

A01373

A01373



# Widow's Pension Claim

UNDER THE ACT OF 1909

(FORM A.)

STATE OF FLORIDA,

County of Mauon

On this 26th day of February, A. D. One Thousand Nine Hundred  
and thirteen, personally appeared before me, a Natary Public  
County and State aforesaid. Martha A. Distum  
a resident of Berlin County of Mauon

State of Florida, who being duly sworn according to law, makes the following declaration in order to obtain a  
pension under the provisions of Chapter 5885, Laws of Florida, approved June 7, 1909.

That she is the widow of Thomas J. Distum  
who was enlisted under the name of Thomas J. Distum  
on the 8th day of November, 1868, in Company  
..... Regiment of the State of .....

and who was honorably discharged at ....., 186.....  
on account of .....

(Here give complete statement of other service, if any.)

That he also served .....

FOR PROOF OF HUSBAND'S SERVICE SEE APPROVED PENSION.....

CLAIM NO. 1552 ON FILE IN THE COMPTROLLER'S OFFICE.....

That she was lawfully married to the said Thomas J. Distum  
..... under the name of Martha A. Distum  
in the County of Mauon, State of Florida  
on the 8th day of November, 1868, and that she was not  
divorced from him and that she has not remarried since his death, which occurred on the 14th day of  
February, 1912, in the County of Mauon State of Florida

That she is a resident of Mauon County, Florida, and has continuously resided in  
the State of Florida since the year 1851.



That she does not own property, including real estate, personal property, mortgages or other collateral securities, stocks or bonds in this or any other State to exceed in value the sum of Five Thousand Dollars.

That the following is a true and correct statement of all property owned by me in this or any other State:

Real estate, located at Berlin, \$  
Mauon County Florida, \$  
and consist of 340 acres, \$  
valued at \$800 per acre, \$ 2720.00  
(under all crop off) Farm lands, \$  
Personal property 16 head cattle, \$ 140.00  
Cattle, horses and other live stock one horse, \$ 100.00  
Stocks none, \$  
Bonds none, \$  
Mortgages, notes and other securities none, \$  
Total not, \$ 2980.00

That she has heretofore been granted a pension from the State of Florida under Certificate No. 552 is  
the pension no 2 of Thomas J. Distumk claimant's deceased husband  
That she is not a pensioner of any other State.

That her Postoffice address is Berlin Mauon County of  
State of Florida.

Martha A. Distumk  
(Claimants must sign Christian name.)

Attest:

- (1) A. L. Distumk  
(2) M. N. Ferguson

Sworn and subscribed before me this 26th day of February

A. D. 1913; and I hereby certify that the above declaration, etc., were fully made known and explained to the applicant before swearing; and that I have no interest, direct or indirect, in the prosecution of this claim.

A. M. Ferguson  
Notary Public State of Florida  
(FORM B.)

STATE OF FLORIDA,

County of Mauon

We, the undersigned citizens of Mauon County, State of

Florida, do hereby certify that we personally know Martha A. Distumk, who is an applicant for a pension under the Laws of Florida, and that from our own personal knowledge, and from the best information available, we believe that the applicant does not own property to exceed in value the sum of \$5,000, and that the statements made by her relative to the value of her property are true and correct.

(To be signed by two citizens.)

Sworn and subscribed before me this 26th day of February 1913

A. M. Ferguson  
Notary Public State of Florida



## Report of County Commissioners.

We, the undersigned, County Commissioners in and for the County of Mason, Florida, do hereby report that at a meeting of the Board of County Commissioners held this day, the foregoing application of Monika A. Disten for a pension under the Laws of Florida, was investigated by us; that we are satisfied that the applicant does not own property to exceed the value of \$5,000, and 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 4 day of March, D. 1913

(1) C. Carmichael

Chairman.

(2) W. T. Henderson

(3) W. Luffman

(4) James D.

(5) O. L. Watkins

County Commissioners.

By the County Commissioners. Attest:

P. N. Nugent

By M. E. Goddard S. C.

Clerk Circuit Court.

NOTE—All Blanks must be filled out. All information required must be fully and accurately given.



Pension No. 1373

Former Claim, No. ....

Application No. 19111

Pensioner No. 6365

## CLAIM FOR PENSION

BY

Martha A. Sistrunk,

OF

Postoffice

County

WIDOW OF

Thomas J. Sistrunk (1552)

OF

Company

Regiment

FILED IN PENSION DEPARTMENT

MAR 7 1913

APPROVED

Apr 23<sup>d</sup>, 1913

With pay from Feb 15, 1913

At the rate of \$120 per annum

C. A. Gray  
Secretary of Board.

FILED IN COMPTROLLER'S OFFICE.

