

Source Citation: Confederate Pension Rolls, Veterans and Widows, Record of Scruggs, Mrs. S. M., at
 <http://lvaimage.lib.va.us/CP/html/21934.html>
 Master Source: Library Of Virginia, 800 East Broad Street, Richmond, Virginia 23219-8000,
 < <http://www.lva.virginia.gov/index.htm> >

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 18, Pension Law.)

Approved *3000*
 AUG 7 1914
 Filed in the Clerk's Office of the *Superior*
 Court, of *Charlotteville*, Virginia,
 this *27th* day of *July*, 1914

Pension Application FOR A Widow of a Confederate Soldier

ACT 1912, AS AMENDED

To save trouble for Applicant and Pension Department, please write plainly in spaces below, the County or City in which the Pension was granted and the name and Postoffice Address of the applicant.

Roll No. *87*
 County *Charlotteville*
 City *Charlotteville*
 Name *Mrs. S. M. Scruggs*
 Postoffice *Charlotteville*

Class _____ Rating _____ Age _____
 Filed in Auditor's office *JUL 20 1914*
 Paid Warrants No. *12667*, *3000*
 Date of Payment *SEP 1 1914* 191

MEMORANDA

Form No. 1.—10-12-100

CONFEDERATE RECORDS

(446)

INSTRUCTIONS

READ BEFORE THE FORM IS FILLED IN.

All questions must be answered fully.
 It is necessary to have Certificates A and G filled out in full.
 If comrades cannot be found to fill in Certificate B, Certificate C must be filled.
 When possible, Certificate D must be filled.
 Where there is a camp of Confederate Veterans, Certificate E must be filled.
 Where there is no camp, Certificate F must be filled.
 When the name of the applicant, or any one making affidavit, is made by X mark, a witness must always be had to the mark.
 After the application is filled up through Certificate G, file it with the clerk of the Corporation or Circuit Court of your city or county.
 If your income (from all sources), amounts to \$300.00 per year, or the assessed value of your property, (either in fee or for life), is as much as \$750.00, you will not be entitled to a pension.

WIDOWS WHO WERE MARRIED AFTER MAY 1, 1868, ARE NOT ENTITLED TO PENSIONS FROM THIS STATE'

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The Applicant must read or have read to her, every word in this Application
PENSIONERS now on the ROLL are NOT required to make new application, but must file annual certificate.

THIS APPLICATION

Must be Filed with the Clerk of the Corporation or Circuit Court of your City or County.
(No application will be entertained not on the printed form.)

FORM NO. 3.

APPLICATION of a Widow of a Soldier, Sailor or Marine of the late Confederacy
Under Act of 1912, as amended.

I, Mrs. S. M. Scruggs, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved April 3, 1905, as amended, 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." I do solemnly swear that I am a citizen of the State of Virginia, and that I have been an actual resident of the said State for two years, and of the city or county of my present residence for one year next preceding the date of this application, and that I am the widow of.....
.....who was a soldier (sailor or marine) in the service of the Confederate States in the war between the States, and that to the best of my knowledge, during the said war my husband was loyal and true to his duty, and never, at any time, deserted his command or voluntarily abandoned his post of duty in the said service, and that I was never divorced from my said husband, and that I never voluntarily abandoned him during his life, but remained his true, faithful, and lawful wife up to the date of his death, and that I am a widow at the date of making this application, and that I am now entitled to receive a pension under the provisions of said act. And I do further swear that I do not hold any position or office, either national, State, city or county, which pays me in salary or fees Two Hundred (\$200.00) dollars per annum; nor have I an income from any other employment or source whatever which amounts to Two Hundred (\$200.00) dollars per annum; nor do I receive from any source whatever, money or other means of support amounting in value to Two Hundred (\$200.00) dollars per annum; nor do I own in my own right, nor does any one hold in trust for my benefit or use estate or property, either real, personal, or mixed, either in fee or for life, or the assessed value of Seven Hundred and Fifty (\$750.00) dollars; 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 without means of support, either direct or indirect; and I do further swear that the answers given to the following questions are true:

All questions must be answered fully—be explicit:

