O.C.

# MARRIAGE LICENSE

STATE OF GEORGIA

COUNTY OF CHEROKEE

To any Judge, Justice of the Peace, or Minister of the Gospel

YOU ARE HEREBY AUTHORIZED TO JOIN

Willie T. Knox

and

Malissa H. Cagle

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

19th

day of

Nov. 1877

\$\$

O.W. Putnam

ORDINARY

(L. S.)

State of Georgia

**CERTIFICATE**

Cherokee County

I CERTIFY that

Willie T. Knox

and

Malissa H. Cagle

were joined in Matrimony by me this

20

day of

Nov. 1877

Nineteen Hundred

and

Recorded

Dec. 14th 1877

\$\$

S.R. Dickson N.P.

O.W. Putnam

ORDINARY



# MARRIAGE LICENSE

STATE OF GEORGIA

COUNTY OF CHEROKEE

To any Judge, Justice of the Peace, or Minister of the Gospel

YOU ARE HEREBY AUTHORIZED TO JOIN

Willis T. Knox

and

Malissa H. Cagle

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

19th

day of

Nov. 1877

at

O. W. Putnam

ORDINARY

(L. S.)

State of Georgia

**CERTIFICATE**

Cherokee County

I CERTIFY that

Willis T. Knox

and

Malissa H. Cagle

were joined in Matrimony by me this

20

day of

Nov. 1877

Nineteen Hundred

and

Recorded

Dec. 14th 1877

at

S. R. Dickson N. P.

O. W. Putnam

ORDINARY

## STATE OF GEORGIA

## COUNTY OF CHEROKEE

To any Judge, Justice of the Peace, or Minister of the Gospel

YOU ARE HEREBY AUTHORIZED TO JOIN

Willis T. Knox

and

Malissa H. Cagle

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

19th

day of

Nov. 1877

\$\$

O.W. Putnam

ORDINARY

(L. S.)

State of Georgia

## CERTIFICATE

Cherokee County

I CERTIFY that

Willis T. Knox

and

Malissa H. Cagle

were joined in Matrimony by me this

20

day of

Nov.

1877

Nineteen Hundred

and

Recorded

Dec. 14th 1877

1877

S.R. Dickson N.P.

O.W. Putnam

ORDINARY

No.



TO ANY JUDGE, JUSTICE OF THE PEACE, OR MINISTER OF THE GOSPEL

You are hereby authorized to join  
Willie T. Knox and Malissa H. Bagle  
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 19th day of  
Nov, 1877 192 O. W. Putnam (L.S.)  
Ordinary.

STATE OF GEORGIA

CERTIFICATE

CHEROKEE COUNTY

I Certify that Willie T. Knox and Malissa H. Bagle  
were joined in Matrimony by me this 20th day of Nov, Nineteen Hundred  
and 1877  
Recorded Dec. 14 - 1877 192  
O. W. Putnam Ordinary. S. R. Dickson M.P.



State of Georgia--<sup>Polk</sup> Cherokee County.

N. Brooke of said State and County being presented as a witness in support of the application of W.T. Knox for the Pension provided by Act of 1910, in said State, and after being duly sworn answers as follows:

My name is N Brooke, reside in Polk County, Ga., have known W.T. Knox the applicant all his life, that he resides in Cherokee Co. Ga, has been a continuing resident of this State all his life, except seven years just after the war, that we were members of Company "E", 1st Ga State Troops, were together in the service, and in the latter part of Nov. 1863 I carried in person and delivered to said W T Knox a detail out of the Company to the baggage wagons from Gen. Foster, Gen. quarter master for the State, and that this was unlimited, and so far as I know remained on said detail service to the end of the war.

Sworn to and subscribed before me - *N Brooke*  
this 12th day of Oct. 1910.

- *A. Hogg* Ordinary.  
Polk Co. Ga.

Georgia Polk county  
I A. Hogg Ordinary of said county  
certify that N. Brooke is a resident of Polk  
county and is truthful trustworthy, and  
his statement entitled to full faith  
and credit. Oct 10th 1910  
A. Hogg Ordinary

Georgia, Gordon County.

