

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

I, Saml. J. Glover do hereby apply for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, 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, resident at . . . Boykin, Va. in the county . . . of Southampton 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 (sailor or marine) of the State of Virginia in the war between the United States and the Confederate States, as a member of (here state specifically the command and branch of the service to which the applicant belonged, and the names of his immediate superior officers) 44th Petersburg City Battalion, Co. D, P. T. Ratto, Major, Community Battalion, Capt. N. S. Robinson, Cash, Company, Co. D. and that I am now disabled by disease (here state the nature of the disease and the cause from which it resulted) Heart trouble and a general break down, caused had dropy during war, never got entirely well, 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 age, 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) Heart so weak, can't work at all, 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 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 Two Hundred dollars per annum; nor have I an income from any other employment or any source whatever which amounts to Two Hundred dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of Two Hundred 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 Seven Hundred and Fifty dollars; (But a soldier, sailor or marine who is entitled to be placed in Class A or B shall have the amount hereinbefore provided for him, unless he or his wife has an estate of the assessed value of one thousand dollars, but also that a soldier, sailor or marine who has reached the age of eighty years shall have the amount hereinbefore provided for him, unless he or his wife shall have an estate of the assessed value of fifteen hundred dollars: provided, that the actual amount due or unpaid upon any deed of trust or mortgage to secure the payment of a debt shall be deducted from the assessed value of the property of claimants under this act); 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 am not an inmate of any soldiers' home, and I do further swear that the answers given to the following questions are true:

1. What is your age? Ans . . . Eighty two.
2. Where were you born? Ans . . . in, Southampton Co., Va.
3. How long have you resided in Virginia? Ans . . . Eighty two years.
4. How long have you resided in the city or county of your present residence? Ans . . . Eighty two years.
5. What is your usual and ordinary occupation for earning a livelihood? Ans . . . farming, (no education)
6. How long have you followed such occupation or employment? Ans . . . all my life, except during the war,
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 . . . had to hire my work done, had no income, fell in debt, and had to stop.
8. State specifically the nature of your disability or disease? Ans . . . can't work any, heart and broken entirely down
9. What were the causes which led to the disease which has resulted in your disability? Ans . . . dropy during war
10. How long have you suffered from such disease, and when did you first become aware that you were afflicted with the same? Ans . . . since I
11. With what disease or sickness did you suffer during the time of your service? Ans . . . dropy
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 . . . totally disabled, no education,
13. When and where did you enter the service of Virginia, or of the Confederate States? Ans . . . Dec. 6, at Petersburg, Va.
14. In what command and service were you engaged during the war between the States? Ans . . . Co. D, 44th Petersburg City Battalion,
15. How long were you in the service? Ans . . . from Dec. 1862 until April, 1865.
16. When did you leave the service, and under what circumstances? Ans . . . WAR transferred to 1st Battalion, then at war hospital,
17. If suffering from disease, state what physician or physicians have attended you for the same? Ans . . . Dr. Can. Bridgman, Dr. J. S. Stone,
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 . . . Sam. J. Barham, Lawrence Mann, Dr. Courland, Va.
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 . . . can't do any work at all, have no education, have to be propped up in bed, to lie any length of time, afraid to take med. to keep easy.
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 so or not, state. Ans . . . B. J. Gray, Norton, Va.

Witness my hand this . . . 21 . . . day of February . . . 1912 . . .
 I, Jas. E. Sebrall Notary Public Saml. J. Glover in and for the county of Southampton in the State of Virginia, do certify that Saml. J. Glover whose name is signed to the foregoing application, personally appeared before me in my office aforesaid, having the aforesaid application read to him and fully explained, as well as the statements and answers therein made, the said Saml. J. Glover made oath before me that the said statements and answers are true.
 (Given under my hand this . . . 21 . . . day of February . . . 1912 . . .)

(A)
 OATH OF RESIDENT WITNESSES.
 We A. B. Thorp and A. H. Nolan do solemnly swear that we are residents of the county . . . of Southampton in the said State, and that we have known personally and well for . . . ten years, . . . Saml. J. Glover whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, and that the said Saml. J. Glover 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) 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.

Subscribed and sworn to before me, a Mary T. Miller for the county this . . . 21 . . . day of February . . . 1912 . . .
Jas. E. Sebrall, Notary Public
My Commission expires January 20, 1912