

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 March 21, 1916.

I, William Hoagy, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 21, 1916, entitled, "An Act to amend and re-enact an act approved March 12th, 1912, entitled an act to consolidate into one act all acts relating to Confederate pensions and to repeal all acts and parts of acts in conflict herewith."

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 five 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 a salary or fee Two hundred (\$200.00) dollars per annum; nor have I an income from any other employment or any source whatever which amounts to Two hundred (\$200.00) dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of Two hundred (\$200.00) 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 One thousand (\$1,000) dollars; provided, however, that a soldier, sailor or marine who is totally blind, or who lost a hand or a foot while in the discharge of his duty during the war shall be entitled to a pension, unless he or his wife has an estate of the assessed value of One thousand (\$1,000) dollars, but also that a soldier, sailor or marine who has reached the age of eighty years shall be entitled to a pension, unless he or his wife shall have an estate of the assessed value of Fifteen hundred (\$1,500) 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? William Hoagy
2. What is your age? 84 years
3. Where were you born? Washington Co. Va
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? Life years.
6. In what branch of the service were you? 97 Regt. Co. H
7. Who were your immediate superior officers? Colonel R. P. Carson, Captain George Graham
8. When did you enter the service? Aug 12th 1861
9. Where did you enter the service? Infantry Va
10. When and why did you leave the service? I was at Appomattox Va when Lee surrendered
11. Where do you reside? If in a city, give street address. Fincastle
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? Harness & saddle maker
14. Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of same. Yes when I can work
15. What is your annual income? \$150.00 I suppose
16. How much property do you own? Real Estate \$1000.00 Personal Property \$50.00
17. What is the exact nature of your disability and the cause thereof? Old age and general wear down
18. Are you totally or partially incapacitated by such disability? Practically total
19. Give the names and addresses of two comrades who served in the same command with you during the war. Name Pleasant Hoagy Address Fincastle Va Name Col R. P. Carson Address Fincastle Va
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.

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

WITNESS: J. P. Barron

Signature of Applicant: William Hoagy

I, John H. Keas, a Justice of the Peace in and for the County of Washington 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 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 2nd day of March 1915

Signature of Notary: John H. Keas

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I, William Hoagy, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved March 21, 1916, entitled, "An Act to amend and re-enact an act approved March 12th, 1915, entitled an act to consolidate into one act all acts relating to Confederate pensions and to repeal all acts and parts of acts in conflict herewith."

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 five 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 a salary or fee Two hundred (\$200.00) dollars per annum; nor have I an income from any other employment or any source whatever which amounts to Two hundred (\$200.00) dollars per annum; nor do I receive from any source whatever money or other means of support amounting in value to the sum of Two hundred (\$200.00) dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or me, 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 One thousand (\$1,000) dollars; provided, however, that a soldier, sailor or marine who is totally blind, or who lost a hand or a foot while in the discharge of his duty during the war shall be entitled to a pension, unless he or his wife has an estate of the assessed value of One thousand (\$1,000) dollars, but also that a soldier, sailor or marine who has reached the age of eighty years shall be entitled to a pension, unless he or his wife shall have an estate of the assessed value of Fifteen hundred (\$1,500) 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? William Hoagy
2. What is your age? 84 years
3. Where were you born? Washington Co. Va
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? Life years.
6. In what branch of the service were you? 97 Regt 74 Company
7. Who were your immediate superior officers? Colonel R P Carson, Captain George Graham
8. When did you enter the service? Aug 12th 1861
9. Where did you enter the service? Infantry Va
10. When and why did you leave the service? I was at Appomattox Va when Lee surrendered
11. Where do you reside? If in a city, give street address. Postoffice Alexandria 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? Harness & saddle maker
14. Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of same. Yes when I can work
15. What is your annual income? \$150.00 I suppose
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 \$ House & lot assessed \$875.00 Personal Property \$50.00
17. What is the exact nature of your disability and the cause thereof? Old age and general wear down
18. Are you totally or partially incapacitated by such disability? Practically total
19. Give the names and addresses of two comrades who served in the same command with you during the war. Name Pleasant Hoagy Address Alexandria Va Name Col R P Carson Address Alexandria Va 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.

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

WITNESS: J. H. Barron

William Hoagy, Signature of Applicant.

I, John H. Keay, a Notary Public, in and for the County of Washington 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 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 2nd day of March 1915

John H. Keay, Notary Public for Va.

(E) CERTIFICATE OF CAMP OF CONFEDERATE VETERANS.

(Must be filled up when there is a camp in applicant's city or county.)

I, Thomas W. Colley, Commander of Wm E Jones Camp 709 of Washington Camp of Confederate Veterans of the County of Washington

in the State of Virginia, hereby certify that the said camp has examined into the merits of the foregoing application for aid under the act of General Assembly of Virginia, approved March 21, 1916, and being satisfied of the justice of said claim, hereby recommend the same, under the provisions of the said act, and that the said camp has no personal interest in the allowance of the applicant's claim.

Thomas W. Colley
Commander.

Given under my hand this 13 day of May 1918

NOTE.—If there is no camp of Confederate Veterans in applicant's city or county, the certificate of two ex-Confederate soldiers, well known and of good reputation, residing in said city or county, must be obtained to certify to F.

(F) CERTIFICATE OF EX-CONFEDERATE SOLDIERS.
(Not necessary when certificate E can be filled.)

