

Application of Soldier, Sailor or Marine for Disability by Reason of Disease or the Infirmities of Age.

I, Geo. B. Skinner do hereby apply for aid under the act of the General Assembly of Virginia, approved April 2, 1862, and subsequent acts, as amended by an act approved March 10, 1868, entitled an act to aid the citizens of Virginia who were disabled by wounds received during the war between the States while serving as soldiers, sailors, or marines of Virginia, and such as served during the said war as soldiers, sailors, or marines of Virginia, who are now disabled by disease contracted during the war, or by the infirmities of age, and the widows of soldiers, sailors, or marines of Virginia who lost their lives in said service, or whose death resulted from wounds received or disease contracted in said service, and providing penalties for violating the provisions of this act, and I do solemnly swear that I am a citizen of the State of Virginia, resident at Wax Spring in the County of Richmond in the said State, and that I have been an actual resident of the said State for two years, and of the said city (or county) for one year next preceding the date of this application, and that I was a soldier (sailor or marine) of the State of Virginia in the war between the United States and the Confederate States, as a member of (here state specifically the command and branch of the service to which the applicant belonged, and the names of his immediate superior officers) 2nd Va. Artillery, Capt. James Heston, Co. G. James and that I am now disabled by disease (here state the nature of the disease and the cause from which it resulted) Old Age & Infirmities (Rheumatism) and that from the effects of such disease I am now permanently disabled from following my usual and ordinary occupation or any other occupation for a livelihood (in the case of disability from the infirmities of age, strike out all relating to disability by disease, and then proceed as follows:) and that I am now suffering from the infirmities of age, and permanently incapacitated thereby from following my usual and ordinary occupation, or any other occupation for a livelihood (here state specifically the nature and character of the disability which prevents the applicant from following any 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 disability I am now entitled to receive, under the said act the sum of Two Hundred dollars annually. And I do further swear that I do not hold any national, State, city or county office, which pays me in salary or fees Two Hundred dollars per annum; nor have I an income from any other employment or any source whatever which amounts to Two Hundred 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 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 Seven Hundred and Fifty dollars: (but a soldier, sailor or marine who is entitled to be placed in Class A or B shall have the amount hereinbefore provided for him, unless he or his wife has an estate of the assessed value of one thousand dollars, but also that a soldier, sailor or marine who has reached the age of eighty years shall have the amount hereinbefore provided for him, unless he or his wife shall have an estate of the assessed value of fifteen hundred dollars: provided, that 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); nor do I receive any aid or 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 I do further swear that the answers given to the following questions are true:

1. What is your age? Ans. 68
2. Where were you born? Ans. Summerville Va
3. How long have you resided in Virginia? Ans. 68 years
4. How long have you resided in the city or county of your present residence? Ans. 30 years
5. What is your usual and ordinary occupation for earning a livelihood? Ans. Rail Road Bridging
6. How long have you followed such occupation or employment? Ans. about 20 years
7. Have you followed such occupation or employment, or any other occupation or employment, within the last two years? If so state when and where, and the amount of your annual income from the same? Ans. been working for the R.R. about 1 1/2 per day
8. State specifically the nature of your disability or disease? Ans. Old Age & Infirmities
9. What were the causes which led to the disease which has resulted in your disability? Ans. et. cause in War
10. How long have you suffered from such disease, and when did you first become aware that you were afflicted with the same? Ans. 20 years ago
11. With what disease or sickness did you suffer during the time of your service? Ans. Typhoid fever & pneumonia
12. Are you totally disabled because of such disease, or the infirmities of age, from following your usual and ordinary occupation or employment, or any other occupation or employment, by which to earn a livelihood? If not totally disabled thereby, but only partially, state the extent of your partial disability. Ans. I can not properly do any more of bridge bridging, on a ch. old age & infirmities
13. When and where did you enter the service of Virginia, or of the Confederate States? Ans. Embarked at Summerville Va
14. In what command and service were you engaged during the war between the States? Ans. 2nd Va. Artillery, Co. G. James
15. How long were you in the service? Ans. 3 years
16. When did you leave the service and under what circumstances? Ans. Order of Discharge, Co. G. James
17. If suffering from disease, state what physician or physicians have attended you for the same? Ans. Dr. W. H. Heston
18. Give the names and addresses of two or more in the service of your command, if any such be living, and if not, so state. Ans. Brooks Morgan, Charles Depue
19. Give here any other information you may possess relating to your service, or disability, that will support the justice of your claim for aid. Ans.
20. Is there any camp of Confederate veterans in the city or county of your residence? Ans. Dr. Johnson Camp
21. Is there any one living, the residence and address of whom is known to you, either by name or otherwise, who has knowledge of your service, and of the cause of your disability? If so or not, state. Ans. Dr. Mason, Live in Summerville

