THIS APPLICATION

Must be Filed with the Chancery Clerk on or before the First Monday in September.

No Application will be considered after the second Monday.

FORM No. 2.

APPLICATION of Indigent Soldier or Sailor of the Late Confederacy, Under Chapter 102, Code of 1906, for $75.00.

Applicant must make Answer to all of the following Questions and must sign and swear to same before the Clerk.

Q. What is your name? Answer H. H. Langley

Q. What is your age? Answer 75 years old

Q. In what county do you reside? Answer Desoto County Miss.

Q. What is the name of your postoffice? Answer Byhalia Miss R.F.D. 2

Q. Are you a citizen and resident of Mississippi? Answer I am born & raised

Q. How long have you been a bona fide resident of Mississippi? Answer all of my life

Q. Are you married or unmarried? Answer I am Married

Q. In what State and county did you reside when you enlisted in the service of the Confederate States? Answer Desoto County Miss.

Q. What was the date of your enlistment? Answer May 1861

Q. What was the number of the regiment or name of the vessel in which you first enlisted? Answer 17th Mississippi

Q. The name of its commander? Answer W. L. Featherston

Q. Letter or designation of the company in which you enlisted? Answer Company A

Q. Name of its captain? Answer Bill

Q. The length of time which you served in the above company or regiment? Answer nearly 4 years

Q. Were you ever discharged or transferred from the above command? Answer No

Q. If so, give the date of discharge or transfer? Answer

Q. If discharged on what ground? Answer

Q. If transferred, to what command? Answer

Q. Did you enlist the second time in the Confederate service? Answer No

Q. If so, into what regiment or company? Answer

Q. Were you discharged from this command before the surrender in 1865? Answer No

Q. If so, for what cause? Answer

Q. Were you ever wounded while in actual service? Answer Yes

Q. Give date on which you received your wound? Answer September 20 1863 Chickamauga Battle Georgia

Q. At what place were you wounded? Answer

Q. What is the nature of your wound? Answer in the right foot was taken off

Q. What was the number of the regiment or the name of the vessel in which you were serving when you received the wound? Answer 17th Miss

Q. Who was the commander of it? Answer Captain Featherston

Q. What was the letter of designation of the company in which you were serving at the time you received the wound? Answer Company A

Q. Who was the captain of the company? Answer I was

Q. Have you lost one foot, or one hand? Answer No

Q. Have you lost entire use of one foot or one hand? Answer No

Q. If you have lost one foot or one hand, was such loss caused by wounds or injuries received while enlisted in the Confederate army? Answer

Q. Have you sustained such other permanent wounds or injury as to disable you from earning a support, by reason of service in the Confederate army or navy? Answer No

PENSION APPLICATION

Q. If so, what is the number of such certificate, if known? Answer.

Q. Were you ever [illegible] Have you command a [illegible]? Answer. Yes

Q. If so, how long and why? Answer.

Q. Did you ever desert your command or absent yourself without leave, and if so, when and why? Answer. No

Q. Were you with your command at the surrender in 1865? Answer. No

Q. Where did your command surrender? Answer. Appomattox Va

Q. Were you a prisoner of war, and if so, when and where confined? Answer. Yes

Q. Why were you absent? Answer. Was dangerously Wounded

Q. How long in the service of the C.S.A.? Answer. Entire War

Q. What is your occupation at present? Answer. Farmer

Q. Do you apply for a pension because you are indigent and unable to earn a support by your own labor? Answer. Yes

Q. Do you hold any State, United States, County or City office from which you are receiving a salary or fee? If so, what is the salary or fee? If the salary is by the year, state the number of days actually employed, and the amount received for such employment. If the salary or fee is the sum of three hundred dollars per annum? Answer. No

Q. Have you any case over 16 and under 21 years of age? Answer. Yes

Q. Have you any property? Answer. Yes

Q. Have you any property in your own right or in the right of your wife? Answer. I have a small Home

Q. What is its true, just and correct value? Answer. I owe on it but Six hundred Dollars

Q. Have you a home of your own? Answer. Yes

Q. If not, are you now living with a relative? Answer. No

Q. If so, what relation? Answer. My Wife & Daughter

Q. Have you any relations or connections whose legal or moral duty it is to provide for you? Answer. No

Q. Have you any relations, if so, what relations? Answer. My Wife & Daughter

I, [illegible] do solemnly swear (or affirm) that I was a Confederate soldier, sailor or servant of such Confederate soldier or sailor (as the case may be), that I was honorably discharged or paroled, or did not desert from the Confederate service (as the case may be); that I reside in this State; that I am indigent and infirm; that I am not able to earn a support, and have no relatives able, whose duty it is to support me, that I (or my wife during her widowhood or personal, to the value of four hundred dollars ($400); that I nor my wife have not conveyed any of my or her property to any one with a view to obtaining a pension or help me God.

