

# THIS APPLICATION must be filed with the Clerk of the Corporation Court of Your City or Circuit Court of Your County

(No application will be entertained not on the printed form.)

## FORM No. 4

APPLICATION of a disabled Soldier, Sailor or Marine of the late Confederacy under acts approved March 14, 1924, and March 13, 1926.

I, James D. Dickerson, do hereby apply for a pension under the provisions of the acts of the General Assembly of Virginia, approved March 14, 1924, and March 13, 1926, relating to Confederate pensioners. I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of said State for two years next preceding the date of this application, and that I was a soldier (sailor or marine) of the Confederate States in the war between the States, and that I am now disabled, and that from the effects of such disability I am incapacitated from following my usual and ordinary occupation, or any other occupation for a livelihood; 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 service and disability I am now entitled to receive a pension under the provisions of said acts. And I do further swear that I do not hold a national, State, city or county office or any position which pays me a salary or fee which amounts to Four Hundred (\$400.00) dollars per annum; nor have I an income from any other employment or source whatever which amounts to Four Hundred (\$400.00) dollars per annum; nor do I receive from any source whatever money amounting in value to the sum of Four Hundred (\$400.00) 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, which yields a total income which amounts to Four Hundred (\$400.00) dollars per annum, or which yields an income, which, added to my income from all other sources, amounts to as much as Four Hundred (\$400.00) dollars per annum. I do further swear that I do not receive a pension from this or any other State or from the United States, nor do I receive necessary aid from any source whatever, board and clothing excepted; and that I am not an inmate of any asylum home. I do solemnly swear that the answers given to the questions which I am required to answer in this application are true to the best of my knowledge and belief.

All questions must be answered fully. Any assessment of property does not affect the right to pension, but the gross income from all sources must be less than \$400.00 per year.

- What is your name? James D. Dickerson
- What is your age? 83 years
- Where were you born? Richmond, Va.
- How long have you resided in Virginia? all my life
- How long have you resided in the City or County of your present residence? 52 years.
- In what branch of the service were you?  
Private Company H Regiment.  
18 Regt. V. Infantry Company.
- Who were your immediate superior officers?  
Colonel W. Johnson  
Captain Thos. P. Matthews
- When did you enter the service? 1862
- Where did you enter the service? Richmond, Va.
- When and why did you leave the service?  
Close of war
- Where do you reside? If in a city, give street address.  
Postoffice Dvor  
County of Southampton Virginia.
- Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time?  
no
- What is your usual and ordinary occupation for earning a livelihood?  
not able to work
- Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of same.  
no
- What is your annual income? \$ nothing  
NOTE—By income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and other moneys valued in money.
- How much property do you own? none  
Real estate \$ none  
Personal Property \$ none
- What is the exact nature of your disability and the cause thereof?  
old age
- Are you totally or partially incapacitated by such disability?  
totally
- Give the names and addresses of two comrades who served in the same command with you during the war.  
Name do not know the  
Address names of any living  
Name   
Address
- Is there a camp of Confederate Veterans in your city or county?  
no
- Give here any other information you may possess relating to your service or disability which will support the justice of your claim.

A signature made by X mark is not valid unless attested by a witness.

WITNESS

I, J. S. Borne, a Military Public in and for the County

of Southampton, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application personally appeared before me in my County aforesaid, having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said applicant made oath before me that the said statements and answers are true.

Given under my hand this 2nd day of April, 1922

Signature of Officer.