J. J. Keen of said State and County, being,  
presented as a witness in support of the application  
of W. T. Knox for pension, and after being sworn  
true answers to make, answers as follows:

To 1<sup>st</sup> Question, J. J. Keen, Gordon Co. Ga, Cashier,

To 2<sup>nd</sup> " - Have known W. T. Knox since 1863.

To 3<sup>rd</sup> " - I don't know.

To 4<sup>th</sup> " - In 1863, I first knew him in Co. "E" 1<sup>st</sup> Ga.  
State Troops.

To 5<sup>th</sup> Question, I was on detail with him, in wagon train.

To 6<sup>th</sup> " - He served from 1863 to 1865

To 7<sup>th</sup> " - I don't know - was with wagon train at  
Millersville. Applicant was with me

To 8<sup>th</sup> Question, No. Was with wagon train on detail

To 9<sup>th</sup> " - Applicant was with me on detail.

He was minor Captain. Surrendered at  
Millersville in May 1865

Sworn to & subscribed

before me, Oct 12<sup>th</sup> 1910

*J. J. Keen*  
W. R. Rankin, Ordinary.

Georgia, Gordon County,

I, W. R. Rankin, Ordinary of said County,  
do certify that I know J. J. Keen, testifies & swears  
that he is a citizen of said County, is truthful  
and trustworthy and that his statements are  
entitled to full faith and credit

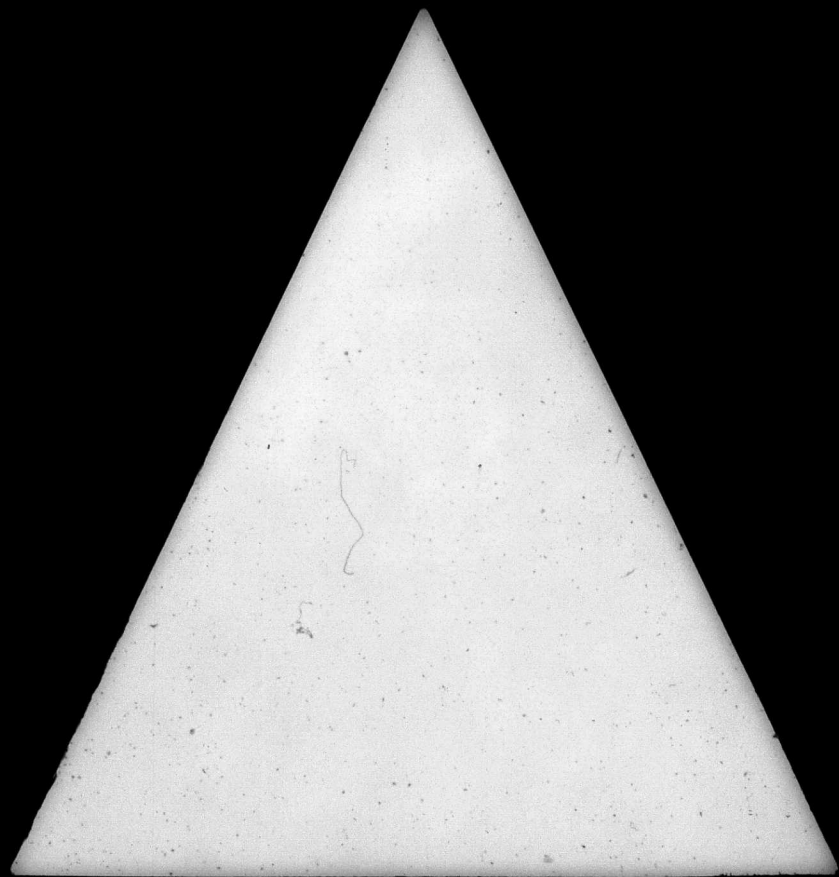
Given under my hand and

Official Seal, at Graham, Ga,

This 12<sup>th</sup> day of Oct. 1910

W. R. Rankin, Ordinary  
of Gordon County.

W. A. Ransome, Esq.  
of Gordon County, Ga.



POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County, }

A. E. Edwards, my husband } hereby authorize  
of both county

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

Witness my hand and seal this 5<sup>th</sup> day of June 1898

Executed in presence of

A. E. Edwards } Edwards my husband

Kuykendall, Edmund  
Cherokee County

No. \_\_\_\_\_

INDIGENT PENSION

1900  
1898

Name Edmund Kuykendall

County Cherokee

Approved \_\_\_\_\_ 1898.

