

## FORM NO. 1.

## Application of Soldier, Sailor, or Marine for Disability by Wound.

I, Harry R. Beale

I, Harry R. Beale, do hereby apply for aid under the act of the General Assembly of Virginia, approved April 2, 1902, entitled an act to aid the citizens of Virginia who were disabled by wounds received during the war between the States while serving as soldiers, sailors, or marines of Virginia, and such as served during the said war as soldiers, sailors, or marines of Virginia, who are now disabled by disease contracted during the war, or by the infirmities of age, and the widows of soldiers, sailors, or marines of Virginia who lost their lives in said service, or whose death resulted from wounds received or disease contracted in said service, and providing penalties for violating the provisions of this act, and I do solemnly swear that I am a citizen of the State of Virginia and resident at Roanoke, in the County of Sherman, Virginia, in the said State, and that I have been an actual resident of the said State for two years, and of the said (city or county) for one year next preceding the date of this application, and that I was a soldier (or sailor or marine) of the State of Virginia in the war between the United States and the Confederate States, and that while in the discharge of my duty in the service of the Confederate States as a member of Co. H. 1st. Inf. Regt. No. 21.

and that on or about the 3d day of July, 1863, I was wounded in the battle of Gettysburg, and that from the effects of such wound I was permanently disabled, as follows: Lost my right shoulder blade broken, the top portion of a rib, from the same blow.

and that during the said war I was loyal and true to my duty, and never at any time deserted my command or voluntarily abandoned my post of duty in the said service, and that by reason of such disability I am now entitled to receive under the said act the sum of \$1000 dollars annually. And I do further swear that I do not hold any national, State, city or county office which pays me in salary or fees one hundred and fifty dollars per annum; nor have I an income from any other employment or other source whatever which amounts to one hundred and fifty dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of one hundred and fifty dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use, nor does my wife own, nor does any one hold in trust for my wife, estate or property, either real, personal or mixed, either in fee or for life, of the assessed value of five hundred dollars; nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and that I am not an inmate of any soldiers' home, or of any other public institution; and I do further swear that the answers given to the following questions are true:

1. What is your age? Ans. 45-71
2. Where were you born? Ans. Sherman County, Va.
3. How long have you resided in Virginia? Ans. Over 21 years, but
4. How long have you resided in the city or county of your present residence? Ans. Over 21 years, but
5. What is your usual and ordinary occupation for earning a livelihood? Ans. Farm work
6. How long have you followed such occupation or employment? Ans. Over 21 years, but
7. Have you followed such occupation or employment, or any other occupation or employment, within the last two years? If so, state when and where, and the amount of your annual income from the same. Ans. No

8. Are you totally disabled from following your usual and ordinary occupation or employment, or any other occupation or employment, by which you can earn a livelihood? If not totally disabled, but partially, state the extent of your partial disability. Ans. I can work 90%  
now, less half my time

9. When and where did you enter the service of Virginia, or of the Confederate States? Ans. Jan. 1, 1861, at Roanoke, Va.
10. To what command and service were you first assigned, and who were your immediate superior officers? Ans. Co. H. 1st. Inf. 2d. Inf.  
Infantry, Gen. E. Beale, Captain
11. In what command and service were you when wounded, and who were your immediate superior officers? Ans. Co. H. 1st. Inf. 2d. Inf.  
Infantry, John Beale, Captain
12. How long were you in the service? Ans. Till December 1st being on furlough at Pontotoc, Ga. at Second  
Malvern Hill, then at Gettysburg on First Battle
13. In what battle or combat were you wounded, and under what circumstances were you wounded? Ans. With Comrades at  
Malvern Hill, then at Gettysburg on First Battle
14. What was the precise location and nature of your wound, and if more than one wound, how many, and the precise location and nature of each? Ans. Front, upper part of the chest, through the right side, about 12 inches long, 1000  
in front, about 12 inches long, 1000  
in front, about 12 inches long, 1000
15. What limb, if any, did you lose by reason of the said wound? Ans. None
16. Did you lose your sight by reason of the said wound? Ans. No
17. If sight or limb was not lost, what is the precise nature of your disability, caused by any wound, or wounds, received in said service, and in what way are you disabled by it? Ans. I lost my right arm for a very great length  
of time

18. Give the names and addresses of two or more survivors of your command when you were wounded, if any such be living, and if not, so state. Ans. Richard Preacher & D. L. Stephen

19. Give here any other information you may possess relating to your service, or wound, or disability, that will support the justice of your claim for aid? Ans. None

20. Is there any camp of Confederate Veterans in the city or county of your residence? Ans. Yes
21. Is there any one living, the residence and address of whom is known to you, either comrade or otherwise, who has knowledge of your service, and of the cause of your disability? If or not, state. Ans. Richard Preacher & D. L. Stephen
22. If disability was occasioned by surgical operation for a wound, so state, and wherein such operation caused your disability. Ans. None

Witness my hand this 6 day of March, 1903.

I, L. R. Edwards, a National Public, in and for the County of Sherman, in the State of Virginia, do certify that Harry R. Beale, whose name is signed to the foregoing application, personally appeared before me in my County, above named and having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said Harry R. Beale, made oath before me that the said statements and answers are true. My testimony is given Sept 23 1903

Given under my hand this 6 day of March, 1903.

My testimony is given Sept 23 1903

(A)

## OATH OF SUPPORT AND WITNESSES.

We, J. B. Jones and J. B. Deale, do solemnly swear that we are residents of the County of Sherman, in the said State, and that we have known personally and well for 5 years Harry R. Beale, whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and that the said Harry R. Beale, is a resident of the said county, and is a man of good reputation for truth and honesty, and that we have read the application and the answers to questions therein propounded, made by the said applicant, and verily believe that the said applicant has been truthful in the said statements and answers, and that from our personal knowledge the applicant is disabled (state the character of the disability, and whether it is partial or total) by being unable to use his right arm for any considerable time continually, and that we verily believe the said applicant is justly entitled to aid under the said act, and that we have no personal interest in the allowance of the applicant's claim.

J. B. Jones  
J. B. Deale