Witness my hand this 27 day of May 1908

I, Geo. B. Skinner in the State of Virginia, do certify that Geo. B. Skinner 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 Geo. B. Skinner made oath before me that the said statements and answers are true, given under my hand this 27 day of May 1908

(A)
OATH OF RESIDENT WITNESSES
We, Geo. B. Skinner and E. C. Bailey do solemnly swear that we are residents of the County in the said State, and that we have known personally and well for 15 years whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1862, and subsequent acts, as amended by an act approved March 10, 1868, and that the said Geo. B. Skinner is a resident of the said county or city, and is a man of good reputation for truth and honesty, and that we have read the annexed application and the answers to the questions therein propounded, made by the said applicant, and verily believe that the said applicant has been truthful in the said statements and answers, and that from our personal knowledge the applicant is disabled (state the character of the disability, and whether it is partial or total) Old Age & Infirmities we verily believe the said applicant is justly entitled to aid under the said act, and that we have no personal interest in the allowance of the applicant's claim

Subscribed and sworn to before me, a Justice for the County of Richmond this 27 day of May 1908

Geo. B. Skinner
E. C. Bailey
State of Virginia

APPROVAL OF PENSION BOARD.

I, Chas. N. Friend, chairman of the Pension Board of
Chattanooga, Tenn., do certify that the foregoing application has been examined and approved by said Board,
and that the original application was allowed in this Hamilton County.

In testimony whereof I hereto set my hand, this 24th day of July, 22nd, 1911.

Chas. N. Friend
Chairman Pension Board.

This Court, from an examination of the foregoing application, affidavit, certificates, etc., being satisfied that the claim is
just, doth approve the same this 17th day of August, 1912.

James G. Wood R. G. Southall
Judge Circuit Court of Chattanooga

* 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 con-
sideration not deemed valuable in law or parted with by gift since March 2, 1902, shall be considered as his or her estate.

At a meeting of the Board held
April 22 1912 the above
application was examined & approved

Johnnie
Chairman

Physician will please read the following certificate carefully before filling it out.

CERTIFICATE OF PHYSICIAN.

I, Edwin M. Mann, a practicing physician in the county of Sumner, in the State of Virginia, do certify that I am personally acquainted with the applicant, and that from a personal examination of him as to the disability set forth in his application, and the cause thereof, I am clearly of the opinion that he is disabled by reason of (physician will here state SPECIFICALLY the nature of the disability and the cause thereof, and if such disability be total, whether the applicant is deprived thereby of all ability to pursue his usual and ordinary occupation, or any occupation for a livelihood, and if the disability be partial, to what extent the applicant is hindered thereby from pursuing such occupation as aforesaid. If the physician considers the disability total, he will, in addition to the causes disclosed by the examination, repeat the language underscored above)

Rheumatism & capillary bronchitis - both chronic. The applicant is deprived thereby of all ability to pursue his usual & ordinary occupation, or any occupation for a livelihood.

and I verily believe his disability is wholly due to causes assigned in the said application and in this certificate, and I have no personal interest in the allowance of the applicant's claim.

Given under my hand, this 19th day of May, 1911.

OFFICE OF DR. EDWIN M. MANN, R. F. D. No. 1, KENNESAW, VA.