RICHARD JOHNSON,  
Commissioner of Pensions.

WARRANT HANDED TO

Geo. W. Harrison, State Printer, Atlanta.

217-1982



# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

Edmund H. Hays, hereby authorize  
A. H. Cantrell of Cherokee County

to receive and receipt for the pension allowed, and request that he remit same to me  
at my home by cash

Witness my hand and seal this 9 day of Jan 1899

Executed in presence of

A. H. Cantrell } Edmund H. Hays  
Wm. H. Hays

## Questions for Applicant.

STATE OF GEORGIA,

Cherokee County.

Edmund H. Hays of said State and County, desiring to avail himself of the Pension Act approved December 16th, 1894, hereby submits his proofs, 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? (give State, County and post office.) Edmund H. Hays, Cherokee County, Ga.
2. How long and since when have you been a resident of this State? Have been in this State 28 years
3. When and where were you born? in 1871 in N. C.
4. When and where and in what company and regiment did you enlist or serve? in 1894 at Cherokee Co. in 1st Regt. N. C. State Troops
5. How long did you remain in such company and regiment? 14 months
6. For how long a period did you discharge regular military duty? 14 months
7. When, where and under what circumstances were you discharged from service? I enlisted for 14 months at the expiration of that time was discharged
8. What is your present occupation? farming
9. How much can you earn (gross) per annum by your own exertion or labor? Can earn anything
10. What has been your occupation since 1865? farming at that time
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"? Age & Blindness
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? Have been for two years not able to earn my support my eyes has failed in the 6 months can scarcely see my way
13. What property, effects or income do you possess, and its gross value? one 1/2 mch house worth 100.00
14. What property, effects or income did you possess in 1894, 1895, 1896 and 1897, and what disposition, if any, did you make of same? owned about the same as now own
15. In what County did you reside during those years, and what property did you then return for taxation? I lived in Cherokee County returned 1/2 of personal
16. How were you supported during the years 1897 and 1898? have been able to earn my support but have lost my sight and cant work
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? Cost me 10.00 and I paid 5.00
18. What was your employment during 1899 and 1900? What pay did you receive in each year? I did all I could as far as receive no pay
19. Have you a family? If so, who composes such family? Give their means of support? Have they a homestead? Have wife & 3 children all poor none own any land but we all have large families
20. Are you receiving any pension? If so, what amount, and for what disability? Receive no pension

Sworn to and subscribed before me this the

9 day of May, 1900  
A. H. Cantrell Ordinary  
of Cherokee County.

Edmund H. Hays  
Applicant.  
Kelpins P.O.  
Cherokee Co.

Every Question MUST be Answered

INDIGENT PENSION

1900  
1899

Name Edmund H. Hays

County Cherokee

Approved \_\_\_\_\_ 1898

RICHARD JOHNSON,

Commissioner of Pensions

WARRANT HANDED TO

OFFICE OF THE COMMISSIONER, STATE PENSIONS, ATLANTA

2/7-1900

Hays, Edmund H.  
Cherokee County

## QUESTIONS FOR WITNESS.

STATE OF GEORGIA,

Cobb COUNTY.

