

19234

APPLICATION OF

John Foster

Zion

P. O.

ward

County.

Examined and

Required

and \$

allowed and Auditor

authorized to draw warrant for same.

*A sign of
indigency*

This 12th day of Aug 1907

Sec'y of State:

Auditor:

Major-General Commanding U. C. V.

APPLICATION FOR PENSION

STATE OF ARKANSAS,

County of Madison

I, John Foster

do solemnly swear that I

served as a soldier in the army (or sailor in the navy) of the Confederate States, being a member of

Freeman

Regiment of Cavalry

Number of Regiment or name of Colonel.

Infantry, Artillery or Cavalry.

from the State of Arkansas or a member of the crew of the ship

called _____; that I was honorably discharged (paroled or released

from such service on or about the 10th day of March 1865

and did not desert the same; that I am now, and for the past twelve months have been, a bona fide resident

of this State; that I do not myself, nor does my wife, nor do we both together, own property, real or personal,

or both, or money or choses in action in excess of the value of \$400.00 (exclusive of household goods and

wearing apparel), nor has either of us conveyed title to any property to enable me to draw a pension, and

that neither I nor my wife is in receipt of any income, annuity, pension or wages for any services, the

emoluments of an office, in excess of \$150.00 per year; that I am incapacitated to perform manual labor in

any of the ordinary avocations of life (or am totally blind), and that such incapacity (or disability) is the

result of wounds received in the service, being I am unable to perform

Manual labor

Here describe same generally.

or of age, accident or disease, and that such disability is not the result of my own vicious habits still per-

sisted in, so help me God.

(Signature) John Foster his
mark

Subscribed and sworn to before me, this 3 day of July 1907

A. J. Shell J.R.

STATE OF ARKANSAS,

County of Sevier SS.

We, the undersigned, sitting as a Pension Board for Sevier County,

do certify that we have examined the application of the within named John Foster

for pension, under Act of General Assembly of

the State of Arkansas, as approved March 11, 1901, and the proof in support of same, and find that said

applicant is a wounded Confederate soldier,

is in indigent circumstances, and wholly or partially incapacitated for manual labor, and that his claim

is just, and that he should be allowed

\$ 100 pension.

F. M. Stanley [SEAL]

J. H. Driskill [SEAL]

[SEAL]

19234
APPLICATION OF

John Foster

Sevier

County

P. O.

Examined and Refused

and \$ allowed and Auditor

authorized to draw warrant for same.

*in support of
indigency*

This 12 day of Dec 1901

Secy of State.

Auditor.

Major-General Commanding P. C. V.

THOMPSON LITHO. & PRINTING CO.

STATE OF ARKANSAS,

COUNTY OF Garland

I, William H. Dillard a duly registered and practicing physician

in Garland County, Arkansas, do hereby certify that I am personally

well-acquainted with John Foster of Just

Arkansas, who is an applicant for a pension under the Statutes of Arkansas.

That at his request I have made an examination of his physical condition and find:

State description and character of wound

Physical condition and to what cause is his incapacity for manual labor attributable. To my

Judgment & from the History of the Case
I believe that he is now suffering from
an attack of Diabetes which he contracted
while in the Confederate Service

and that said disability is not the result of his own vicious habits still persisted in. I have been

personally acquainted with John Foster for 7 yrs
& do know that he has no vicious habits
of any kind -

Extent of disability

He is totally disabled to
perform manual labor of any kind & is
compelled to rely on work for a livelihood

William H. Dillard

M. D.

Subscribed and sworn to before me this 3 day of July

1907

A. J. Shell Jno

PROOF OF SERVICE

(By Comrades if Possible)

STATE OF ARKANSAS,

COUNTY OF Izard

On this day personally came before the undersigned, a

Justice of the Peace within and for the County of Izard

and State of Art James Brown and John H. Miller

citizens of Izard County Arkansas whom I certify to be creditable persons

and worthy of confidence, who, being duly sworn, state that they are each, personally, well ac-

quainted with applicant John Foster and have

known him 40 years, respectively.

That he was a confederate soldier. Belonging to Company G Regiment

of Freeman. That as such soldier he served from Feb 1863

to March 10 1865. That he was honorably discharged (paroled or released) from

such service and did not desert the same. That he is now and has been for the past twelve

months a bona fide resident of Arkansas. ~~That by reason of wounds or injuries received during~~

~~the service he lost a leg or lost the use of a leg so as to render the use of an artificial leg or~~

~~foot necessary or convenient.~~

J. H. Miller

J. M. Brown

Subscribed and sworn to before me this 3 day of July 1907

J. M. Brown was sworn
by A. B. Black

A. J. Shell J. P.

Subscribed and sworn to before me this the 5 day of July

A. B. Black, J. P. 1907

APPLICATION FOR PENSION.

