7188

APPLICATION FOR INCREASE IN PENSION.

Blountstown Fla., Aug. 16th 1913.

STATE BOARD OF PENSIONS,
Tallahassee, Florida.

I, John W. Peacock Pensioner No. 608 of the State of Florida hereby make application for increase in pension because of being unable to earn a livelihood by manual labor. I am 70 years of age.

Signed: John W. Peacock
Address: Blountstown, Fla.

PHYSICIANS' AFFIDAVIT.

Before me an officer duly authorized to take acknowledgements and administer oaths personally appeared Dr. R. S. Bridges and Dr. G. T. Crozier, both well known to me to be reputable physicians and each for himself deposes and says that the above applicant for increase in pension has been examined by him and that said applicant by reason of *disease, injuries or age is unable to earn a livelihood by manual labor*, That the applicant is 71 years old. Lost little finger on left hand, his feet are in bad condition and failing very fast. and is unable to earn a livelihood by manual labor by reason of such disease or disease as above mentioned.

(State briefly the nature of the disability---Do not use technical terms)

Subscribed and sworn to before me this day of Aug 16" A. D. 1913.

J. E. Jones Notary Public
(Affix Seal)

R. S. Bridges M.D. Physician.

G. T. Crozier Physician.

APPLICATION FOR PENSION

UNDER LAWS OF FLORIDA

(FORM A)

FOR USE OF APPLICANT FOR PENSION

I, J. W. Peacock, do hereby make application to the State Board of Pensions, for a pension to be granted to me under the act of 1907, Chapter 5600 of the Laws of the State of Florida, upon the following grounds:

I enlisted and served in the Military (Naval or Military.) service of Confederate States (State whether Confederate States or this State.) during the war between the States of the United States, and that I did not desert the Confederate or State service; that I was a bona-fide citizen of this State for ten years prior to the date of this application and have been continuously since a citizen of the State of Florida, and that I

(Here state fully the disability under which the applicant claims a pension, whether he lost in service a limb or limbs, eye or eyes, or whether he is permanently disabled by reason of wounds received in service, or disease, to gain a livelihood by manual labor, or whether he is over 60 years of age and is by reason of age incapable of providing a living for himself.)

am over sixty years old, and by reason of age am incapible of providing a living for my self.
And for proof of service etc you will refer to my application Blank which was filed in that Office on May 7th 1907

I further represent to the State Board of Pensions, that I am not receiving a pension from any other State.

In Witness Whereof, I have hereunto set my hand this Tenth day of July A. D. 1907.

Witness:

G. F. Tucker

S. B. Atkins

J. W. Peacock

APPLICATION FOR PENSION

UNDER LAWS OF FLORIDA.

(FORM A)

FOR USE OF APPLICANT FOR PENSION.

I, J. W. Peacock, do hereby make application to the State Board of Pensions, for a pension to be granted to me under the laws of the State of Florida, upon the following grounds:

I enlisted and served in the Military (Naval or Military) service of Conferate States (State whether Confederate States or this State) during the war between the States of the United States, and that I did not desert the Confederate or State service; that I was a bona-fide citizen of this State on the 1st day of January A. D., 1885, and have been continuously since a citizen of the State of Florida, and that I

(Here state fully the disability under which the applicant claims a pension, whether he lost in service a limb or limbs, eye or eyes, or whether he is permanently disabled by reason of wounds received in service, or disease, to gain a livelihood by manual labor, or whether he is over 65 years of age and is by reason of age incapable of providing a living for himself.)

Am over 65 five years of age and am by reason of age Incapable of providing a living for my self.

I further represent to the State Board of Pensions, that neither I nor my wife own property, real or personal, or real and personal to the value of eight hundred dollars, that I am not enabled by any lawful means to earn a livelihood for myself, nor am I in a position to do so, nor have I an income from any source sufficient for my support, nor have I purposely disposed of property with the object of availing myself of the benefits of the provisions of the law providing annuities for disabled soldiers and sailors of the State of Florida.

In Witness Whereof, I have hereunto set my hand this Eight day of March A. D., 1907.

J. W. Peacock

Witness:

S. S. Williams

J. E. Yon

(FORM B)

STATE OF FLORIDA,
Calhoun County.

On this Eighth day of March A. D., 1907,

before me J. C. Atkins Clerk of the Circuit Court in and for

said County and State, personally came J. W. Peacock, who being by me first duly sworn deposes and says, that the statements made in the foregoing application for a pension in his own behalf are true.