19...

Capital Pub. Co. State Printer

This Pension is increased to

\$150. per year on July 1st, 1913

a/c husband enlisted in Florida.



# SOLDIER'S PENSION CLAIM

UNDER THE ACT OF 1909.

(FORM A.)

STATE OF

County of

On this day of

A. D. One Thousand Nine Hundred and

personally appeared before me, a

in and for the county and State aforesaid,

according to law, declares that he is

years of age, having been born on the

day of

18

in the county of

in the State of

That he

is a bona fide citizen of the county of

State of Florida.

That he has resided in

the State of Florida continuously since the

day of

18

That he is the identical person who enlisted at

Fernandina

under the name of

186

in Company

Regiment

of the State of

Independence

in the service of the

Confederate service

(Here state whether the service claimed was in the Confederate States Army or in the service of a State.)

and who was HONORABLY DISCHARGED at

Waldo

in the State of

Florida, on the

day of

April

186

on account of

End of the war

(Here state fully any other military service performed by the applicant.)

Was organized in May 1862

at W. C. Charlens Camp, Co. C, 2nd

Florida Cavalry, with this unit

at Battle of Olustee then transferred

to J. G. Anderson's Command (Artillery)

where remained until the end of the war

(Here give date and place of capture, imprisonment, exchange or parole.)

That I served faithfully until HONORABLY DISCHARGED from the service of the

State of

Florida

in the year 186

and did not desert the service of the

Confederacy nor take the oath of allegiance to the United States until after the

surrender of the Confederate Armies.

(Here state whereabouts at close of Civil War.)

That I was

Waldo Fla



That I do not own property, including real estate, personal property, stocks, bonds, mortgages or other collateral securities of any kind in this or any other State, nor does my wife own with me jointly or separately, property to exceed in value the sum of five thousand dollars.

That the following is a true and correct statement of all the property owned by me or by my wife, jointly and separately in this or any other State:

Real estate located at	Bolan Manor Co Fla	\$	1500.00
	340 acres	\$	150.00
	Mare & Calh -	\$	200.00
	28 head Cattle	\$	60.00
Cattle, horses and other live stock	40 hogs	\$	40.00
Personal property		\$	
Stocks	None	\$	
Bonds		\$	150.00
Mortgages, notes and other securities		\$	
Total		\$	1950.00

That I have heretofore been granted a pension from the State of Florida under pension certificate No. 6474, at the rate of \$100 per annum.  
(Here state any disabilities, physical or mental.)

(Here state any wounds received, or loss of limbs and eyesight.)

That my postoffice address is Bolan, County of Manoa, State of Florida.

Thomas J. Distenck  
(Claimants must sign name in full.)

Attest:

(1) J. J. Siskin  
(2) M. A. Kinison

Sworn and subscribed before me, this 27 day of July, A. D. 1909;  
and I hereby certify that the above declaration, etc., were fully made known and explained to the applicant before swearing, and that I have no interest, direct or indirect, in the prosecution of this claim.

J. J. Siskin  
Clerk Ch Ch



(FORM B.)

STATE OF FLORIDA

County of Macon

We, the undersigned citizens of Macon County, State of Florida, do hereby certify that we personally know Thomas D. Sumner, who is an applicant for a pension under the laws of Florida, and that from our own personal knowledge, and from the best information available, we believe that the applicant does not own property (including the property of his wife) to exceed in value the sum of \$5,000, and that the statements made by him relative to the value of his property are true and correct.

(To be signed by two citizens.)

Sworn and subscribed before me, this 24 day of July, 1909

(FORM C.)

### Physician's Affidavit.

STATE OF FLORIDA,

County of .....

Before me personally came....., 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..... 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. Please avoid technical terms.)

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

(Please note carefully resolution below before certifying to total disability.)

Sworn and subscribed before me, this..... day of....., A. D. 19.... Physician.

At a meeting of the State Board of Pensions held July 10th, 1907, at which the Governor, Comptroller and Treasurer were present, the following resolution was adopted:

Resolved: That persons entitled to Pensions under the Laws of Florida, who apply for the amount allowed in cases of total disability, must submit the affidavit of a reputable physician stating specifically the personal ailment and conditions that render the applicant entirely helpless and incapacitated, physically or mentally, for any work or business.



## Report of County Commissioners.

We, the undersigned, County Commissioners in and for the County of Manon  
Florida, do hereby report that at a meeting of the Board of County Commissioners held this day, the foregoing  
application of Thomas J. Sistrunk for a pension  
under the Laws of Florida, was investigated by us; that we are satisfied that the applicant does not own property  
(including the property of his wife) to exceed the value of \$5,000, and 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 3rd day of August, A. D. 1909

- (1) George H. B... Chairman.  
(2) J. M. Matthews  
(3) W. J. Crasby  
(4) M. M. Proctor  
(5) W. A. Fort

County Commissioners.