Edwin M. Mann M. D.

CERTIFICATE OF COMMISSIONER OF REVENUE.

I, Geo. W. Morgan, Commissioner of the Revenue in the County of Christchurch, in the State of Virginia, do certify that J. D. Skinner or his wife or his trustee, or trustee for his wife, whose name is signed to the foregoing application under the act of the General Assembly of Virginia, approved December 31, 1903, is charged on the land and personal property books of the said County with estate, real, personal and mixed, of the assessed value of \$390.

Given under my hand, this 25th day of May, 1911

Geo. W. Morgan Commissioner of Revenue.

Handwritten notes at the bottom of the page, including 'I have seen Skinner's account and find it correct in amount to be \$390.00'.

REVERTING APPLICATION.

NOTE.—This application must be approved by the Pension Board and the court or judge which **ORIGINALLY** granted the pension for partial disability.

(See copy of law on last page of this form.)

I, . . . J. B. Skinner, now on the pension rolls of the State of Virginia, claimed as **PARTIALLY** disabled, do hereby apply to be reverted and classed as **TOTALLY** disabled. I do solemnly swear that since I was placed on said roll I have become **TOTALLY** disabled; that I am now, and have been for two years, an actual resident of the said State, and that I do not hold any national, State, city or county office which pays me in salary or fees two hundred dollars (\$200.00) 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 dollars (\$200.00) per annum; nor do I own in my own right, nor does anyone hold in trust for my benefit or use, nor does my wife own, nor does any one hold in trust for her benefit, either real, personal or mixed property or estate, either in fee or for life, of the assessed value of seven hundred and fifty dollars (\$750.00)*; nor do I receive any aid or pension from any other State, or from the United States, or from any other source, and that I am not an inmate of a soldier's home, and I am without any means of support, either direct or indirect; that I am now permanently disabled from following **ANY** occupation for a livelihood, and that the answers given to the following questions are true:

1. What is your age? Ans. . . . Seventy-one
2. What is your usual and ordinary occupation for earning a livelihood? Ans. Bridge Carpenter
3. How long have you followed such occupation or employment? Ans. . . Seventeen years
4. Are you following such occupation or employment, or any other occupation or employment at the present time? If so, state the nature and extent of such employment. Ans. . . No
5. State specifically the nature of your disability or disease . . . Rheumatism and Bronchitis
6. Are you totally disabled, because of such disease or the infirmities of age, from following your usual and ordinary occupation or employment, or any other occupation or employment, by which to earn a livelihood? Ans. Yes
7. If suffering from disease, state what physician or physicians have attended you for the same.
 . . . D. A. Mann :
8. Give here any other facts that will support the justice of your claim. . . Total disability
9. In what county or city, and when, was your pension first granted? Ans. . Chesterfield Co., 1907

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

J. B. Skinner
(Signature of Pensioner.)

WITNESSES

Subscribed and sworn to before me, A. Notary Public
in and for the county . . . of Chesterfield, this 16th day of May 1911.
my commission expires Jan. 23, 1913.
[Signature]
(Signature of Officer.)

NOTE.—The above affidavit may be taken before any officer in this State authorized by law to administer an oath.

Approved July 24th 1911

ACT OF 1902

RERATING APPLICATION.

To save trouble for Pensioner and Pension Department, please write plainly in spaces below the Name of Pensioner, the County or City in which the Pension was FIRST GRANTED, and present Postoffice Address.

Roll No. 114

County or City Charlottesville, Va.

Name J. B. Skinner

Postoffice 2004 Chicago Ave.,

Winchester, Va.

Filed in Auditor's office _____ 19__

Paid Warrant No. 10073

Date of Payment _____ 19__

Pension Form 10.

RERATING LAW.

An ACT to provide for rerating pensioners classed on the pension rolls of the State as partially disabled.

Approved December 31, 1901.