STATE OF ARKANSAS,

COUNTY OF *Sevier*

I, *John Foster*

do solemnly swear that I

served as a soldier in the army (or sailor in the navy) of the Confederate States, being a

member of *Freeman* Regiment of *Cavalry*
Number of Regiment or name of Colonel. Infantry, Artillery or Cavalry.

from the State of *Arkansas* or a member of the crew of the ship

called _____; that I was honorably discharged (paroled or released)

from such service on or about the *5th* day of *June* 186*5*

and did not desert the same; that I am now, and for the past twelve months have been, a bona fide resident of this State; that I do not myself, nor does my wife, nor do we both together, own property, real or personal, or both, or money or choses in action in excess of the value of \$400.00 (exclusive of household goods and wearing apparel), nor has either of us conveyed title to any property to enable me to draw a pension, and that neither I nor my wife is in receipt of any income, annuity, pension or wages for any services, the emoluments of an office, in excess of \$150.00 per year; that I am incapacitated to perform manual labor in any of the ordinary avocations of life (or am totally blind), and that such incapacity (or disability) is the result of wounds received in the service, being

Old and unable to perform manual labor

Here describe same generally.

or of age, accident or disease, and that such disability is not the result of my own vicious habits still persisted in, so help me God.

Attest *A. J. Shell*

(Signature)

his
John Foster
made

Subscribed and sworn to before me this *24th* day of *June* 190*8*

A. J. Shell J.P.

STATE OF ARKANSAS, }
County of Franklin } ss.

We, the undersigned, sitting as a Pension Board for Franklin County,
do certify that we have examined the application of the within named John

Proctor

for pension, under Act of the General Assembly of
the State of Arkansas, as approved March 11, 1901, and the proof in support of same, and
find that said applicant is _____ a wounded Confederate soldier,

is in indigent circumstances, and wholly or partially incapacitated for manual labor, and
that his claim is _____ just, and that he should _____ be allowed

\$ 700 pension.

W. H. Stanley [SEAL]

J. F. Driskill [SEAL]

[SEAL]

1901 34

APPLICATION OF

John Proctor

Franklin P. O.
Franklin County.

Examined and allowed
and \$ 100 allowed and Auditor
authorized to draw warrant for same.

This 5 day of June 1901

W. H. Stanley Sec'y of State.
J. F. Driskill Auditor.

Major-General Commanding U. C. V.

THOMPSON LITHOGRAPH & PRINTING CO.

PROOF OF SERVICE

(By Comrades if Possible)

STATE OF ARKANSAS,
COUNTY OF Sevier

On this day personally came before the undersigned, a

Justice of the Peace within and for the County of Sevier
and State of Arkansas
citizens of Sevier County Ark whom I certify to be creditable persons
and worthy of confidence, who, being duly sworn, state that they are each, personally, well acquainted with
applicant John Foster and have
known him 55 years, respectively.

That he was a Confederate soldier, belonging to Company H Regiment
of Freeman That as such soldier he served from 1863
to 1865 That he was honorably ~~discharged~~ (paroled or released) from

such service and did not desert the same. That he is now and has been for the past twelve months a bona
fide resident of Arkansas. That he is incapacitated for manual labor by reason of Old Age
and unable to per form manual labor and that such incapacity (or
disability) is not the result of his own vicious habits still persisted in. That to the best of our knowledge,
all property now owned by him and his wife, together, is not worth exceeding \$400 (exclusive of house-
hold goods and wearing apparel). That neither he nor his wife is in receipt of any income, annuity,
pension or wages for any services, or the emoluments of an office, in excess of \$150 per year. That we
have no interest in this claim.

J. W. Brown

Subscribed and sworn to before me this 24th day of June 1908

A. B. Black - J. P.

PROOF OF SERVICE

(By Comrades if Possible)

STATE OF ARKANSAS,
COUNTY OF Sevier

On this day personally came before the undersigned, a
Justice of the Peace within and for the County of Sevier
and State of Arkansas
citizens of Sevier County Ark whom I certify to be creditable persons
and worthy of confidence, who, being duly sworn, state that they are each, personally, well acquainted with
applicant John Foster and have
known him 55 years, respectively.

That he was a Confederate soldier, belonging to Company G Regiment
of Freeman That as such soldier he served from 1863
to 1865 That he was honorably discharged (~~paroled or released~~) from
such service and did not desert the same. That he is now and has been for the past twelve months a bona
fide resident of Arkansas. That he is incapacitated for manual labor by reason of Old Age
And unable to per Form Manual labor and that such incapacity (or
disability) is not the result of his own vicious habits still persisted in. That to the best of our knowledge,
all property now owned by him and his wife, together, is not worth exceeding \$400 (exclusive of house-
hold goods and wearing apparel). That neither he nor his wife is in receipt of any income, annuity,
pension or wages for any services, or the emoluments of an office, in excess of \$150 per year. That we
have no interest in this claim.

