

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

I, James P. Purdie, 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 Northampton, Albemarle County, Virginia, in the County of Albemarle, 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 Company D, 2nd Virginia Cavalry, and that on or about the 25th day of March, 1865, I was wounded in the battle of Gettysburg, Pennsylvania, and that from the effects of such wound I was permanently disabled, as follows: loss of right arm, 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 one hundred and fifty 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
2. Where were you born? Ans. Southampton, England
3. How long have you resided in Virginia? Ans. life
4. How long have you resided in the city or county of your present residence? Ans. life
5. What is your usual and ordinary occupation for earning a livelihood? Ans. Confederate
6. How long have you followed such occupation or employment? Ans. about 15 years
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. being unable to follow the Confederate cause, I have passed a little of my income from some small trades of 25¢.
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. loss of right arm
9. When and where did you enter the service of Virginia, or of the Confederate States? Ans. at Southampton, England, August 1862
10. To what command and service were you first assigned, and who were your immediate superior officers? Ans. 1st Virginia Cavalry, Captain
11. In what command and service were you when wounded, and who were your immediate superior officers? Ans. 2nd Virginia Cavalry, Captain
12. How long were you in the service? Ans. about 4 years
13. In what battle or combat were you wounded, and under what circumstances were you wounded? Ans. at Gettysburg, fighting behind ammunition
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. right arm, right shoulder
15. What limb, if any, did you lose by reason of the said wound? Ans. right arm
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. loss of right arm
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. James P. Purdie, 1st Southampton, England; John P. Purdie, 1st Southampton, England; James P. Purdie, 1st Southampton, England.
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. none
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 21st day of March, 1903.

I, Mr. P. Purdie, a Native Virginian, in and for the County of Albemarle, in the State of Virginia, do certify that James P. Purdie, whose name is signed to the foregoing application, personally appeared before me in my County Albemarle and having the said application read to him and fully explained, as well as the statements and answers therein made, the said James P. Purdie made oath before me that the said statements and answers are true.

Given under my hand this 21st day of March, 1903.

(A)

OATH OF RESIDENT WITNESSES.

We, James P. Purdie and John P. Purdie, do solemnly swear that we are residents of the County of Albemarle, in the said State, and that we have known personally and well for Twenty years James P. Purdie, 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 James P. Purdie 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 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) loss of right arm, 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.

James P. Purdie
John P. Purdie