

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.)

591

Filed in the Clerk's Office of the Court,
 of , Virginia,
 this day of 191

Pension Application FOR Disabled Confederate Soldier

ACT 1902, 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. 86
 County of Charlottesville
 Name Samuel M. Scruggs
 Postoffice Charlottesville
 Va

Class Rating #86 Age 78
 Filed in Auditor's office 191
 Paid Warrant No. 8126 \$36.00
 Date of Payment 191

MEMORANDA

Form No. 2 2-11-11. S.M. Destroy all previous forms.

INSTRUCTIONS

READ BEFORE THIS FORM IS FILLED IN.

All questions must be answered fully.
 It is necessary to have Certificates A, D and G filled out in full.
 If certificate cannot be found to fill in Certificate B, Certificate C must be filled.
 Where there is a camp of Confederate Veterans, Certificate B 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.
 The doctor, in filling in Certificate D, must set out clearly his examination, and define his case, whether partial or total, otherwise the rating of the applicant cannot be properly determined.
 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 \$200.00 per year, or the assessed value of your property, or that of your wife (either in fee or for life), is as much as \$750.00, you will not be entitled to a pension.

Source Citation: Confederate Pension Rolls, Veterans and Widows, Record of Scruggs, Samuel M., at

< <http://lvaimage.lib.va.us/CP/html/21935.html> >

Master Source: Library Of Virginia, 800 East Broad Street, Richmond, Virginia 23219-8000,

< <http://www.lva.virginia.gov/index.htm> >

The Applicant must read or have read to him, every word in this Application.

PENSIONERS now on the ROLL are NOT required to make new applications, 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. 2.

APPLICATION of Disabled Soldier, Sailor or Marine of the late Confederacy
Under Act of April 2, 1902, as amended.

I, Samuel M. Scruggs, do hereby apply for a pension under the provisions of the act of the General Assembly of Virginia, approved April 2, 1902, 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 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 was a soldier (sailor or marine) of the Confederate States in the war between the States, and that I am now disabled, 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 service and disability 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 national, State, city or county office or position which pays me in salary or fees TWO HUNDRED (\$200.00) dollars per annum; nor have I an income from any other employment or any 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 the sum of 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, 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 (\$750.00) dollars; provided, however, that a soldier, sailor or marine who has an estate of the assessed value of SEVEN HUNDRED AND FIFTY (\$750.00) dollars; provided, further, that a soldier, sailor or marine who has reached the age of eighty years shall be entitled to a pension unless he or his wife shall have an estate of the assessed value of FIFTEEN HUNDRED (\$1,500.00) dollars, nor do I receive any aid or pension from any other State, or from the United States, and that I am not an inmate of any soldiers' home and 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? Samuel M. Scruggs
2. What is your age? 75 years.
3. Where were you born? Nelson County, Va.
4. How long have you resided in Virginia? 2 years.
5. How long have you resided in the City or County of your present residence? 2 years.
6. In what branch of the service were you? Confederate Army
Company, 1st Regt. Cavalry Regiment.
Company Company.
7. Who were your immediate superior officers?
Colonel. Shannon H. Hargrave
Captain. John B. Hargrave
8. When did you enter the service? April 1864 1864.
9. Where did you enter the service? Charlottesville, Va.
10. When and why did you leave the service?
Oct. 1864 Discharged
11. Where do you reside? If in a city, give street address.
Post-office Charlottesville, Va.
County of Charlottesville, Virginia.
12. Have you ever applied for a pension in Virginia before? If yes, why are you not drawing one at this time?
No because I had not been in
the service long enough

13. What is your usual and ordinary occupation for earning a livelihood?
None
14. Are you following such occupation or any other occupation or employment at this time? If yes, state the nature and extent of same.
None
15. What is your annual income? \$200.00
NOTE—By income is meant the total gross receipts derived by you from all crops (whether sold or used) wages and other sources valued in dollars.
16. How much property do you own? Sold
Real Estate \$0.00
Personal Property \$0.00
17. What is the exact nature of your disability and the cause thereof?
Discharged from service on April 1, 1865, on account of disability, and was awarded a pension of \$200.00 per annum by the Confederate Government.
18. Are you totally or partially incapacitated by such disability?
Yes
19. Give the names and addresses of two comrades who served in the same command with you during the war.
Name John B. Hargrave
Address Charlottesville, Va.
Name John B. Hargrave
Address Charlottesville, Va.
See Certificate "B."
20. Is there a camp of Confederate Veterans in your city or county? Yes
21. Give here any other information you may possess relating to your service or disability which will support the justice of your claim.
I was a Confederate Soldier, and was
discharged on April 1, 1865, on account of
disability, and was awarded a pension of
\$200.00 per annum by the Confederate
Government.