J. C. Miller

Subscribed and sworn to before me this 24th day of June 1908
A. J. Shell, Jr.

EVIDENCE OF PHYSICIAN

from trustygenealogist.com

STATE OF ARKANSAS,

COUNTY OF

Yard

I, *W. H. Dillard*

a duly registered and practicing physician

in

Yard

County, Arkansas, do hereby certify that I am personally

well acquainted with

John Foster

of

Firm

Arkansas, who is an applicant for a pension under the Statutes of Arkansas.

That at his request I have made an examination of his physical condition and find:

State description and character of wound

He has no wounds

of any importance.

Physical condition and to what cause is his incapacity for manual labor attributable.....

In my judgment I believe that his incapacity for manual labor is from exposure while in the Army & the long term of service under him an almost invilid to Rheumatism & a slight Pulmonary trouble

and that said disability is not the result of his own vicious habits still persisted in

I have been personally well acquainted with John Foster & do know that he has no independent or vicious habits of any kind.

Extent of disability

He at present is unable to perform manual labor unable to make a support for himself & those that are depending upon him

Subscribed and sworn to before me this

2

day of

July

190

8

W. H. Dillard
Ad Shell Dr

QUESTIONNAIRE

TO SUPPLEMENT PENSION APPLICATION ON FILE IN THE AUDITOR'S OFFICE

It is necessary that this Questionnaire be properly filled out, sworn to, and filed in the Auditor's office in order that your name may remain on the Confederate Pension Roll. Under authority of a ruling of the State Pension Board and Advisory Board, appointed by the Governor, at a meeting of said Boards on the 7th day of January, 1932.

1. What is your full name? John Foster
2. Your present address? Zion
3. When and where were you born? On the 1 day of March 1847
County of Zard State of Ark.
4. To whom, when and where were you married to the Veteran whose war record you are now drawing your Confederate Pension? (To be answered by widows only.) To _____
On the _____ day of _____, year _____
of _____, County of _____, State of _____
5. With whom do you make your home? V.M. Foster
Address Zion Ark.
6. What relation are they to you? Son.
7. Have you lived continuously in Arkansas for the past five years? yes
8. Do you own any property, or interest in any property? no
If so, give value of same _____
9. Do you have any income other than Arkansas Confederate Pensions? no
If so, how much per month? _____
10. How much of your pension each month is spent for your benefit? \$50.00

STATE OF ARKANSAS }
 COUNTY OF Zard } ss. **CERTIFICATE OF CONFEDERATE PENSIONER**

I, John Foster, a resident of the County and State aforesaid, do solemnly swear that I fully and clearly understand the questions above set forth and that I have truthfully and to the best of my knowledge and ability given the answers set opposite each question.

John Foster
 Confederate Pensioner

Subscribed and sworn to before me this _____ day of _____, 193_____

County Clerk, or Notary Public

STATE OF ARKANSAS,

County of Izard

ss.

I, W.E. Billingsley, Clerk of the County Court within and

for the County and State aforesaid, do hereby certify that John Foster

was a Confederate pensioner, residing in said State, that the application of the said

John Foster was originally filed in said County; that said

John Foster died on or about the 18th day

of July, 1935; that the last allowance or issuance of a pension warrant to

said deceased pensioner was made in _____, 193____, and there being no administrator

of the estate of said John Foster; therefore,

J.A. Harris sheriff of said county, as public administrator is en-

titled to receive, under the provisions of Section 8193 of Crawford & Moses' Digest, and to be dis-

bursed by him under authority of Section 8194 of said Digest, the pro rata amount accruing from

date of last payment to date _____, 193____, to date of death of said pensioner, subject to the apportion-

ment of the pension fund made by the State Board of Pensioners for the present year.

Given under my hand and official seal this 18th day of July, 1935.

W.E. Billingsley
County Clerk

STATE OF ARKANSAS
COUNTY OF IZARD.

G.H. Miller, of Melbourne, Izard County, Arkansas,
after being duly sworn, doth depose and state, that I am a merchant
of Melbourne, Arkansas and furnish burial supplies; that on the
18th day of July-1935 I furnished one casket \$33.00 and one
burial suit \$15.00, to be used for the burial of one John Foster
of Izard County, Arkansas; That I was personally acquainted with
the said John Foster during his life time and that he was a
pensioner on the confederate pension rolls, and more he states not.

G.H. Miller

Subscribed and sworn to before me this the 18th day of July-1935.

W.E. Billingsley
County Clerk, Izard County, Arkansas.