1. Be it enacted by the General Assembly of Virginia, That any person now on the pension rolls of Virginia, or who shall hereafter be placed thereon, and classed as partially disabled, may, if such pensioner shall thereafter become totally disabled by disease or the infirmities of age, make application to be rerated and placed on said pension roll under the class of totally disabled pensioners. If said application be approved by the pension board and the court or judge which originally granted a pension to such person as for partial disability, the applicant shall be placed on the pension rolls under the class of totally disabled pensioners, and receive the sum now or hereafter provided by law to be paid to totally disabled pensioners. In ascertaining whether or not such applicant has become totally disabled, the same proof and certificates concerning such disability shall be required as is required for an original application for a pension. The Auditor of Public Accounts shall prepare proper forms for carrying out the purposes of this act.

2. This act shall be in force from its passage.

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 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 17 Pension Law.)

(B)

AFFIDAVIT OF COMRADES

We, J. B. ... and ... do solemnly swear that we are residents of the ... of ... in the State of ... and that ... whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, is personally well known to us, and that we have known him for ... years, and that we were soldiers (sailors or marines) in the military (or naval) service of Virginia, or of the Confederate States, during the war between the United States and the Confederate States, and that the said ... who was also a soldier (sailor or marine) in the said service during the said war, was, with us, members of (here state command and immediate superior officers thereof) ... and that the said ... was a true and loyal soldier (sailor or marine) in the said service, and was faithful in the discharge of his duty and that we verily believe he is disabled from the cause and in the manner in his application set forth, and that his claim is just and that we have no personal interest in the allowance of his claim under the said act.

Subscribed and sworn to before me, a Notary Public, for the City of ... of ... State of Virginia, this 27th day of May, 1908.

Note - If only one comrade whose residence and address is known to applicant, let him make the above affidavit. If no such comrade is living whose address is known to applicant, then let one or more reputable persons who have personal knowledge of the services of the applicant and of cause of his disability, make the following affidavit:

(C)

AFFIDAVIT OF WITNESSES, NOT COMRADES

We, ... and ... do solemnly swear that we are residents of the ... of ... in the State of ... and that we personally know, and are well acquainted with ... whose name is signed to the annexed application, and who is applying for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, and that we have known the said applicant for ... years, and that to our personal knowledge the said ... was a loyal and true soldier (sailor or marine) in the military (or naval) service of Virginia, or of the Confederate States, in the war between the States, and was faithful in the discharge of his duty, and that we verily believe he is disabled from the cause, and in the manner in his application set forth, and that his claim is just, and that we have no personal interest in the allowance of his claim under the said act.

Subscribed and sworn to before me, a ... in and for the ... of ... this ... day of ... 1908.

Note - If no comrade in arms or other person who has knowledge of the services of the applicant and of the cause of his disability is living, whose residence is known to applicant, state that fact here.

(D)

CERTIFICATE OF PHYSICIAN

I, E. T. ... a practicing physician, in the City of ... State of Virginia, do certify that I am personally acquainted with James B. ... whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, and that from a personal examination of the said ... as to the disability set forth in his application and the cause thereof, I am clearly of the opinion that he is disabled by reasons of (here state specifically the nature of the disability and the cause thereof, and, if such disability be total, whether the applicant is deprived thereby of all ability to pursue his usual and ordinary occupation for a livelihood, or any other occupation for a livelihood, and if the disability be partial, to what extent the applicant is hindered thereby from pursuing such occupation as aforesaid) ... and that I verily believe his disability is wholly due to causes assigned in the said application, and that he is entitled to aid under the provisions of the said act, and that I have no personal interest in the allowance of the applicant's claim.

Given under my hand this 26 day of May, 1908

(E)

CERTIFICATE OF CAMP OF CONFEDERATE VETERANS

The ... Camp of Confederate Veterans of the ... County ... State of Virginia, hereby certifies that it has examined into the merits of the annexed application of ... for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, and being satisfied of the justice of his claim, hereby recommends the said ... for aid under the provisions of the said act, and that it has no personal interest in the allowance of the applicant's claim.