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

WITNESSES: E. O. Scruggs

John D. Silburne Dulany Public in and for the County of Charlottesville, in the State of Virginia, do certify that the applicant 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 applicant made oath before me that the said statements and answers are true.

Given under my hand this 5th day of Mar 1913.

Samuel M. Scruggs
(Signature of Applicant.)

John D. Silburne
Signature of Officer.

Source Citation: Confederate Pension Rolls, Veterans and Widows, Record of Scruggs, Samuel M., at

< <http://lvaimage.lib.va.us/CP/html/21935.html> >

Master Source: Library Of Virginia, 800 East Broad Street, Richmond, Virginia 23219-8000,

< <http://www.lva.virginia.gov/index.htm> >

(A)

OATH OF RESIDENT WITNESSES.

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

We, Edgar J. Miller and John C. Miller, do solemnly swear that we are residents of the City of Richmond, in the State of Virginia and that we have known personally and well for 20 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 man 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 the applicant is disabled as stated in answers to questions 17 and 18, and 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.

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

WITNESS: Lillie M. Skene

Edgar J. Miller
John C. Miller
Resident Witnesses.

Subscribed and sworn to before me, a Notary Public in and for the County of Richmond, State of Virginia, this 5 day of March, 1913.

John W. Skene
Signature of Officer.

(B)

AFFIDAVIT OF COMRADES.

(See Question No. 19 of page one)

We, R. H. MacLean and John C. Miller, do solemnly swear that we are residents of the City of Richmond, 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 for aid under the act of the General Assembly of Virginia, approved April 2, 1902, as amended, and that we have known him for 20 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 applicant who was also a soldier (sailor or marine) in the said service during the said war, was, with us, members of the same command and that the said applicant was a true and loyal soldier (sailor or marine) in the service, and was faithful in the discharge of his duty and that we verily believe he is disabled from the causes and in the manner in his application stated and that his claim is just and that we have no personal interest in the allowance of his claim under the said act.

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

WITNESS:

John C. Miller
R. H. MacLean
Comrades.

Subscribed and sworn to before me, a Notary in and for the County of Richmond, State of Virginia, this 12 day of March, 1913.

John W. Skene
Signature of Officer.

NOTE.—If only one comrade whose address is known to the applicant, let him make affidavit. 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 and of cause of his disability, make affidavit.

(C)

AFFIDAVIT OF WITNESSES, NOT COMRADES.

(Not necessary when Certificate B can be filled)

We, Edgar J. Miller and John C. Miller, do solemnly swear that we are residents of the City of Richmond, 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 20 years, and that to our personal knowledge between the States, and was faithful in the discharge of his duty, and that we verily believe he is disabled from the causes, 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.

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

WITNESS:

Witnesses, not Comrades.

Subscribed and sworn to before me, a Notary in and for the County of Richmond, State of Virginia, this 5 day of March, 1913.

Signature of Officer.

NOTE.—If no comrade is alive or other person who has knowledge of the services of the applicant and of the cause of his disability is living, whose address is known to the applicant, state that fact here.

(D)

CERTIFICATE OF PHYSICIAN.

~~NOTE~~ Physician will please read carefully the answers to questions 17 and 18 and the following certificate before filling out.

I, Edgar J. Miller, a practicing physician in the City of Richmond, in the State of Virginia, do certify that I am personally acquainted with the applicant, and that from a personal examination of him, 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 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.) (If the physician considers the disability total, he will, in addition to the cause disclosed by the examination, repeat the language underlined above.)

Given under my hand this 20 day of March, 1913.

Edgar J. Miller
John C. Miller
Physician.

< <http://lvaimage.lib.va.us/CP/html/21935.html> >

< <http://www.lva.virginia.gov/index.htm> >

(五)

CERTIFICATE OF CAMP OF CONFEDERATE VETERANS

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

1. Lat H Walker 1st Sub Commander, entire Commander of John Bowie Strangers Camp of Confederate Veterans of the city Charlottesville in the State of Virginia, hereby certify that said camp has been examined into the merits of the foregoing application for aid under the act of General Assembly of Virginia, approved April 3, 1903, 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, 12th day of March, 1913.

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

(F)

CERTIFICATE OF EX-CONFEDERATE SOLDIERS

(Not necessary when certificate B can be filled)

We, and of the of State of Virginia, do certify that we were soldiers (sailors 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 3, 1903, as amended, and that we are satisfied of the justice of 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 our hands this.....day of.....191.....