John W. Bennett, of said State and County, having been presented as a witness in support of the application of Edward King Kendall for pension under the Act approved December 15th, 1894, and after being duly sworn true answer to make to the following questions, deposes and answers as follows:

1. What is your name and where do you reside? John W. Bennett, Kennesaw Ga
2. Are you acquainted with Edward King Kendall, the applicant; if so how long have you known him? Forty years
3. Where does he reside, and how long and since when has he been a resident of this State? Cherokee County Georgia
4. When, where and in what company and regiment did he enlist, and how do you know? 1864 Kennesaw Ga Co 4 2nd Reg Ga State Troops
5. Were you a member of the same company and regiment? yes
6. How long did he perform regular military duty, and what do you know of his service as a Confederate soldier, and the time and circumstances of his discharge from the service? Six months and honorably discharged

7. What property, effects or income has the applicant? (Give your means of knowledge.) He has no property or effects. I know because I have known him since the war, having dealings with him
8. What property, effects or income did the applicant possess in 1897 and 1898, and what disposition, if any, did he make of same? He possessed nothing in 1897-1898

9. Has he conveyed away any of his property in the last three years, if so, what was it, and to whom? No, had no property

10. What is the applicant's occupation and physical condition? Farmer. He is physically unable to do anything.

11. Is the applicant unable to support himself by labor of any sort, if so, why? He is, because of his extreme old age and nearly blind old that

12. How was he supported during the years 1897 and 1898? by the assistance of his own funds.

13. What portion of his support for these two years was derived from his own labor or income? None

14. Give a full and complete statement of the applicant's physical condition that entitles him to a pension under the Act of December 15th, 1894? He is very old and nearly blind under the conditions it is impossible for him to earn anything.

15. What interest have you in the recovery of a pension by this applicant? None

Sworn to and subscribed before me, this 1st day of Jan 1898, John W. Bennett Witness.

John W. Bennett Ordinary.  
I certify that John W. Bennett is a true and faithful man and worthy of full faith and credit as witness. John W. Bennett

## AFFIDAVIT OF PHYSICIANS.

STATE OF GEORGIA,

Cobb COUNTY.

Personally came before me W. C. Humphreys, both known to me as reputable physicians of said County, who, being severally sworn, say on oath that they have examined carefully Edward King Kendall, applicant for pension under the Act of 1894, and after such personal examination say that his precise physical condition is as follows:

General impairment of health and a slight blindness and partial deafness

We further say on oath that the physical condition of applicant renders him unable to labor at any work or calling sufficient to earn a support for himself, and that we have no interest in said pension being allowed.

Sworn to and subscribed before me this the 10th day of Jan 1898, W. C. Humphreys Ordinary.

## ORDINARY'S CERTIFICATE.

STATE OF GEORGIA,

Cherokee COUNTY.

I, A. C. Brown, Ordinary in and for said County, hereby certify that the applicant Edward King Kendall resides in said County, and has been a bona fide resident of this State since the fourth day of 1890 and that the witnesses, viz: John W. Bennett and John W. Bennett 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 affidavits was read to the applicant and witness before same was signed.

I further certify that the tax digests of Cherokee County show that applicant returned for taxation in his name in 1897 \$ 25 Dollars of property, and in 1898 \$ 25 Dollars of property.

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

Witness my hand and seal of office, this 9th day of Jan 1898.

A. C. Brown Ordinary  
of Cherokee County.

### NOTE.

1. Before any questions are answered, the Ordinary shall swear applicant and the witnesses in the following words: "You shall true answer make to each of the questions asked of you, and the evidence you shall give will be the whole truth, so help you God."
2. Additional affidavits may be attached if blank spaces are insufficient.
3. 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.



# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Edward Henry Kendall hereby authorize  
A. B. Brown, Esq. of Cherokee County  
to receive and receipt for the pension allowed and request that he remit same to  
me at Candler, Ga  
by \_\_\_\_\_

Witness my hand and seal, this 4<sup>th</sup> day of June 1901.  
Edward Henry Kendall S.]

Executed in presence of  
A. G. Cantrell

Henry Kendall, Edward

CODE SECTION 154.  
(FOR THOSE ALREADY ENROLLED.)

No. 8676

INDIGENT

SOLDIER'S PENSION.  
1901.

Name Edward Henry Kendall  
County Cherokee

This claimant's application was  
WARRANT ISSUED 2/12 1901.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

me  
No data  
Geo. W. Harrison, State Printer, Atlanta.

Kendall, Edward  
Cherokee Co.

CODE SECTION 154.  
(FOR THOSE ALREADY ENROLLED.)

No. 3625-

INDIGENT

SOLDIER'S PENSION.  
1902.

