Application for Pension

How Made; What to Contain: Description of Disabilities; Oath Prescribed

FORM 4-WIDOWS

PRORATE

Application of Widow of Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906 as amended by Laws of March 13, 1922, H. B. No. 382.

Applications must be filed in duplicate with the Chancery Clerk on or before the first Monday in September of the year in which application is first filed.

	(Applicant must answer all of the following questions.)
Q.	What is your name? Answer Mrs. anna Bridges Connally
Q.	In what state and county do you reside? Answer State of Mississippi County of De
Q.	What is the name of your Post Office? Answer Meslett
Q.	Are you a bona fide resident of the United States? Answer
Q.	Are you a bons fide resident of the State of Mississippi? Answer
Q.	What was your husband's name? Answer Leonge William Convally
Q	When and where were you married? Answer Muslitt april 12 1896
Q.	Have you since remarried? Answer No
Q.	Are you an inmate of the Beauvoir Soldiers' Home? Answer
Q.	Was your husband a bona fide citizen of the United States and of the State of Mississippi? Answer
Q.	What was the date of your husband's enlistment? Answer June 1, 1861
Q.	In what state, county and place did he reside when he enlisted?
	Answer alabama, Madison, Hundsville
Q.	Give the names and officers of his company, regiment or vessel?
	Answer Co. F. Cap. D. C. Kelley Sem Bedford Forcet Cap
Q.	Was he ever discharged from his command? Answer Mo
Q.	If so, for what cause? Answer
ą.	Was he in active service at the surrender in 1865. Answer
Q.	If not, why? Answer.
cas	"I do solemnly swear (or affirm) that I am a widow of a Confederate Soldier or Sailor (as the case may; that he was honorably discharged or paroled, or did not desert from the Confederate service (as the may be); that I reside in this State; that the statements set forth in the application are true and correct he applicant verily believes; so help me God."
	(Signature of pensioner) Cassas Parisly of Every Sworn to and subscribed before me, this 3/2 day of Cassas 1922 , 1922
	Sworn to and subscribed before me, this 3/2 day of Degree 4 , 192 2

	in the second the applicant to
AFFIDAVIT-We, the undersigned verily believe the facts stated in	application to be the and the spiral to
e the identical person named in the said application.	(Signature M Witness)
Sworn to and subscribed before me this 3/54 day	AM DOMINIC
of august, 1992	(Signature of Witness)
S. E. Wilson	
(Signature of Officer)	(Signature of Witness)
IOTE-Must be attested by one or more creditable witnesses.	(Signature of Witness)
	ama fridge Term
Sworn to and subscribed before me, this 372 day of 2	192.3-
Sworn to and successed before me, this 122 buy of	of 5 William me Town
	(Signature of officer)
	184
PACE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIT	ROSE COUNTY
Hormande Leo	4 4 192 2
	A 7 102
We, the understand members of the Board of Inquiry, hereby appro-	re the foregoing application of
Val 12 Comaley :	
ation are true and the party should receive pension.	se we believe the facts stated in the appli-
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Given under our hands and seal of office, this day of	192
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	W Harrison () 25.
	President of Board.
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Name and Address of the Park o	(Seal) 2
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	/ Chancery Clerk.
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N. B.—If the Board approves this application, the Chancery Clerk or that surmose, and forward all of the approved applications in a bod	will so certify, after recording the same in a book kep y to the Auditor's Office by the first day of October.
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PORM NO. 4—WIDOWS
PRORATE

PENSION APPLICATION

Special Instructions to Chancerv Check:

No application will be entertured unless made
on the proper form and every blank in the form
properly filled out.