Note - If there is no camp of Confederate Veterans in applicant's city or county, then the certificate of two ex-Confederate soldiers, well known and of good reputation, residing in said city or county must be obtained, as follows:

(F)

CERTIFICATE OF EX-CONFEDERATE SOLDIERS

We, ... and ... of the ... State of Virginia, do certify that we were soldiers (sailors or marines) of Virginia in the war between the States, and that we have examined into the merits of the annexed application of ... for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, and that we are satisfied of the justice of his claim, and recommend the said ... for aid 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 ... 1908.

(G)

CERTIFICATE OF THE COMMISSIONER OF THE REVENUE

I, ... Commissioner of the revenue, in the ... State of Virginia, do certify that ... or his wife, or his trustee, or trustee for his wife, whose name is signed to the annexed application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, and subsequent acts, as amended by an act approved March 10, 1908, is charged on the land and personal property books of ... with estate, real, personal and mixed of the assessed value of ... dollars.

Given under my hand this ... day of ... 1908.

Note - In computing the value of the estate held by any person or for his or her benefit under this section, all property conveyed by deed for consideration not deemed valuable in law or parted with by gift since March 2, 1902, shall be considered as his or her estate.

1 PLACE OF DEATH

COUNTY OF Henrico
 MAGISTERIAL DISTRICT OF _____
 OR
 INC. TOWN OF _____
 OR
 CITY OF Richmond

CERTIFICATE OF DEATH
 COMMONWEALTH OF VIRGINIA
 BUREAU OF VITAL STATISTICS
 STATE BOARD OF HEALTH

REGISTRATION DISTRICT NO. _____ REGISTERED NO. 1256
 (TO BE INSERTED BY REGISTRAR) (FOR USE OF LOCAL REGISTRAR)
 ST.: _____ WARD) _____

(If death occurred in a hospital or other institution, give its NAME instead of street and number)

2 FULL NAME James D. Skinner

(A) RESIDENCE No. L.C. Sold Home ST. _____ WARD. _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred - yrs. 5 mos 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Anne Ruge

6 DATE OF BIRTH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) July 10 - 1942

7 AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.
80 | 5 | 26

8 OCCUPATION OF DECEASED
 (A) TRADE, PROFESSION, OR PARTICULAR KIND OF WORK Carpenter
 (B) GENERAL NATURE OF INDUSTRY, BUSINESS, OR ESTABLISHMENT IN WHICH EMPLOYED (OR EMPLOYER) 148
 (C) NAME OF EMPLOYER _____

9 BIRTHPLACE
 (CITY OR TOWN) Lunenburg Co
 (STATE OR COUNTRY) Va

10 NAME OF FATHER Blackwell Skinner

11 BIRTHPLACE OF FATHER
 (CITY OR TOWN) Lunenburg Co, Va
 (STATE OR COUNTRY) Va

12 MAIDEN NAME OF MOTHER Polly Laffoon

13 BIRTHPLACE OF MOTHER
 (CITY OR TOWN) Lunenburg Co
 (STATE OR COUNTRY) Va

14 INFORMANT Records L.C. Sold Home
 (ADDRESS) Richmond, Va

15 FILED 1/8, 1923 J. F. Waller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (MONTH, DAY, AND YEAR, WRITE NAME OF MONTH) January 6 - 1923

17 I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Aug 2 - 1922 TO July 6 - 1923

THAT I LAST SAW HIM ALIVE ON July 5 - 1923

AND THAT DEATH OCCURRED, ON DATE STATED ABOVE, AT 1140a M,
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
 (DURATION) _____ YRS. _____ MOS. _____ DS.

CONTRIBUTORY (SECONDARY) Chronic Bronchitis
 (DURATION) _____ YRS. _____ MOS. _____ DS.

18 WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? noDID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Symptoms(SIGNED) P.D. Lipscomb, M. D.1-6-1923 (ADDRESS) Richmond, Va

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR RE-MOVAL DATE OF BURIAL

HOLLYWOOD CEMETERY 1/8/23 19

20 UNDERTAKER THE J.W. BLILEY CO., INC.ADDRESS Richmond, Va.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID).—THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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