

# APPLICATION FOR PENSION.

STATE OF ARKANSAS,

COUNTY OF

*Ashley*

I,

*William P. 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

*31st La*

Number of Regiment or name of Colonel.

Regiment of

*Infantry*  
Infantry, Artillery or Cavalry.

from the State of

*La*

or a member of the crew of the ship

called

from such service on or about the

*15th* day of *March*

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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 per-

form 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 age.*

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.

(Signature)

*William P. Foster*

Subscribed and sworn to before me this

*12th*

day of

*June*

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*G. A. Gadford*

# PROOF OF SERVICE.

(By Comrades if Possible.)

STATE OF Missouri  
COUNTY OF Ashley

On this day personally came before the undersigned, a  
County Clerk within and for the County of Ashley  
and State of Missouri W H Smith + R A Farrar  
citizens of Missouri, 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 William P Foster and have  
known him 45 years, respectively.

That he was a Confederate soldier. Belonging to Company Q Regiment  
of 31<sup>st</sup> La Vol That as such soldier he served from 1862  
to Nov 1865 That he was wounded in said service at

~~That this information was derived from the following sources:~~

That to the best of our knowledge, all property now owned by him is not worth exceeding  
\$..... That he is 81 years old = incapacitated for manual labor,  
[State whether wholly or partially].  
and that we have no interest in this claim.

W H Smith  
R A Farrar

Subscribed and sworn to before me this 4<sup>th</sup> day of July 1903

R R Redfern  
County Clerk

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**Evidence of Physician**

—ON—

**PENSION APPLICATION**

—OR—

EVIDENCE OF PHYSICIAN

STATE OF ARKANSAS,

COUNTY OF Ashley

I, W. S. Norman a duly registered and practicing physician in Ashley County, Arkansas, do hereby certify that I am personally well acquainted with Wm J Foster of Parkdale 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 No wound

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

Rheumatism + old age

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

Extent of disability one leg

W. S. Norman

M. D.

Subscribed and sworn to before me this 12th day of Jan 1903

STATE OF ARKANSAS, }  
County of Ashley } SS.

We, the undersigned, sitting as a Pension Board for Ashley County,  
do certify that we have examined the application of the within named  
William T. Foster 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 not 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  
\$ \_\_\_\_\_ pension.

J. J. Dean [SEAL]  
E. A. Scott [SEAL]  
James S. Gladney [SEAL]

1958

APPLICATION OF

William T. Foster

Brownburg P. O.

Ashley County.

Examined and allowed

and \$ 50.00 allowed and Auditor

authorized to draw warrant for same.

FILED IN PENSIONS OFFICE

1903

This 6 day of Aug 1903

Sec'y of State.

Neumann Auditor.

Major-General Commanding U. C. V.

THOMPSON LITHOGRAPH & PRINTING CO.

# APPLICATION FOR INCREASE OF PENSION.

STATE OF ARKANSAS,

COUNTY OF

*Ashley*

I,

*N. J. Foster*

do solemnly swear that I am now, and for the past twelve

months have been, a bona fide resident of this State; that I am now drawing a pension as an ex-Confederate

soldier, under an Act of the General Assembly of 1901, having made my original application from the county

of *Ashley*; that I am still in indigent circumstances; 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; that my disability has in-

creased, and I am less able to perform manual labor than when my original application was made, by reason

of *old age*

and I hereby make application for an increase of pension, under Act of the General Assembly of 1907.

(Signature)

*N. J. Foster*

Subscribed and sworn to before me, this

*13* day of

*July*

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*8*

*J. A. Williams*

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EVIDENCE OF PHYSICIAN

—ON—

INCREASE  
PENSION APPLICATION

—OF—

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# EVIDENCE OF PHYSICIAN

On Application for Increase of Pension.

STATE OF ARKANSAS,

COUNTY OF

*Ashley*

I,

*E. M. Scott*

a duly registered and practicing physician in

*Hamburg Ashley*

County, Arkansas, do hereby certify that I am personally

well acquainted with

*W. F. Foster*

of *Hamburg Ashley Co.*

Arkansas, who is an applicant for an increase of 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

*No wounds,*

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

*To his*

*age, 85 yrs.*

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

*No.*

Extent of disability

*He is not able to perform*

(State whether total or otherwise)

*Manual labor,*

*E. M. Scott*

M. D.

Subscribed and sworn to before me this

*13* day of *July*

190*8*

*J. H. Williams*  
*Clerk,*



STATE OF ARKANSAS,

COUNTY OF

*Arkley*

We, the undersigned, sitting as a Pension Board for

*Arkley*

County, do hereby certify that we have examined the application of the within named

*W. J. Foster*

for increase of pension, under Act of the General Assembly of the State

of Arkansas, approved March 9, 1907, and the proof in support of same, and find that said applicant is less able to perform manual labor than he was at the time a pension was granted him, and that he is entitled to have the

same increased to 100.00 Dollars.

*J. Dean* (Seal)

*E. A. Seatt* (Seal)

*W. A. Rely* (Seal)

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APPLICATION OF

*W. J. Foster*

*Stearns*

P. O.

*Arkley*

County.

Examined and increase

*100.00*

and pension increased to \$100.00

and Auditor authorized to draw warrant for same.

This 6th day of *August* 1908.

*W. J. Foster* Sec. of State.

*J. B. Moore* Auditor.

Major-General Commanding U. C. V.

"Democrat"—Little Rock.