By the County Commissioners. Attest:

J. J. Sistrunk  
Clerk Circuit Court.

NOTE—All blanks must be filled out. All information required must be fully and accurately given.

Former Claim No. ....	6474
Application No. ....	14765
Pensioner No. ....	1552
<b>CLAIM FOR PENSION</b>	
BY <u>Thomas J. Sistrunk</u>	OF <u>Manon</u> Postoffice
LATE OF <u>McCabe's</u> Company	County <u>Manon</u>
<u>2nd</u> <u>Vol</u> <u>Calvary</u> Regiment	
FILED IN PENSION DEPARTMENT.	
AUG 7 1909	
APPROVED	
AUG 27 1909	
JUL 1 1909	
With pay from .....	19...
At the rate of \$ <u>120</u> .....	per annum
Secretary of Board.	
FILED IN COMPTROLLER'S OFFICE	
19...	
Capital Pub. Co. State Printer	
Tallahassee, Florida	

120



# APPLICATION FOR PENSION

Under Laws of Florida

[FORM A]

## FOR USE OF APPLICANT FOR PENSION

I, Thomas J. Sistrunk, do hereby make application to the State Board of Pensions, for a pension to be granted 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 service of  
Naval or Military.

Confederate States during the war between the States of the State whether Confederate States or this State. 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.)

I was born Aug 1st 1843  
and am now over 60 years of age  
and claim this pension by reason  
of my age.

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 6th day of

January, A. D. 1908

Witness:

W. B. Jones

Postoffice

Thomas J. Sistrunk  
Berlin Fla



STATE OF FLORIDA,

Mauon County.

On this 1st day of January, A. D. 1908,  
 before me, J. L. Sistrup, Clerk of the Circuit Court in and for

said County and State, personally came Thomas J. Sistrup, 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  
 12 inclusive, are true:

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

Thomas J. Sistrup Berlin, Mauon County, Fla.

2. In what State and County were you born and when?

Hamilton County, Fla Aug 1st 1843

3. How long have you been a citizen of the State of Florida?

All my life

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

1st with Capt. Bell Owens Co. (Marion Dragoons)  
Sept 1861. Romanosa Spring 1862. under  
Capt. W. E. Chandler 2nd Fla Cavalry

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

Capt. Bell Owens;

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

Capt. J. J. Dickerson

7. Give the name of your battalion or regimental commander both at time of your enlistment and discharge

from service. Capt. Smith, 2nd Fla Cavalry

8. If you enlisted in the navy give name of your commanding officer, date of enlistment and place of service

No -

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

No -

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 No -

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

where you received the wound. No -



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

Had none

Sworn to and subscribed before me this the 6th

day of January

A. D. 1908

Clerk Circuit Court.....

County Marion

Thomas J. Sistrunk  
Applicant.

Postoffice Berlin Fla

[ 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 disabili-

ty 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 Marion

Before me personally came J. H. Brooks

and

M. Atkinson, who being by me first duly sworn, depose and say,

each for himself, that he is a citizen of the County of Marion in the State of

Florida, and that he was a soldier of Co "O" 2nd Fla Reg regiment in the service of the



Confederate States during the war between the States, and that said

*I J Sistrunk* was a member of said regiment; that he is acquainted with

*I J Sistrunk*, the applicant named in the foregoing  
petition for a pension; that he knows of his own knowledge that the said

*I J Sistrunk*  
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 service, and that the disability  
claimed by him to exist, does in fact exist and prevents him from earning a livelihood for himself, and these depo-  
nents being further sworn true answer to make the following questions, deposes each for himself and answers  
as follows:

1. Where do you reside?

*Mr Brooks - Ocala*  
*Mr Atkinson - Berlin, Fla*

2. Are you acquainted with the within named applicant for a pension? If so, what is his name? Where does  
he reside? and how long has he resided in this State? *Yes - Berlin Fla*

*All of his life*

3. To what military organization did the within named applicant belong during the war between the States?

*Co "C" 2nd Fla Reg*

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

5. Where were you when your organization surrendered?

*Baldwin Fla*

6. Was the applicant present?

*Yes*

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

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

*Close of war*

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



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

Farmer=  
Good health

Sworn to and subscribed before me this.....

day of January.....

A. D. 1908

S. J. Distenfeld, Clerk,  
By H. D. Palmer

1. Jno. H. Brooks.....

Late of Co. C, Regt. 2 Fla Cavalry

2. M. Atkinson.....

Late of Co. C, Regt. 2 Fla Cavalry

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 he knows of his own knowledge and by documentary proof submitted to the  
Camp on application for membership, that the said applicant was a soldier or sailor in the service of the Confed-  
erate States during the war between the States, that he did not desert the same, and that he is a member in good  
standing of Camp.....

of the United Confederate Veterans.