Name Edward Henry Kendall  
County Cherokee  
Co. A Regiment State

WARRANT ISSUED

24 1902.

JOHN W. LINDSEY,  
Commissioner of Pensions.

WARRANT HANDED TO

me  
No data  
Geo. W. Harrison, State Printer, Atlanta.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Edward Henry Kendall hereby authorize  
A. B. Brown, Esq. of Cherokee County  
to receive and receipt for the pension allowed and request that he remit same to  
me at Candler, Ga  
by \_\_\_\_\_

Witness my hand and seal, this 11<sup>th</sup> day of June 1902.  
Edward Henry Kendall S.]

Executed in presence of

A. B. Brown, Esq.



# For Applicants Heretofore Allowed Pensions.

STATE OF GEORGIA,

Cherokee County.

Personally appears Edward Hugh Kendall of Cherokee 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 1820; that he is 54 years old and by occupation has been farmer 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 for the term of 44 months in Company 1, of 2nd Regiment of State Troops; that his physical condition is as follows: Broken down from age and hardship

that his property consists of the following items: House and furniture

of the value of Twenty five Dollars, 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 1901. I have heretofore as a resident of this claim was approved county been allowed a pension for the year 1 Last year

Sworn to and subscribed before me, this the

day of July 1901.

H. B. Brown

Ordinary.

STATE OF GEORGIA,

Cherokee County.

I, H. B. Brown Ordinary of said County, do certify that I am well acquainted with Edward Hugh Kendall 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 July 1901.

H. B. Brown

Ordinary

Cherokee

County.



Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1901.

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears Edward Hugh Kendall of Cherokee 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 1822; that he is 55 years old and by occupation has been farmer 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 for the term of 6 months in Company 1, of 2nd Regiment of State Troops; that his physical condition is as follows: Broken down from age and hardship

that his property consists of the following items: no return of property

of the value of no return of property Dollars, 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 1902. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1901

Sworn to and subscribed before me, this the

day of July 1902.

H. B. Brown

Ordinary.

STATE OF GEORGIA,

Cherokee County.

I, H. B. Brown Ordinary of said County, do certify that I am well acquainted with Edward Hugh Kendall 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 July 1902.

H. B. Brown

Ordinary

Cherokee

County.



Note.—The blank spaces must be filled.

Note.—Affidavit should not be attested before January 1st, 1902.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee County.

I, Edward R. Kendrick hereby authorize

Wm. H. Wright of Atlanta Ga.

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

W. C. Green, Esq. at Atlanta, Ga.

by check

Witness my hand and seal, this 8<sup>th</sup> day of January 1903.

Executed in presence of

W. C. Green, Esq.

Edward R. Kendrick [s.]  
mal.

Edward R. Kendrick  
Cherokee Co.  
CODE SECTION 124.

(FOR THOSE ALREADY ENROLLED.)

No. 4358.

INDIGENT

**SOLDIER'S PENSION  
1903.**

Name Edward R. Kendrick

County Cherokee

Co. A. I. Regiment State

Arms

WARRANT ISSUED

2/16

1903.

JOHN W. LINDSEY,

Commissioner of Pensions.

WARRANT HANDLED TO

W. A. D.

Geo. Harrison, State Printer, Atlanta.

No date

# FOR APPLICANTS HERETOFORE ALLOWED PENSIONS.

STATE OF GEORGIA,

Cherokee County.

Personally appears Edward R. Rhineland of Cherokee 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 \_\_\_\_\_ 1868; that he is 81 years old and by occupation a Has been farmer, 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 6 months in Company 24, of 2 th Regiment of State Troops; that his physical condition is as follows: Ample down not able to do any thing

that his property consists of the following items: and

of the value of \_\_\_\_\_ Dollars, 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 1903. I have heretofore as a resident of Cherokee county been allowed a pension for the year 1902

Sworn to and subscribed before me, this the \_\_\_\_\_

8<sup>th</sup> day of Jan 1903.

M. C. Brown

Ordinary.

Edward R. Rhineland  
not

STATE OF GEORGIA,

Cherokee County.