1. What is your name? <u>Mrs. S. M. Scruggs</u>	15. Who were his immediate superior officers? Colonel <u>W. H. T. ...</u> Captain <u>...</u>
2. What is your age? <u>49</u> years.	16. Give the names and addresses of two comrades who served in the same command with your husband during the war. Name <u>...</u> Address <u>...</u> Name <u>...</u> Address <u>...</u>
3. Where were you born? <u>Chatham, Georgia</u>	See Certificate "B."
4. How long have you resided in Virginia? <u>4</u> years.	17. Give the names and addresses of two persons who are familiar with the circumstances of your husband's service and death. Name <u>...</u> Address <u>...</u> Name <u>...</u> Address <u>...</u>
5. How long have you resided in the City or County of your present residence? <u>2</u> years.	See Certificate "C."
6. Where do you reside? If in a city, give street address. Post-office <u>Chatham, Georgia</u> County of <u>Chatham</u> Virginia.	18. What assistance do you receive, and what income have you from all sources? <u>None</u>
7. With whom do you reside? <u>Alone</u>	19. How much property do you own? Real Estate \$ <u>...</u> Personal Property \$ <u>...</u>
8. What was your husband's full name? <u>Samuel M. Scruggs</u>	20. Was your husband on the pension roll of Virginia? If yes, in what county or city was his pension allowed? <u>Yes, in Chatham County, Georgia</u>
9. When, where and by whom were you married? When? <u>1864</u> Where? <u>Chatham, Georgia</u> By whom? <u>...</u>	21. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time? <u>No</u>
10. When and where did your husband die? <u>1865, Georgia</u>	22. Is there a camp of Confederate Veterans in your city or county? <u>No</u>
11. What was the cause of his death? <u>...</u>	23. Give here any other information you may possess relating to the service of your husband or the cause of his death which will support the justice of your claim.
12. Give name and address of physician who attended your husband at the time of his death. Name <u>...</u> Address <u>...</u> See Certificate "D."	
13. Have you married since the death of your said husband? If yes, give full particulars. <u>No</u>	
14. In what branch of the army did your husband serve? <u>...</u> Regiment <u>...</u> Company <u>...</u>	

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

WITNESSES.....

I, ..., in and for the State of Virginia, do certify that the applicant whose name is signed to the foregoing application, personally appeared before me in my ... office, having the aforesaid application read to her and fully explained, as well as the statements and answers therein made, the said applicant made oath before me that the said statements and answers are true.
Given under my hand this 28 day of March, 1911.

Signature of Officer.

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(A)
OATH OF RESIDENT WITNESSES.

(Must be signed by two residents of Applicant's City or County.)

We, J. L. Hopkins and P. H. Marshall, do solemnly swear that we are residents of the County
of Albemarle in the State of Virginia and that we have known personally and well for years the applicant whose
name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, and that the said
applicant is a resident of the said city or county and is a woman of good reputation for truth and honesty, and that we have read the foregoing 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, 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.

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

WITNESSES.....

Subscribed and sworn to before me, a Notary Public in and for the County of Albemarle
State of Virginia, this 21st day of March, 1914.

J. L. Hopkins
P. H. Marshall
Resident Witnesses.

Robertson
Signature of Officer.

(B)
AFFIDAVIT OF COMRADES.

(See Question No. 16 on page one.)

We, J. L. Hopkins and P. H. Marshall, do solemnly swear that we are resi-
dents of the County of Albemarle in the State of Virginia and that the applicant whose name is signed to
the foregoing application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, is personally well known to us,
and that we have known her for years, and know her to be the widow of who was a soldier (sailor
or marine) in the military or naval service of Virginia, or of the Confederate States, and that we were soldiers (sailors or marines) in the said service
during the said war, and that we were with the said applicant's husband, members of the same command, and that to our personal knowledge, he died
on or about day of from the effects of
and that he was a true and loyal soldier in the said service, and was faithful in the discharge of his duty, and that we have no personal interest in the allow-
ance of the applicant's claim.

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

WITNESSES.....

Subscribed and sworn to before me, a Notary Public in and for the County of Albemarle
State of Virginia, this 21st day of March, 1914.

J. L. Hopkins
P. H. Marshall
Comrades.

Robertson
Signature of Officer.

NOTE—If only one comrade whose name is known to the applicant, let him make affidavit B. If no such comrade is living whose address is known to the applicant, then let one or more reputable persons who
have personal knowledge of the services of the applicant's husband and of the cause of his death, make affidavit C.

(C)
AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not necessary when Certificate B can be filled.)

We, J. L. Hopkins and P. H. Marshall, do solemnly swear that we are residents
of the County of Albemarle in the State of Virginia and that we personally know, and are well
acquainted with the applicant whose name is signed to the foregoing application, and who is applying for aid under the act of the General Assembly of
Virginia, approved April 2, 1902, as amended, and that we have known the said applicant for years, and that to our personal knowledge
the said applicant is the widow of who 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 that on or about the day of , the
said applicant's husband died, and that they lived as husband and wife up to the date of the death of said husband, and that we have no personal interest
in the allowance of the applicant's claim.

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

WITNESSES.....

Subscribed and sworn to before me, a Notary Public in and for the County of Albemarle
State of Virginia, this 21st day of March, 1914.

J. L. Hopkins
P. H. Marshall
Witnesses, not Comrades.

Robertson
Signature of Officer.

NOTE—If no comrade in arms or other person who has knowledge of the services of the applicant's husband and of the cause of his death is living, whose address is known to the applicant, state that fact here.

(D)
CERTIFICATE OF PHYSICIAN.