This deponent further says, that the answers written herein to the following questions, numbered from 1 to 26 inclusive are true:

1. What is your full name, and where do you reside?

John Wesley Peacock, Blountstown Calhoun Co. Fla

2. In what state and county were you born and when?

Georgia, Decature, 1840. Dec. 13.

3. How long have you been a citizen of the State of Florida? Ever since I was four month old

4. When and where and in what organization did you enlist during the war between the States?

about March 1862, Rickors Bluff. Liberty Co.
Company "H" Fifth Fla. Regiment

5. Give the name of your Captain at the time of your enlistment.

William Gregory.

6. Give the name of your Captain at time of your discharge from service.

John Stosford

7. Give the name of your Battalion or Regimental Commander both at time of your enlistment and discharge from service. Col. Statley and Byor was put over us just before the war ended as Lamar got Killed

8. If you enlisted in the navy give name of your Commanding officer, date of enlistmen and place of service. —

9. If discharged prior to the termination of the war, state place and cause of discharge.

—

10. If you lost an eye or limb during your service in the war, state when and where and in what engagement you sustained such injury. — I lost one finger in an engagement below Petersburg, and got shot in the foot at Potomac River

11. If you received a wound during your service in the war, which permanently disables you, state when and where you received the wound. —

12. Describe the wound and state how it affects you.

13. How many acres of land owned by you or your wife, or that is held in trust for the benefit of either of you, and in what counties is it located? Eighty acres, in Calhoun Co.

14. Describe the personal property owned by you or your wife, or held for your or your wife's benefit. (This kind of property means all kinds of property not included in the term lands).

we have about 7 seven head of Cattle and one Mule, and a few hogs

15. Have you or your wife any income from any source? If so, what amount yearly?

No.

16. Have you sold, given away, or transferred for any consideration, within the past two years, any property, real or personal? No.

17. If in answer to question 16 you say yes, describe the property real and personal, give value, and name of person to whom transferred and date of transfer.

18. Are you now engaged in any vocation? If so, what?

Yes. farming

19. What has been your vocation for the past two years? farming

20. How much can you earn (gross) per annum by your own exertions or labor? about 1/3 as much as I could when I was young or 25¢ per day

21. Do you receive a pension from the United States or any other State? No

22. Have you any sons or daughters? yes

23. If so, how many, and are they able financially to provide for your support?

I have 5 daughters & one son, No.

24. Have you ever made an application for a pension before, either to the United States Government, to this or any other State? No

25. If so, when and where and upon grounds did you make such application?

26. Are you now living with any of your children? If so, is he or she able to provide for your support? No. But there is three step children with me.

Sworn to and subscribed before me this the 8th day of March A. D., 1907.

J. C. Atkins

Clerk Circuit Court Calhoun County.

By S. B. Atkins D.C.

J. W. Peacock

Applicant.

(FORM C)

Affidavit To Be Made By Commissioned Officer.

STATE OF_____ }
County of_____ }

Before me personally came_____, who being duly sworn deposes and says, that he was a Commissioned Officer in the_____

_____, the organization to which the within
(Here state name of Organization)
named applicant for pension under the laws of Florida belonged and in which he served during the war between the States. This deponent further says that the said _____

_____rendered faithful service as a Confederate soldier or sailor during the war between the States, and that the disability claimed by the said_____

_____to exist, does in fact exist and the same prevents him permanently from gaining a livelihood.

Sworn to and subscribed before me this _____ day of _____ A. D., 19____. } _____ Late of _____ _____

(This affidavit to be made by one who was a Commissioned Officer, and the blanks must be filled out).

(FORM D)

STATE OF Florida }
County of Calhoun }

Before me personally came W. G. Montford and J. M. Atkins, who being by me first duly sworn, depose and say, each for himself, that he is a citizen of the County of Calhoun in the State of Florida, and that he was a soldier of Company "H" Fifth Fla regiment in the service of the Confederate States during the war between the States, and that said J. W. Peacock was a member of said regiment; that he is acquainted with J. W. Peacock, the applicant named in the foregoing petition for a pension; that he knows that the said J. W. Peacock rendered the service as soldier or sailor for the Confederate States during the war between the States as set forth in the foregoing petition for a pension. That he did not desert the Confederate army, and that the disability claimed by him to exist, does in fact exist and prevents him from earning a livelihood for himself, and these deponents being further sworn true answer to make to the following questions, deposes each for himself and answers as follows:

1. Where do you reside? Sehman Calhoun Co Fla

2. Are you acquainted with the within named applicant for a pension, if so, what is his name? Yes J. W.

Where does he reside? and how long has he resided in this State? Peacock, Blountstown Fla all his life

3. To what military organization did the within named applicant belong during the war between the States? Company "H." Fifth Fla Regiment

4. Did he render the service to the Confederate States during the war, as claimed in the foregoing answers by him? He did

5. Where were you when your organization surrendered? Near the High Bridge on the appomatox River three days before the surrender

6. Was the applicant present? Yes. But he got a way and went to Lee's army at Bunkers Hill where the whole army surrendered

7. If not, where was he? and why was he not present?

8. When did he leave the Command? For what cause?

9. What is the nature and character of the applicant's wounds or disease?

10. What is the applicant's occupation and physical condition? Farming, Bad.

11. Who compose the family of the applicant? What is their earning capacity? his wife and 3 step children, not much they manage to live.