Mr-Confederate Soldiers

(G)

CERTIFICATE OF COMMISSIONER OF REVENUE

I, H. W. Fowler, Commissioner of Revenue in the city of Green Hills, Va. in the State of Virginia, do certify that the applicant (his wife, trustee, or trustee for his wife) whose name is signed to the foregoing application for aid under the act of the General Assembly of Virginia, approved April 3, 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 \$ None.

Given under my hand this... 12th... day of... March... 1913...

H. W. Fowler
Commissioner of Revenue

*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 covered by deed for consideration not deemed valuable in law or parted with by gift since March 3, 1901, shall be considered as his or her estate.

(H)

CERTIFICATE OF PENSION BOARD.

I, Mr. E. Micalie, chairman of the Pension Board of the County of Alameda, 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 12 day of April, 1913.

Wm. R. Wiegman
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 24th day of April 1913

John W. Williams
J.W.W.

Source Citation: Confederate Pension Rolls, Veterans and Widows, Record of Scruggs, Samuel M., at
< <http://lvimage.lib.va.us/CP/html/21935.html> >
Master Source: Library Of Virginia, 800 East Broad Street, Richmond, Virginia 23219-8000,
< <http://www.lva.virginia.gov/index.htm> >

CITY *Charlottesville*
COUNTY

COMMONWEALTH OF VIRGINIA
OFFICE OF
THE AUDITOR OF PUBLIC ACCOUNTS

(PENSION DEPARTMENT)
ADJUTANT GENERAL'S OFFICE

2083050

Richmond

The Adjutant-General,
War Department,
Washington, D. C.

Sir:

I have the honor to request the official record
of *Samuel M. Scruggs*

Co. "K" .. Reg. 1st Cav.
Colonel *Thomas Munford*
Captain *Tibbs*

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

Respectfully,

Samuel M. Scruggs

Auditor Public Accounts.

Pension 22-47-12-1 M.

Source Citation: Confederate Pension Rolls, Veterans and Widows, Record of Scruggs, Samuel M., at

< <http://lvimage.lib.va.us/CP/html/21935.html> >

Master Source: Library Of Virginia, 800 East Broad Street, Richmond, Virginia 23219-8000,

< <http://www.lva.virginia.gov/index.htm> >

2033059

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON. April 29, 1913.

Respectfully returned to the

**Auditor of Public Accounts,
State of Virginia,
Richmond.**

The records show that Samuel M. Scruggs, private, Troop K, 2d Virginia Cavalry, Confederate States Army, enlisted April 17, 1861. On the roll covering the period from May 1 to September 1, 1864, dated February 22, 1865 (last roll on which his name appears), he was reported absent, sick.

The records of prisoners of war show that a man of this name and organization was paroled May 20, 1865, at Charlottesville, Virginia. No record of capture found.



The Adjutant General.

h

(A G O.74)

Source Citation: Confederate Pension Rolls, Veterans and Widows, Record of Scruggs, Samuel M., at
< <http://lvaimage.lib.va.us/CP/html/21935.html> >
Master Source: Library Of Virginia, 800 East Broad Street, Richmond, Virginia 23219-8000,
< <http://www.lva.virginia.gov/index.htm> >

CITY *Charlottesville*
COUNTY

COMMONWEALTH OF VIRGINIA
OFFICE OF
THE AUDITOR OF PUBLIC ACCOUNTS
(Pension Department)

17728 1913
Richmond, Va. 19

To the Secretary of
Virginia Military Records,
Richmond, Va.

Sir:

I have the honor to request the official record
of *Samuel M. Scruggs*

"K" Co. Regt. 2nd Cavalry
Col. Thos. Mumford
Capt. Tibbs

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

Respectfully,
Geo. A. Plumer
Auditor Public Accounts.

Pension 33-3-12-12-1 M.

(See other side for answer.)

Source Citation: Confederate Pension Rolls, Veterans and Widows, Record of Scruggs, Samuel M., at

< <http://lvaimage.lib.va.us/CP/html/21935.html> >

Master Source: Library Of Virginia, 800 East Broad Street, Richmond, Virginia 23219-8000,

< <http://www.lva.virginia.gov/index.htm> >

COMMONWEALTH OF VIRGINIA
OFFICE OF
Secretary of Virginia Military Records

Richmond, *Apr 29th* 1913.

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 show that
Samuel M. Scruggs
served as a private in
Co. K. 2nd Va. Cavalry -
and was wounded at
Berryville and Front
Royal -
No further data.*

Respectfully,

Jos. V. B. [Signature]

(13)

Secretary.

(See Other Side.)