(Signature of Pensioner) R. H. Carter

Sworn to and subscribed before me this 19 day of April 1915

J. L. Owing N. P. Chancery Clerk

AFFIDAVIT—We, the undersigned, verily believe the facts stated in the above application to be true and the applicant to be the identical person named in the said application.

Sworn to and subscribed before me this 19 day of April A. D. 1915

J. L. Owing N. P.

(Signature of officer)

(Signature of witness) J. C. Strickland

(Signature of witness)

(Signature of witness)

NOTE.—Must be attested by one or more creditable witnesses.

R. H. Carter

(Signature of applicant)

Sworn to and subscribed before me this 19 day April A. D. 1915

J. L. Owing N. P.

(Signature of officer)

N. B.—[illegible] purpose, and [illegible]

Office of the Circuit and County Courts of Hinds

Miss. Sept 6 1865

We, the undersigned members of the Board of Registry, hereby approve the foregoing application for pension for $75.00

because we regard the applicant as needy and physically unable to earn a support by his own labor, caused by wounds or injuries received during the civil war, and that in all these respects the facts set forth in the above application are true, and the party should receive a pension.

Given under our hands and seals of office, this 6 day of Sept 1865

[SEAL]

(President of Board.)

[SEAL]

[SEAL]

[SEAL]

[SEAL]

[SEAL]

(Chancery Clerk.)

N. B.—If the Board approves this application, the Chancery Clerk will so certify, after recording the same in a book kept for that purpose, and forward all of the *approved* applications *in a body (not one at a time)* to the Auditor's office by the first day of October.

☞ No application forwarded after the 1st October.

☞ Rejected applications should not be forwarded to this office.

PENSION APPLICATION
FOR $75.00

County.

NAME OF APPLICANT

POST-OFFICE

No. of Application

Form No. 2.

SPECIAL INSTRUCTIONS TO CHANCERY CLERKS:

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

APPLICATION FOR PENSION

How Made What to Contain Description of Claimant Oath Prescribed

Form No. 2 For $75.00

Application of Indigent Sailors or Soldiers of the late Confederate States under Chapter 102, Code 1906, as amended by Laws April 8th 1910 and Laws March 20th 1916. Sec. 3 of Laws 1916 being as follows:

Be it enacted by the Legislature of the State of Mississippi that all applications for pensions heretofore made and filed, be and same are hereby declared void, and any person desiring to share in the future distribution of the pension fund, shall on or before the first Monday in September 1916, file such application with blanks to be furnished by the Auditor of Public Accounts through the Chancery Clerks of the various counties.

Applications must be filed with the Chancery Clerk on or before the first Monday in September 1916, and no application will be entertained not on the printed form.

(Applicant must make answer to all of the following Questions.)

Q. What is your name? Answer R. H. Cooper

Q. What is your age? Answer 77 years

Q. In what county do you reside? Answer DeSoto

Q. What is the name of your postoffice? Answer Hernando R.F.D.

Q. Are you a bona fide resident of the State of Mississippi? Answer Yes

Q. How long have you been a bona fide resident of Mississippi? Answer Ever since

Q. Are you married or unmarried? Answer Married

Q. In what State and County did you reside when you enlisted in the service of the Confederate States? Answer DeSoto Co Miss

Q. What was the date of your enlistment? Answer May 3rd 1861

Q. What was the number of the regiment or name of the vessel in which you first enlisted? Answer 17th Miss Light Regt

Q. The name of its commander? Answer W. S. Featherston

Q. Letter of designation of the company in which you enlisted? Answer I

Q. Name of its captain? Answer D. W. Bell

Q. The length of time which you served in the above company or regiment? Answer 2 yrs & 1 day

Q. Were you ever discharged or transferred from the above commands? Answer Never

Q. If so, give the date of discharge or transfer? Answer

Q. If discharged, on what ground? Answer

Q. If transferred, to what command? Answer

Q. Did you enlist the second time in the Confederate service? Answer Yes

Q. If so, into what regiment or company? Answer Same Co

Q. Were you discharged from this command before the surrender in 1865? Answer No

Q. If so, for what cause? Answer

Q. Were you wounded while in actual service? Answer Yes

Q. Give date on which you received your wound? Answer Battle of Chickamauga Sept 19th 20th 1863

Q. At what place were you wounded? Answer Chickamauga Sept 1863 Knoxville Sept 1863

Q. What is the nature of your wound? Answer Through wrist bone thumb & arm

Q. What was the number of the regiment or the name of the vessel in which you were serving when you received the wound? Answer Co I 17th Miss Regt

