

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 or Circuit Court of Your City or 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 Act Approved February 28, 1918.

Mills E. Thompson do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved February 28, 1918, entitled, "An Act to amend and re-enact an act approved March 21st, 1916, 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 the 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 act. And I do further swear that I do not hold any national, State, city or county office or position which pays me in salary or fee Three hundred (\$300.00) dollars per annum; nor have I an income from any other employment or any source whatever which amounts to Three hundred (\$300.00) dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of Three hundred (\$300.00) 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, of the assessed value of Two thousand (\$2,000) dollars; nor do I receive any 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 and am without necessary means of support from any source, and I do further swear that the answers given to the following questions are true:

All questions must be answered fully—be explicit.

1. What is your name? Mills E. Thompson
2. What is your age? 83 years
3. Where were you born? Bushington Co., Md.
4. How long have you resided in Virginia? 78 years
5. How long have you resided in the City or County of your present residence? 78 years
6. In what branch of the service were you?
Cavalry 24th Va Regiment.
D Company.
7. Who were your immediate superior officers?
Colonel Robbins
Captain D. G. Borchers
8. When did you enter the service? Nov. 1861
9. Where did you enter the service? St. Louis, Mo.
10. When and why did you leave the service?
Was captured near Amelia
Co. & taken to St. Louis, Mo.
then to Kansas City, Mo.
11. Where do you reside? If in a city, give street address.
Postoffice Richmond, Va.
County of Richmond Virginia.
12. Have you ever applied for a pension in Virginia before? If so, why are you not drawing one at this time?
Has never applied

13. What is your usual and ordinary occupation for earning a livelihood?
Farming, or rather
looking after it as best I can for my

14. Are you following such occupation or any other occupation of employment at this time? If yes, state the nature and extent of same.
Only looking after it as best I
can in my own absence.

15. What is your annual income? \$ 500.00
NOTE—By income is meant the total gross receipts derived by you from all crops (whether sold or used), wages and other sources valued in dollars.

16. How much property do you own?
Real Estate \$ 1100.00
Personal Property \$ 570.00

17. What is the exact nature of your disability and the cause thereof?
Old and decrepit age
after long and arduous service

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

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

Name John S. Linnick

Address St. Louis, Mo.

Name Wm. B. Linnick

Address St. Louis, Mo.

See Certificate "B."

20. Is there a camp of Confederate Veterans in your city or county?
Yes

21. Give here any other information you may possess relating to your service or disability which will support the justice of your claim.

Served in Mexico 2 mos in
1861 joined Army in Va in Sep 1862

Continued in active service until
discharged at Appomattox

Signature of Applicant.

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

WITNESS

I, Wm. B. Linnick, in and for the County of Richmond, 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 of Richmond 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 15 day of Nov 1918

Signature of Officer.