

PENSIONERS now on the ROLL are NOT required to

"Address "The Adjutant General,
War Department, Washington, D. C."
1939807

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, July 29, 1912.

Must be Filled with

Respectfully returned to the

City or County.

Auditor of Public Accounts,
State of Virginia,
Richmond.

APPLICATION

I, Powhatan T. Foster, 1902, as amended, entitled "An act to aid the citizens of Virginia, and such as served during the said war as soldiers, and providing penalties for violating the provisions of this act for two years, and of the city or county of my present residence in the war between the States, and that I am now disabled from other occupation for a livelihood; and that during the said war in the said service, and that by reason of such service and disability, national, State, city or county office or position which paid me any source whatever which amounts to TWO HUNDRED (\$200.00) dollars per annum; hold in trust for my wife, estate or property, either real, personal, however, that a soldier, sailor or marine who is totally disabled, or has an estate of the assessed value of ONE THOUSAND (\$1000.00) unless he or his wife shall have an estate of the assessed value of the States, or from any other source, and that I am not an inmate given to the following questions are true:

All questions must be answered fully—be sure

The name Powhatan T. Foster has not been found on the rolls, on file in this office, of Company E, 9th Virginia Cavalry, Confederate States Army, and no record has been found of the capture or parole of a man of that name and organization.

Henry P. McLean

Adjutant General.

7

federal

act #1 the General Assembly of Virginia, approved April 2^d in the States while serving as soldiers, sailors, or marines of the United States during the war, or by the infirmities of age * * * * * and that I have been an actual resident of the said State, and that I was a soldier (sailor or marine) of the Confederate from following my usual and ordinary occupation, or any part of my command, or voluntarily abandoned my post of duty in said act. And I do further swear that I do not hold any sum; nor have I an income from any other employment or service money or other means of support amounting in value to my benefit or use, nor does my wife own, nor does any one else own HUNDRED AND FIFTY (\$750.00) dollars; provided, that the war shall be entitled to a pension, unless he or his wife reaches the age of eighty years shall be entitled to a pension, any aid or pension from any other State, or from the United States, direct or indirect, and I do further swear that the answers given to the following questions are true:

1. What is your name? Powhatan T. Foster
2. What is your age? Sixty six
3. Where were you born? Virginia
4. How long have you resided in Virginia? All my life
5. How long have you resided in the City or County of your present residence? Ten years
6. In what branch of the service were you? 9th Virginia Cavalry

7. Who were your immediate superior officers?
Colonel Thomas Warren
Captain Robert K. Smith
8. When did you enter the service? June 1861
9. Where did you enter the service? Camp Lee, Virginia
10. When and Why did you leave the service?
Left service at Information
to court martial on charges
11. Where do you reside? If in a city, give street address.
Post-office: Logan
County of: Gloucester, Virginia
12. Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time?
Have never applied for pension
before this

ordinary occupation for earning a livelihood?

In business

Supposition or any other occupation or employment at this time? Extent of same.

Employer

My income? \$117.50. Totumes wages
mean the total gross receipts derived by you from all crops and other sources valued in dollars.

do you own?

Real Estate \$0.00

Personal Property \$0.00

17. What is the exact nature of your disability and the cause thereof?

See Doctor's Certificate

18. Are you totally or partially incapacitated by such disability?

Partially

19. Give the names and addresses of two comrades who served in the same command with you during the war.

Name: _____

Address: _____ Ja

Name: P. L. Hardin

Address: Logan

See Certificate "B".

20. Is there a camp of Confederate Veterans in your city or county? No

21. 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, F. G. Chapman, in the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally appeared before me in my office, aforementioned, having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said applicant made oath

Powhatan T. Foster
(Signature of Applicant)