Q. Who was the commander of it? Answer Col Wm H Clark

Q. What was the letter of designation of the company in which you were serving at the time you received the wound? Answer I 17th Miss Regt

Q. Who was the captain of the company? Answer Capt R H Cooper

Q. Have you lost one foot, or one hand? Answer No

Q. Have you lost entire use of one foot or one hand? Answer No but both badly injured

PENSION APPLICATION

Q. If you have lost one foot or one hand, was such loss caused by wounds or injuries received while enlisted in the Confederate army? Answer ....

Q. Have you sustained such other permanent wounds or injury as to disable you from earning a support by reason of service in the Confederate army or navy? Answer ....

Q. If so, what is the nature of such wounds or injury? Answer ....

Q. Were you at any time absent from your command without leave? Answer ....

Q. If yes, how long and why? Answer ....

Q. Did you ever absent yourself from your command without leave, and join another? Answer No

Q. Were you with your command in active service at the surrender in 1865? Answer No

Q. Where did your command surrender? Answer Appomattox ....

Q. Were you absent from it when it surrendered? Answer Yes wounded

Q. Why were you absent? Answer Wounded

Q. How long had you been absent? Answer From Dec .... to April 1865

Q. What is your occupation at present? Answer ....

Q. Do you apply for a pension because you are indigent and unable to earn a support by your own labor? Answer ....

Q. Do you hold any State, United States, County or City office from which you are receiving as salary or fees the sum of three hundred dollars per annum? Answer No

Q. Have you any sons over 16 and under 21 years of age? Answer No

Q. If yes, how many? Answer ....

Q. Have you any property in your own right or in the right of your wife? Answer Yes

Q. What is its true, just and correct value? Answer $6.00 ....

Q. Have you a home of your own. Answer Yes

Q. Is the person you are now living with a relation? Answer ....

Q. If so, what relation? Answer ....

Q. Have you any relations or connections whose legal or moral duty it is to provide for you? Answer ....

Q. Have you any relations: if so, what relations? Answer .... wife 2 sons & 2 daughters ....

I do solemnly swear (or affirm) that I was a Confederate soldier, sailor or servant of such Confederate soldier or sailor (as the case may be); that I was honorably discharged or paroled, or did not desert from the Confederate service (as the case may be); that I reside in this State; that I am indigent and infirm; that I am not able to earn a support, and have no relatives able, whose duty it is to support me; that I nor my wife do not own property, real or personal, to the value of six hundred dollars ($600); that I nor my wife have not conveyed any of my or her property to any one with a view to drawing a pension, so help me God.

R. H. Cooper
(Signature of Pensioner)

Sworn to and subscribed before me, this 14 day of Aug A. D., 1916

J M Maxwell Chancery Clerk. J.P.

AFFIDAVIT—We, the undersigned, believe the facts stated in the above application to be true and the applicant to be the identical person named in the said application.

Sworn to and subscribed before me, this 14 day of August A. D., 1916

J M Maxwell
(Signature of Officer)

NOTE—Must be attested by one or more creditable witnesses.

W. Shearer
(Signature of Witness)
....
(Signature of Witness)
J. G. Breland
(Signature of Witness)
....
(Signature of Witness)

R. H. Cooper
(Signature of Applicant)

Sworn to and subscribed before me, this 14 day of August A. D. 1916

J M Maxwell J.P.
(Signature of Officer)

Office of Chancery Clerk and County Board of Inquiry, [illegible] County,

[illegible] Miss. Sept 11 1916

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of [illegible] for pension for Kth we because we know the applicant to be indigent and physically unable to earn a support by his own labor caused by wounds or injuries received during the Civil War, and that we believe the facts stated in the above application are true and the party should receive a pension.

Given under our hands and seals of office, this 14 day of Sept 1916

[illegible] President of Board [Seal]

[illegible] [Seal]

[illegible] [Seal]

[illegible] [Seal]

[illegible] [Seal]

[illegible] Chancery Clerk

N. B.—If the Board approves this application, the Chancery Clerk will so certify, after recording the same in a book kept for that purpose, and forward all the approved applications in a body (but one at a time) to the Auditor's office by the first day of October.

No application forwarded after that time will be received.

Rejected applications should not be forwarded to this office.

Pension Application

For $75.00

Name of Applicant

Residence

County

No. of Application

Form No. 2

General Instructions to Claimants

For application with full instructions, see the proper form and carefully follow out the directions therein.