12. What property, effects or income has the applicant? no property other than that mentioned, as I know of. and has no income on ~~it~~ as he works

Sworn to and subscribed before me this 8th day of March A. D, 1907.

J. C. Atkins Clerk C.C.C.
By S B Atkins D.C.

1 W. T. his x mark Mantford
2 F. M. Atkins Witnesses.

(FORM E)

Affidavit for Adjutant of a Camp of United Confederate Veterans.

STATE OF _____
County of _____

Before me personally came _____, who being by me first duly sworn, deposes and says, that he is the Adjutant of Camp _____ of the United Confederate Veterans of the County of _____ in the State of _____. That he knows _____, the within named applicant for pension under the laws of Florida, that the said applicant was a soldier or sailor in the service of the Confederate States during the war between the States, and that he rendered faithful service, did not desert the Confederate army, that he is a member in good standing of Camp _____ of the United Confederate Veterans. This deponent further says that the _____ is disabled reason of by _____ from earning a livelihood for himself.

Sworn to and subscribed before me this _____ day of _____ A. D., 19____.

_____
Adjutant Camp _____
_____ United Confederate Veterans.

(FORM F)

Physician's Affidavit.

STATE OF FLORIDA,
County of Calhoun

Before me personally came Dr. John W. Rhoden, who being duly sworn, deposes and says, that he is a physician, that he is a resident of the State and County aforesaid, that he personally knows J. W. Peacock, the applicant named in the foregoing application for a pension. This deponent further says that he has carefully examined the said applicant's physical condition and finds:

(Here state nature, character and extent of wounds, disease or disability)

The applicant is more than 65 years old. General debility such as will not justify a support by manual labor

This deponent further says that the said J. W. Peacock is permanently disabled by reason of such debility from earning a livelihood for himself ~~by manual labor~~.

(If the application for pension is based upon age, strike from the above last line the words "by manual labor.")

Sworn to and subscribed before me this Fourteenth day of March A. D., 1907.

J. C. Atkins
Clerk C.C.C.
By S. B. Atkins
D. C.

Dr John W Rhoden
Physician.

Certificate of Clerk Circuit Court.

I certify that the above affidavits are genuine; that all of the affiants are persons of trustworthy character, and their statements are entitled to full faith and credit; that the attesting officers are duly authorized to administer oaths; that their signatures are genuine, and that the said applicant J. W. Peacock is a bona-fide resident and citizen of the State of Florida.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Circuit Court for Calhoun County, this 14 day of March A. D., 1907.

S. C. Atkins
Clerk Circuit Court.
By E. B. Atkins D. C.

Report of County Commissioners.

We, the undersigned County Commissiorners in and for Calhoun County, Florida, do hereby report that at a meeting of the Board of County Commissioners held this 6th day of May 1907, the foregoing application of J. W. Peacock for pension under the laws of Florida. was by us investigated; that we are satisfied that the representations made in the petition and affidavits are true and that a pension should be granted to the applicant.

Witness our hands this 6th day of May A. D., 1907

1 G. L. Hausparck
2 H. B. Gaskin
3 W. W. Knowles
4 J. H. Davis
5 N. D. Scott
County Commissioners.

By the County Commissioners, Attest:

Clerk Circuit Court.

NOTE.

1. Before any questions are answered the officer will swear the applicant or witness in the following words or to the like effect: "You do solemnly swear that you will make true answers to the questions asked you, and the evidence you shall give shall be the whole truth, so help you God."

2. Additional affidavits may be attached if blank spaces are insufficient.

3. The blanks must be filled. The information reqnired must be accurately and fully given.

4. Forms "A" and "B" must be filled out by Applicant; "C" by Commissioned Officer; "D" by two soldiers or citizens of the County; "E" by Adjutant of Camp United Confederate Veterans; "F" by physician.

5. It is not necessary to fill out each form lettered "C," "D" and "E," one of them must be filled out. Either one will suffice.