

8. State specifically the nature of your disability or disease. Ans. Cholera.....

9. What were the causes which led to the disease which has resulted in your disability? Ans. Involuntary Shells at Bull Run, Penn......

10. How long have you suffered from such disease, and when did you first become aware that you were afflicted with the same? Ans. Long since.....

11. With what disease or sickness did you suffer during the time of your service? Ans. Aspiration Pneumonia.....

12. Are you totally disabled because of such disease, or the infirmities of age, from following your usual and ordinary occupation or employment, or any other occupation or employment, by which to earn a livelihood? If not totally disabled thereby, but only partially, state the extent of your partial disability. Ans. I am totally disabled to do any kind of work.....

13. When and where did you enter the service of Virginia, or of the Confederate States? Ans. Richmond Va. July 1st 1861.....

14. In what command and service were you engaged during the war between the States? Ans. 1st Va. Infantry.....

15. How long were you in the service? Ans. Four years.....

16. When did you leave the service, and under what circumstances? Ans. At Sumner's of Army Northern Va......

17. If suffering from disease, state what physician or physicians have attended you for the same. Ans. Dr. D.B. Downing.....

18. Give the names and addresses of two or more in the service of your command, if any such be living, and if not, so state. Ans. James Whitley, Jno Whitley.....

19. Give here any other information you may possess relating to your service, or disability, that will support the justice of your claim for aid? Ans. I was Wounded on 6th April 1865. Mr. retreat from Richmond Va. & now I am unable to do any kind of labor.....

20. Is there any camp of Confederate Veterans in the city or county of your residence? Ans. at Franklin Va......

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 so or not, state. Ans. Whitley Whitley and Jno Whitley P.O. address Newnans Va.....

Witness my hand this 15th day of April, 1907.

I, J. H. Newman, a Notary Public in and for the County of Somerset, in the State of Virginia, do certify that M. H. Beale, whose name is signed to the foregoing application, personally appeared before me in my County of Somerset aforesaid and having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said M. H. Beale made oath before me that the said statements and answers are true.

Given under my hand this 5th day of April, 1904.

Given under my hand this 5<sup>th</sup> day of April, 1904.

**OATH OF RESIDENT WITNESSES**

OATH OF RESIDENT WITNESSES.

We, J. W. W. Whiteley and J. M. Whiteley, do solemnly swear that we are residents of the County of Loudoun of the State of Virginia, in the said State, and that we have known personally and well for five years the said applicant 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 Wm. H. P. Beale is a resident of the said county (or city), and is a man of good reputation for truth and honesty, and that we have read the annexed application and the answers to the 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) total.

Kind of mammal born Is it totally disabled to do any  
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.

John <sup>the</sup> Whixley  
Mark