## FORM NO. 2.

## Application of Soldier, Sailor, or Marine for Disability by Reason of Disease or the Infirmities of Age.

1903, entitled an act to aid the citizens of Virginiz who were disabled by wounds received furing 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 waid service, or whose death resulted from wounds received or discase contracted in said service, and providing penalties for violating the provisions of this act, and I do solemnly swear that I am a in the said State, and that I have been an actual resident of the said State for two years, and of the said star-(or county) for one year next preceding the date of this application, and that I was a soldier (or safer-or-maxine) of the State of Virginia in the war between the United States and the Confederate States, mbor of (here state specifically the command and branch of gervice to which the applicant belonged, and the names of his immediate superior officers) Leval as man from the Les H. Hol. Var. Inforstay. Unanagues Pring asan Manhone, Arm. A.A. Carfra Minry Trax Stern Torn Vary Sanfacorion officeros lours of R. Chumbler & P. Ming Tones en abra Ta inorth for My Main Temana V. Lupport.

and that from the effects of such disease I am now permanently disabled from following my usual and ordinary occupation or any other occupation for a livelihood (in the case of disability from the infirmities of ago, strike out all relating to disability by disease, and then proceed as follows:), and that I am now suffering from the infirmities of age, and permanently incapacitated thereby from following my usual and ordinary occupation, or any other occupation, for a livelihood (here state specifically the nature and character of the disability which prevents the applicant from following any occupation for a livelihood).....

 $\mathbf{Z}_{\mathbf{r}}$ and that during the said war I was loyal and true to my duty, and never at any time descrip nand or volunt rily shandoned my post of duty in the said service, and that by reason of such disability I am now entitled to receive under the sum of ..... 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 any source whatever which amounts to one hundred and firty dollars per annum; nor do I receive from any source whatever money or other means of support in value of the sum of one hundred and fifty dollars per annum; nor do I own in my dwn 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 lifs, 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:

4. How long have you resided in the city or county of your present residence? Ans. Thurly from . Warned .... 5. What is your usual and ordinary compation for earning a livelihood? Ans. S. render of 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,

9. What were the causes which led to the disease which has resulted in your disability? Ans. Tr. Configuration and the disease which has resulted in your disability?

10. How long have you appleted from such disease, and when did you first become aware that you wangatticted with the same? Ans. Lage - 16 Ba.

11. With what disease or sickness did you suffer during the time of your service? Ana. Aufg. Thursday, S. Mulle.....

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 tolnege unable to do any Kurt of Gooden

14. In what command and service were you engaged during the war between the States? Ans. 441 ... Staf. mantage 16. When did you leave the service, and under what circumstances? Ans. Al. Surrounder . P.f. String Marthum ... .

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

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? As any Kint of Salvor

20. Is there any camp of Confederate Vetarans in the e at your residence? Ans. . . Jr grait time 22-It. 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 herakay to helley enno mo to history Pl, admass Mary mis Gauss of your disability? Witness my hand this .... .. in and for the in the State of Virginia. do certify that the foregoing application, personally appe said and having the aforesaid application read to him and fully explained, as efore me in my. well as the statements and answers the the mid ... 27, 24, 02 cale are true Given under my hand this ... D. Mo. ; 190.4... (A) OATE OF BRISIDENT WITNESSE , in the said State, and that we have known personally and well for . See whose name is signed to the annexed application for aid under the act of the Ger loral Asiembly of Virginia, approved April 2, 1902, and that the said . # A.B. £ ...... .....is a resident of the said county (or duty), 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 0 (state the character of the disability, and whether it is partial or total). the state to har Read and the law of the state of the sta Know of Maleman and that we verily believe the said applicant is justly entities said ast, and that we have no personal interest in the allowance of the applicant's claim.