Pension Form No. 9.

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

I, Joshua Johnson, 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, resident at Felts 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 (or 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 service to which the applicant belonged, and the names of his immediate superior officers) Gillett's Battalion (Infantry) Capt. Hill's Comdg. A.

and that I am now disabled by disease (here state the nature of the disease and the cause from which it resulted) double Hernia & old age

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) Old age & Hernia

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 Fifteen 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 fifty 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 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. 76
2. Where were you born? Ans. Northampton County N.C.
3. How long have you resided in Virginia? Ans. 40 yrs
4. How long have you resided in the city or county of your present residence? Ans. 40 yrs
5. What is your usual and ordinary occupation for earning a livelihood? Ans. Farming
6. How long have you followed such occupation or employment? Ans. Since manhood
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. yes
8. State specifically the nature of your disability or disease. Ans. Double Hernia & old age
9. What were the causes which led to the disease which has resulted in your disability? Ans. Active physical work
10. How long [illegible] suffered from such disease, and when did you first become aware that you were afflicted with the same? Ans. 5 years
11. With what disease or sickness did you suffer [illegible] the time of your service? Ans. None
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 [illegible] partial disability. Ans. Partially & can work not more than half of my time
13. When and where did you enter the service of Virginia, or of the Confederate States? Ans. 1862 at Raleigh N.C.
14. In what command and service were you engaged during the war between the States? Ans. Major Gillett Battalion [illegible] Brigade
15. How long were you in the service? Ans. 3 yrs
16. When did you leave the service, and under what circumstances? Ans. At surrender of Gen. Jo. E. Johnson Ap. 27-1865 near Raleigh N.C.
17. If suffering from disease, state what physician or physicians have attended you for the same. Ans. Dr. J. N. Applewhite
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. W. A. Rosser & H. W. Rose
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.
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. W. A. Rosser & H. W. Rose

Witness my hand this 17 day of June, 1907. Joshua his X mark Johnson

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

Given under my hand this 17th day of June, 1907.

B. W. Everett J.P.

(A)

OATH OF RESIDENT WITNESSES.

We, John I. Turner and James E. Sebrell, 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 Twenty years Joshua Johnson 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 Joshua Johnson 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) partial

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.

John I. Turner

James E. Sebrell

Subscribed and sworn to before me, a Notary Public for the County of Southampton, State of Virginia, this 21 day of November, 1907.

Jno. N. Sebrell Sr. N.P.

My Commission expires Oct. 4, 1910