I, M. C. Brown Ordinary of said County, do certify that I am well acquainted with Edward R. Rhineland 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 8<sup>th</sup> day of Jan 1903.

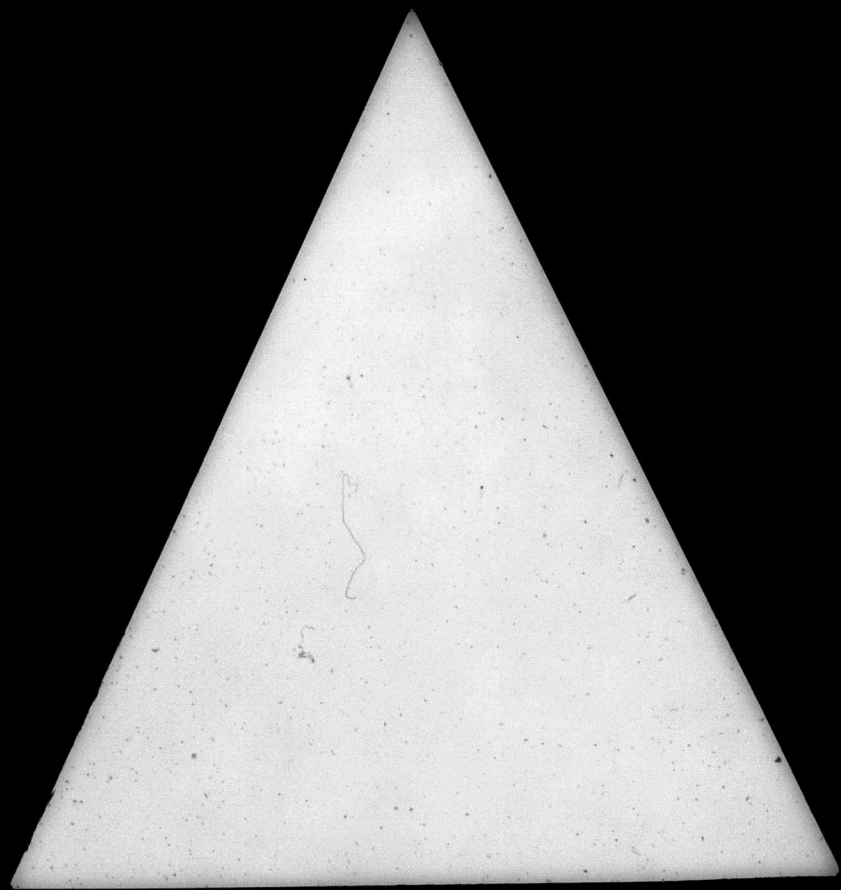
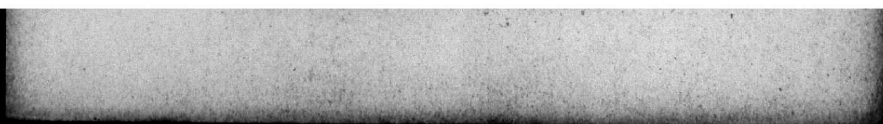
M. C. Brown

Ordinary Ordry County.



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





POWER OF ATTORNEY.

STATE OF GEORGIA,

COUNTY: }

I, \_\_\_\_\_, hereby authorize

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

at \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 190 \_\_\_\_\_

Executed in presence of \_\_\_\_\_ [seal]

*Knykendall, Phoebe J.*  
*Cherokee County*  
*Indigent*  
ACT DEC. 16, 1901.

No. \_\_\_\_\_

WIDOW'S PENSION,  
190 \_\_\_\_\_

Mrs. *Cherokee Knykendall*

County of *Cherokee*

Widow of *Edward Knykendall*

*S. Z. - R. T.*  
Warrant issued \_\_\_\_\_ 190 \_\_\_\_\_

and handed to \_\_\_\_\_

J. W. LINDSEY,  
Commissioner of Pensions,

Geo. W. Harrison, State Printer

7/31/03

# POWER OF ATTORNEY.

STATE OF GEORGIA, }  
COUNTY. }

I, \_\_\_\_\_, hereby authorize  
\_\_\_\_\_ of \_\_\_\_\_  
to receive and receipt for the pension allowed and request that he remit same to \_\_\_\_\_  
at \_\_\_\_\_ by \_\_\_\_\_  
Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ 190\_\_\_\_  
Executed in presence of \_\_\_\_\_ [SEAL]