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.....

Before me personally came....., 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....., the  
applicant named in the foregoing application for a pension. This deponent further says that he has carefully ex-  
amined the said applicant's physical condition and finds:

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

.....  
.....  
.....  
.....  
.....

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

(Add "and totally," if the facts are such as to warrant such statement.)

(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.....  
day of.....  
A. D. 19.... } ..... Physician.

Certificate of Clerk of the 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 admin-  
ister oaths; that their signatures are genuine, and that the said applicant.....  
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.....  
Marion County, this... 8 ...day of... January..., A. D. 1908

.....  
Clerk Circuit Court.  
By W B Fay Jr



## Report of County Commissioners

We, the undersigned, County Commissioners in and for Marion County, Florida,  
do hereby report that at a meeting of the Board of County Commissioners held this 7<sup>th</sup> day of  
January, 1908, the foregoing application of J. J. Heston  
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 7<sup>th</sup> day of January, A. D. 1908

1. Jack Edwards

2. J. M. Matthews

3. S. R. Pyles

4. W. A. Fort

5. C. H. Turner

County Commissioners.

By the County Commissioners. Attest:

J. J. Heston  
Clerk Circuit Court.

By W. A. Fort

### 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 required must be accurately and fully given.
4. Forms "A" and "B" must be filled out by Applicant; "C" by Commissioned Officers; "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.



Application No. .... 10233

6474

Pensioner No. ....

# CLAIM FOR PENSION

BY

*Thos. P. Hartman* 100

OF

*Bellevue, Mo* Postoffice

*Murphy* County

LATE OF

*Co* Company

*2nd Cav* Regiment

FILED IN PENSION DEPARTMENT

JAN 13 1908

19...

APPROVED

FEB 8 1908 19...

With pay from *PERMANENT* 1908 1908

At the rate of \$ *100.00* per annum

*Supervisor* Secretary of Board.

FILED IN COMPTROLLER'S OFFICE

19...



STATE BOARD OF PENSIONS:

GOVERNOR  
COMPTROLLER  
TREASURER

No. 6474

DEPARTMENT OF PENSIONS,  
STATE OF FLORIDA.

Tallahassee, August 17, 1909.

Hon. F. C. Ainsworth,  
The Adjutant General,  
Washington, D. C.

Dear Sir:

Thomas J. Sistrunk,  
who is an applicant for a pension under the laws of Florida, claims to  
have been a member of Company C, 8nd Cavalry  
Regiment Florida, Confederate States Army, and  
to have been

Please furnish me with the record of this soldier.

Yours very truly,

*A. C. Quinn*

Comptroller.



ADJUTANT GENERAL'S OFFICE

1557241

WAR DEPARTMENT

OF PENSIONS

OF FLORIDA

Tallahassee, August 17, 1909.

under the laws of Florida, claims to  
Confederate States Army, and  
Company C, 2d Cavalry

very truly,  
your obedient servant

Comptroller

Address: "The Adjutant General,  
War Department, Washington, D.C."

Thos. J. W. Sistrunk 1557241

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, August 21, 1909.

Respectfully returned to the  
Comptroller,  
State of Florida,  
Tallahassee. 1373

The records show that Thomas J.  
W. Sistrunk, private, Company C, 2d  
Florida Cavalry, Confederate States  
Army, enlisted September 12, 1861,  
and reenlisted May 1, 1862. He was  
one of a number of prisoners surren-  
dered May 17, 1865, at Baldwin,  
Florida, and paroled there the same  
day.

*[Signature]*  
The Adjutant General.

[A. G. O. 72-1]



Pension File-----6474

March 31, 1908

Mr T.J.Sistrunk

Berlin, Fla.

Dear Sir:--

I am directed by the Board of Pensions to advise you that your claim for pension has been allowed from October 14, 1907 instead of the date your last claim was filed. Hon T.J.Sistrunk, Clerk of the Circuit Court for Marion County has made affidavit that your former claim was delivered to the Southern Express Company at Ocala, Fla. October 18th and should have reached this office on October 14th, 1907. These claims never reached the pension department but it was through no fault of the applicant or the clerk and the Board of Pensions has been petitioned to allow said claims from date of former claims and has decided to allow pay from October 14th, 1907 to you.

Please return the voucher sent with your certificate to me and make out the one enclosed for your payment March 31, 1908 so that your payment will include the back pay allowed as stated above.

Yours very truly,

---

Secretary State Board of Pensions.