

Smith Co No 60

VIRGINIA:

County of Smith, TO-WIT:

I, G. H. Snodgrass, Judge  
of the County Court for the County  
of Smith, do certify that I have care-  
fully enquired and examined into, and am fully satis-  
fied from the evidence adduced before me that each  
and all of the facts set forth in the within application  
are true; that the applicant is the identical person  
named in the application; that the application is for  
these reasons approved, and is therefore certified that

Jasper McGinnis

is entitled to receive annually from the State of  
Virginia the sum of Fifteen dollars

Given under my hand this 18<sup>th</sup> day

of May, 1896

G. H. Snodgrass

5/20/96

lost two fingers

Facts certified do not  
indicate a disability equal to  
that which would be caused  
by the loss of an eye

Disallowed

[OFFICIAL FORM.]

# Application of a Widow of a Deceased Soldier, Sailor or Marine for

I, Sarah J. Grinstead, residing at Neelstem Ho  
County of Essex in State of Virg

under an act of the General Assembly entitled "An act to give aid to soldiers, sailors, or marines of Virginia, main  
between the States, and to the widows of Virginia soldiers, sailors and marines who lost their lives in said war in the

do swear that I am the widow of Saul K Grinstead  
Res. A 23<sup>rd</sup> Va Battalion

and who, while in the discharge of his duty in military service during the late war between the States, lost his li  
that I am not receiving aid from or a pension from any State or from the United States, and that I do not hold a  
office which pays me in fees or salary over three hundred dollars; that my income from no source amounts to  
that I do not own in my own right property of the assessed value of one thousand dollars; and that I am now en  
sum of thirty dollars under the terms of the aforesaid act of the General Assembly.

And I do further swear that the following answers are true:

1st. What was the name of the applicant's deceased husband? Ans. Saul K.

2d. When and where, as nearly as can be ascertained, did the applicant's husband die, and from what

Ans. Died at Home. brought from hospital at Staunton  
reaching Home - from Yellow Jaundice + Chorea in Dec 1864

3d. When and where were the applicant and here deceased husband married?

Ans. Grayson Co. Va Mar 7 - 1849

4th. Has the applicant ever married again? Ans. No

Sarah J.

[OFFICIAL FORM.]

# APPLICATION OF SOLDIER, SAILOR OR MARINE FOR A PENSION

I, Jasper N. Grinstead, a native of the State of Virginia  
of Virginia, resident at St. Clair Bottom in the county (or city) of Smyth in said State of Vi  
soldier from the State of Virginia, in the war between the United States and the Confederate States, d  
under the act of the General Assembly entitled "An act to give aid to soldiers, sailors, and marines of Virginia, maimed  
between the States, and to the widows of Virginia soldiers, sailors and marines who lost their lives in said war in the mil  
do solemnly swear that, while in the discharge of my duty in the service of the Confederate States, as a member of L  
23rd Virginia Battalion  
on or about the 19 day of Sept. 1864, I was wounded in the battle of

and that from the effects of such wound I was disabled, as follows: Lost my Index an  
fingers on my left hand

and that by reason of such wound and disability I am now entitled to receive, under said Act, the sum of . . . . .  
annually. I further swear that I do not hold any national, State, or county office which pays me in salary or fees over  
per annum; nor have I an income from any other source which amounts to three hundred dollars; nor do I own in my  
wife own, property of the assessed value of more than one thousand dollars; nor do I receive aid or a pension from a  
the United States; and that I am not an inmate of any soldiers' home.

I do further swear that the answers given to the following questions are true:

- 1st. What is the applicant's age? Ans. 64 years
- 2d. In what battle or combat, or under what circumstances was the applicant wounded? Ans. No  
while in Regular engagement with the en
- 3d. What was the precise nature of the wound received? Ans. Lost Index an  
fingers on my left hand
- 4th. What limb, if any, did the applicant lose by reason of said wound? What eye, if any, did he lose  
Ans. No limb, No Eye
- 5th. If no limb or eye was so lost, what is the precise nature of the disability occasioned thereby?  
Ans. The loss of the fingers above stated g  
ables me from performing manual labor
- 6th. Is it total? No
- 7th. If not total, and if so, to what extent does it disable him from manual labor? Ans. No

*George W. Richards*

VIRGINIA:

*County of Smyth*, TO-WIT:

I, *George W. Richards*, Judge  
of the *County* Court for the *County*  
of *Smyth*, do certify that I have care-  
fully enquired and examined into, and am fully satis-  
fied from the evidence adduced before me that each  
and all of the facts set forth in the within application  
are true; that the applicant is the identical person  
named in the application; that the application is for  
these reasons approved, and it is therefore certified that

*Samuel J. Crinstead*  
is entitled to receive annually from the State of  
Virginia the sum of *Twenty* dollars

Given under my hand this *25* day  
of *April*, 18*78*

*George W. Richards*

Witness

*C. J. Wells*

*J. M. Wheeler*

*at the ...*

Filed *4/29/78*