We, _____, and _____
of the _____ of _____

State of Virginia, do certify that we were soldiers (sailors or marines), of the Confederate States in the war between the States, and that we have examined into the merits of the foregoing application for aid under the act of the General Assembly of Virginia, approved March 21, 1916, and that we are satisfied of the justice of said claim, and recommend the same under the provisions of the said act, and that we have no personal interest in the allowance of the applicant's claim.

Given under our hands this _____ day of _____ 1918

Ex-Confederate Soldiers.

(G) CERTIFICATE OF COMMISSIONER OF REVENUE.

I, John M. Keen, Commissioner of Revenue

in the County of Warrenton, in the State of Virginia, do certify that the applicant (his wife, trustee, or trustee for his wife), whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved March 21, 1916, is charged on the land and personal property books of

said Warrenton with estate, real, personal or mixed, of the assessed value of \$955.00

Given under my hand this 8 day of May 1918

John M. Keen
Commissioner of Revenue.

*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. In computing the value of the estate held by any person or for his or her benefit, all property conveyed by deed for consideration not deemed valuable in law or parted with by gift since April 2, 1911, shall be considered as his or her estate.

(H) CERTIFICATE OF PENSION BOARD.

I, J. M. Butt, chairman of the

Pension Board of the County Washington State of Virginia, do hereby certify that the foregoing application has been examined and approved by said Board.

In testimony whereof I hereto set my hand this 14 day of May 1918

J. M. Butt
Chairman Pension Board.

(I) CERTIFICATE OF JUDGE.

This Court, from an examination of the foregoing application and of the affidavits, certificates, etc., therewith filed, and hereto annexed, and of such witnesses as were required and called by the court, being satisfied that the said application is supported by the affidavits, certificates, etc., of persons of well-known reputation for truth, honesty and integrity, and that the claim of the said applicant is just, and in due form, doth certify the same to the Auditor of Public Accounts.

Given under my hand this 11 day of June 1918

Preston H. Campbell
Judge.

NOTICE

NO FEE TO BE CHARGED FOR SERVICES RENDERED APPLICANT; PENALTY; EXEMPT FROM LEVY, GARNISHMENT OR ATTACHMENT.

That no fee or other compensation shall be charged or received by any clerk, attorney, officer, or other person for any service rendered to any applicant under the provisions of this act; and any person who shall purchase from a soldier, sailor, or marine, or from any widow of any deceased soldier, sailor or marine, any claim allowed under the provisions of this act for a price or sum of money less than the full amount thereof shall be guilty of a misdemeanor, and upon indictment and conviction thereof shall be fined not less than twenty-five, nor more than one hundred dollars, or imprisoned, or both, at the discretion of the court. The provisions hereby made for disabled soldiers, sailors, or marines and widows of deceased soldiers, sailors or marines, shall be exempt from levy, garnishment, or attachment for any debt or pecuniary demand. (Section 18, Pension Law.)

Filed in the Clerk's Office of the Court of Washington, Virginia, this 8th day of May 1918

PENSION APPLICATION FOR A Disabled Confederate Soldier

ACT 1916.

To save trouble for Applicant and Pension Department, please write plainly in spaces below, the County or City in which the Pension was granted and the name and Postoffice Address of the applicant.

County *Washington* Roll No. *137*
 City *Washington*
 Name *William Henry*
 Post-office *Allegood*
 Class..... Rating..... Age.....
 Filed in Auditor's office.....
 Paid Warrant No. *873 89750*
 Date of Payment *JUL 12 1918*

MEMORANDA

U.S. DEPARTMENT OF WAR

Form No. 4-1-0-17-120

INSTRUCTIONS

READ BEFORE THE FORM IS FILLED IN.

All questions must be answered fully.

It is necessary to have Certificates A, D and G filled out in full.

If comrades cannot be found to fill in Certificate B, Certificate C must be filled.

Where there is a camp of Confederate Veterans, Certificate E must be filled.

When there is no camp, Certificate F must be filled.

When the name of the applicant, or any one making affidavit, is made by X mark, a witness must always be had to the mark.

The director, in filling in Certificate D, must set out clearly his examination, and define his case, whether partial or total, otherwise the rating of the applicant cannot be properly determined.

After the application is filled up through Certificate G, file it with the clerk of the Corporation or Circuit Court of your city or county.

*Low
at*

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, July 5, 1918

Respectfully returned to

*Auditor Public Accts.
Pension Dept.
Richmond, Va.*

with the information that

*William F. ... Capt
Robert E. ... Co. ...
Mountain (Rifles) Co. ...
presently became Co. F, 37
Regt. ... was enrolled
July 27, 1861 and mustered in
Aug 27 to date Aug 2, 1864
roll for Co. F, 37th Regt.
on file, reports from ... Co.
F, 37th Regt. absent on sick
leave since ...
he was paroled Apr 9, 1865
at Appomattox court house.*

H. J. ...
The Adjutant General.

Form No. 100-3 - A. G. O.
Ed. Nov. 25-17-1900.

County **Washington,**

COMMONWEALTH OF VIRGINIA

OFFICE OF

THE AUDITOR OF PUBLIC ACCOUNTS

(PENSION DEPARTMENT)

Richmond, July 1, 1918.

**Adjutant-General,
War Department,
Washington, D. C.**

I have the honor to request the official record

William Hagy,

F. 37th Regt.

Colonel CARSON.

Captain GRHAM.

This information is to be used in connection
with an application for a Confederate pension, which
has been filed in this office.

Respectfully,

John G. Dale
Auditor Public Accounts.