

PENSIONERS now on the ROLL are NOT required to make new application, but must file annual Certificate

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

FORM No. 6

APPLICATION of a disabled Soldier, Sailor or Marine of the late Confederacy under act approved March 26, 1928, and March 10, 1928, as amended by an act approved March 24, 1930.

I, E. F. Reese Jr., do hereby apply for a pension under the provisions of the acts of the General Assembly of Virginia, relating to Confederate pensions.

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 one year 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 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 fees exceeding one thousand dollars (\$1,000.00) per annum; nor have I an income from any employment or source

whatever exceeding one thousand (\$1,000.00) dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use, estate or property, either real, personal, or mixed, either in fee or for life, which yields a total income exceeding one thousand (\$1,000.00) dollars per annum, or which yields an income, which, added to my income from all other sources, exceeding one thousand (\$1,000.00) dollars per annum. I do further swear that I do not receive a pension from this or any other State, and that I am not an inmate of any soldiers 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.

Any assessment of property does not affect the right to pension, but the gross income from all sources must not exceed \$1,000.00 per year.

1. What is your name? Emmett F. Reese Jr.
2. What is your age? 86 years.
3. Where were you born? Southampton Co. Va.
4. How long have you resided in Virginia? 86 years.
5. How long have you resided in the City or County of your present residence? 43 years.
6. In what branch of the service were you? 61st Virginia Infantry Regiment.
Company.
7. Who were your immediate superior officers?
Colonel J. D. Francis
Captain Manning
8. When did you enter the service? Sept. 1861
9. Where did you enter the service? Massachusetts
10. When and why did you leave the service?
After the surrender at Appomattox, Va.
11. Where do you reside? If in a city, give street address.
Post office Richmond
County of Southampton Virginia.
12. Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time?
No

13. What is your usual and ordinary occupation for earning a livelihood? Farming
14. Give sources of income? Half share in farm
15. What is your annual income? \$1,000.00
NOTE:—By income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and all other sources valued in dollars.
16. What is the exact nature of your disability and the cause thereof?
Broken back, terrible contusion in back and injury to right thumb.
17. Are you incapacitated by such disability? Totally
18. Give the names and addresses of two comrades who served in same command with you during the war if living.
Name Spencer
Address Richmond, Va.
Name A. J. Thompson
Address Richmond, Va.
19. Is there a camp of Confederate Veterans in your city or county?
Yes
20. Give here any other information you may possess relating to your service or disability which will support the justice of your claim.
Always totally disabled. Have not been able to work in 15 years. Very deaf.

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

WITNESS

I, Mable C. Hinton, in and for the State of Virginia, do certify that the applicant whose name is signed to the foregoing application personally appeared before me in my office aforesaid, having the aforesaid application read and carefully 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 10 day of April, 1932

E. F. Reese Jr.
Signature of Applicant.

Signature of Officer.