Physician will please read carefully the answers to questions 10, 11 and 12 and the following certificate before filling out.

We, J. L. Hopkins and P. H. Marshall, a practicing physician in the County of Albemarle in the
State of Virginia, do certify that I am personally acquainted with the applicant, whose name is signed to the foregoing application for aid under the
act of the General Assembly of Virginia, approved April 2, 1902, as amended, and that I attended her husband, during
his last illness, and that from my professional knowledge of the cause of his death, I verily believe that his death resulted from
and that I have no personal interest in the allowance of the applicant's claim.

Given under my hand this 21st day of March, 1914.

J. L. Hopkins
P. H. Marshall
M. D.

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(E)

CERTIFICATE OF CAMP OF CONFEDERATE VETERANS.

(Must be filled up when there is a camp in applicant's city or county.)

I, Wm. L. McKeith.....commander of James B. Harrison.....Camp of Confederate Veterans of the Army.....of Richmond.....in the State of Virginia, hereby certify that the said camp has examined into the merits of the foregoing application for aid under the act of General Assembly of Virginia, approved April 2, 1902, as amended, and being satisfied of the justice of said claim, hereby recommend the same, under the provisions of the said act, and that the said camp has no personal interest in the allowance of the applicant's claim.

Given under my hand this 1st day of April.....1914

Wm. L. McKeith
Commander.

NOTE—If there is no camp of Confederate Veterans in applicant's city or county, the affidavits of two ex-Confederate soldiers, well known and of good reputation, residing in said city or county, must be obtained to certify to F.

(F)

CERTIFICATE OF EX-CONFEDERATE SOLDIERS.

(Not necessary when certificate E can be filled.)

We,and of the of State of Virginia, do certify that we were soldiers (soldiers or marines) of the Confederate States in the war between the States, and that we have examined into the merits of the foregoing application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, and that we are satisfied of the justice of said claim, and recommend the same under the provisions of the said act, and that we have no personal interest in the allowance of the applicant's claim.

Given under my hand this day of 191.....

Ex-Confederate Soldiers.

(G)

CERTIFICATE OF COMMISSIONER OF REVENUE.

I, D. W. Funder.....Commissioner of Revenue in the City.....of Blaine.....in the State of Virginia, do certify that the applicant (or her trustee) whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, is charged on the land and personal property books of the said City.....with estate, real, personal or mixed, of the assessed value of \$2,000.

Given under my hand this 20th day of March.....1914

D. W. Funder
Commissioner of Revenue.

*The actual amount due or unpaid upon any bond of trust or mortgage to secure the payment of a debt shall be deducted from the assessed value of the property of statements 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 consideration not deemed valuable in law or parted with by gift since March 2, 1901, shall be considered as his or her estate.

(H)

CERTIFICATE OF PENSION BOARD.

I, George Tucker Harrison.....chairman of the Pension Board of the City.....of Charlottesville.....State of Virginia, do hereby certify that the foregoing application has been examined and approved by said Board.

In testimony whereof I hereto set my hand, this 28th day of July.....1914

George Tucker Harrison
Chairman Pension Board.

(I)

CERTIFICATE OF JUDGE.

This Court, from an examination of the foregoing application and of the affidavits, certificates, etc., therewith filed, and hereto annexed, and of such witnesses as were required and called by the court being satisfied that the said application is supported by the affidavits, certificates, etc., of persons of well-known reputation for truth, honesty and integrity, and that the claim of the said applicant is just, and in due form, doth certify the same to the Auditor of Public Accounts.

Given under my hand this 28th day of July.....1914

A. D. D. D.
Judge.

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CITY Charlottesville
COUNTY _____

COMMONWEALTH OF VIRGINIA
OFFICE OF
THE AUDITOR OF PUBLIC ACCOUNTS
(PENSION DEPARTMENT)

Richmond, July 29/14
To the Secretary of
Virginia Military Records
Richmond, Va.

Sir:

I have the honor to request the official record
of Sam'l M. Scruggs

Co. "H" 2nd Va. Cavalry

Colonel T. Mumford

Captain W. Tibbitts

This information is to be used in connection with
an application for a Confederate pension, which has
been filed in this office.

Respectfully

J. H. Johnson
PENSION CLERK D. W.
Auditor Public Accounts.

Pension #4-5-10-13-1 M.

(See other side for answer.)

Mrs. L. M. Scruggs

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COMMONWEALTH OF VIRGINIA
OFFICE OF
Secretary of Virginia Military Records

Richmond,

The Auditor of Public Accounts,
Richmond, Va.

Sir:

In answer to your request for information as contained on the reverse side of this form, I beg to report as follows:

The records in this office show that

Saml M. Scruggs

enlisted *1861* date in

Co. *10* *2d* Regiment *Va*

*Company: 4d at
Berryville and
Front Royal*

Respectfully,

Joe. B. Blyford

Secretary.

(See Other Side.)