# WIDOW'S AFFIDAVIT.

STATE OF GEORGIA, } Personally came Mrs. Chesley Kuykendall  
COUNTY OF Cherokee } who says on oath she is the  
widow of Edward Kuykendall to whom, in the County of  
Cherokee State of Georgia, she was married on the  
\_\_\_\_\_ day of \_\_\_\_\_ 1844<sup>1846</sup>, that she remained his wife up to the 60<sup>4</sup>  
day of March 1905, at which time he died, and that she has not since married.  
At the time of his death he was a resident of Cherokee County, in said State of  
Georgia, and was on the Indigent pension roll of the State of Georgia, having been allowed  
a pension of \$60<sup>00</sup> per annum on account of being a soldier in Company 2d  
2nd Regiment, Volunteers of State Troops  
What affliction have you and how does it effect you? am worn out and broke  
down from age. I being 65 years old.

What have you been doing to earn a support since 1st of January, 1900? my husband lived  
to support. I was lived off of his pension  
What property or effects had you on 1st January, 1900? at date referred to we owned  
one small amount of household furniture  
What have you acquired since, and what income have you now? none

What disposition have you made of any property since 1st January, 1900, and at what price and for what purpose?  
Sold one referred to above to two physicians  
bill in last sickness of my husband

Deponent further says that she is now a resident of Cherokee County and has  
continuously resided in the State of Georgia since her birth day of \_\_\_\_\_ 18\_\_\_\_

She applies for the pension provided by Act of the General Assembly, approved December 18, 1901.

Sworn to and subscribed before me this 25<sup>th</sup> day of June 1905

E. C. Carr

Chesley Kuykendall  
Widow  
Ordinary of Cherokee County.

NOTE.—All blank spaces must be filled before signing.

Kuykendall, Chesley  
Cherokee County  
Indigent  
ACT DEC. 16, 1901.  
No. \_\_\_\_\_  
WIDOW'S PENSION,  
190\_\_\_\_  
Mrs. Chesley Kuykendall  
County of Cherokee  
Widow of Edward Kuykendall  
A. 2 - G. R. H.  
Warrant issued \_\_\_\_\_ 190\_\_\_\_  
and handed to \_\_\_\_\_  
J. W. LINDSEY,  
Commissioner of Pensions,  
Gen. W. H. Rouse, State Printer  
7/31/03



# AFFIDAVIT FOR THREE WITNESSES.

STATE OF GEORGIA, } Personally came Albert K. Cantrell  
COUNTY OF Cherokee } of said county and  
State known to me to be reputable and truthful person who says  
on oath that from his own personal knowledge Mrs. Chas. J. Rykendale  
who made the foregoing affidavit is the widow of Edw. Rykendale  
who died in Cherokee County and State of Georgia on the  
30<sup>th</sup> day of March, 1905, and that she has not since married, that she became his  
wife on the \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_, and so remained up to the time of his death,  
and that she has resided in this State continuously since the Birth day of \_\_\_\_\_ 18\_\_\_\_.  
With what affliction does she suffer? is Old and Broken down  
What property or income had she on 1st January, 1900? no cash small  
amount of household furniture  
What has she in her possession and control now? a small amount  
of household furniture  
How was she supported in 1900 and 1901? her husband was living  
and they lived in pension drawn from State  
at G. Cantrell  
I have no personal interest in the pension asked for \_\_\_\_\_  
Sworn to and subscribed before me this 25<sup>th</sup> day of June, 1905.  
A. C. Cantrell  
Ordinary, Cherokee County, Georgia.

# PHYSICIANS' AFFIDAVIT.

STATE OF GEORGIA, } Personally came before me  
COUNTY OF Cherokee } John M. Turk  
and Jacob M. Bates both of whom are known to me to be reputable  
physicians, who say on oath that they personally know Chas. J. Rykendale  
mentioned in the foregoing affidavit, that she is permanently afflicted with (state disease and how it prevents her  
earning a support) bronchitis, and considering her extreme  
age she is rendered unable to earn support  
John M. Turk M.D.  
Jacob M. Bates M.D.  
Sworn to and subscribed before me this 29 day of June, 1905.  
A. C. Cantrell  
Ordinary of Cherokee County.

# CERTIFICATE OF ORDINARY OF THE COUNTY OF APPLICANT'S RESIDENCE.

STATE OF GEORGIA, } I, A. C. Cantrell Ordinary,  
COUNTY OF Cherokee } in and for said County of Cherokee  
State of Georgia, hereby certify that I am acquainted with Mrs. Chas. J. Rykendale  
the applicant for a pension in this case, and know from my own knowledge (or from positive proof presented to me  
by reputable witnesses) that she resides in this County, and that she has resided in the State of Georgia continuously  
since the Birth day of \_\_\_\_\_ 18\_\_\_\_, and has not lived out of the  
State since that date. I also certify that the witnesses, to-wit: John M. Turk Jacob M.  
Bates, and Albert K. Cantrell, whose testimony she  
presents to sustain her claim, are known to me to be truthful witnesses, entitled to full faith and credit as such,  
and that the full text of the affidavit was read to and understood by them before same was signed. I am fully  
satisfied that this claim is made in good faith, and I have caused the applicant and the witnesses to read or hear  
read the proofs they sign.  
In Witness Whereof, I have hereunto set my hand and affixed the seal of my office, this the 25<sup>th</sup>  
day of June, 1905.  
{ SEAL } A. C. Cantrell Ordinary.

# NOTES.

The pension is only payable to those widows whose husbands were on Pension Roll at the time of death,  
marriage must have existed at the time husband was a soldier, and the widow must have remained unmarried since  
death of such husband.  
Proofs by one witness and two physicians will be accepted when it is shown that the same can not be  
but in all cases the best proof accessible will be required and it is incumbent on the applicant to make out a  
covering the above points.  
Affidavits must be made in presence of the Ordinary.

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Chas. Hugh Kendall hereby authorize

Wm. S. Wright of Atlanta Ga

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

W. C. Carson, Ordry at San Antonio Ga

In Witness Whereof, I have hereunto set my hand and seal, this 6<sup>th</sup> day of Jan 1904.

Chas. Hugh Kendall [L. S.]

Executed in presence of

W. C. Carson, Ordry

# POWER OF ATTORNEY.

STATE OF GEORGIA,

Cherokee COUNTY.

I, Phoebe Hugh Kendall hereby authorize

N. J. Webb of Cherokee County

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

at \_\_\_\_\_

In Witness Whereof, I have hereunto set my hand and seal, this 18<sup>th</sup> day of January 1905.

Phoebe Hugh Kendall [L. S.]

Executed in presence of

John W. Lindsey

TO THOSE HERETOFORE PAID.

1904.

No. 1371

INDIGENT  
WIDOW'S PENSION

FOR YEAR ENDING DECEMBER 31, 1904

PAID TO

Mrs. Chas. Hugh Kendall

Cherokee County,

Widow of

Chas. Hugh Kendall Regiment

JOHN W. LINDSEY,

Commissioner of Pensions.

FEB 18 1905

WARRANT ISSUED

FEB 18 1905

AND HANDLED TO

Ordry

Gen. W. Harrison, State Printer, Atlanta.

To Those Heretofore Paid.

1905.

No. 1374

INDIGENT  
WIDOW'S PENSION,

For year ending Dec. 31, 1905.

PAID TO

Mrs. Phoebe Hugh Kendall

OF

Cherokee County,

Widow of Chas. Hugh Kendall

Co. A-2 Ga Regiment.

JOHN W. LINDSEY,

Commissioner of Pensions.

FEB 23 1905

WARRANT ISSUED

FEB 23 1905

AND HANDLED TO

Webb

The Finance Printing and Publishing Co., Atlanta, Ga. W. Harrison, State Printer, for State Printer.