APPLICATION FOR PENSION

FORM NO 2-WIDOWS

MARRIED BETWEEN 1875 AND 1555 /900

FOR \$100.00 PER YEAR

Application of Widow of Soldier or Sailor of the Late Confederacy, under H. B. 11,1928.

Q. 3. In what state and county do you reside? Answer Mississip 1, Do oto County
Q. 4. How long have you resided in Mississippi? ... Sll. my naturel life
Q. 5. What is the name of your postoface? Answer - Nasbitt, Mississippi?
Q. 6. Are you a boam fide resident of the United States and of the State of Mississippi?

Q. 1. What is your name? Answer Mrs. T. J. Dean
Q. 2. What is your age? Answer 70 Years

Q. 7. What was your husband's name? Answer T. J. Dean

Answer___

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Application 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.)

Ł	8.	When were you married? Answer September 11, 1890.						
	9.	Where were you married? Answer Hernando, Mississi	1					
		Have you since remarried? Answer	No					
	11.	Are you an inmate of the Beauvoir Soldiers' Home? Answer	(Yes or No)					
	12.	Was your husband a bona fide citizen of the United State and of						
		Answer Yes						
		Answer (Yes or	No)					
		What was the date of your husband's enlistment? Answer and						
	14.	4. Give place of his enlistment. Answer DeSoto County, Mississippi						
ı	15.	Give the names of officers of his company, regiment or vessel?						
		Answer Fleming, Srd. Lieut, Dewit Smith, Col.	L. Lundy. 2nd. Lieut					
	16.	Was he ever discharged from his command? Answer Balgase	sfrom Eederal prison					
		If so, for what cause? Answer						
		the contract of the contract o	or No)					
	18.	Was he in active service at the surrender in 1865? Answer In.						
	19.	If not, why? Answer In feder 1 pr						
	00	Nr.	or No)					
ŀ	20.	. What is your net income? Answer						
18	; th	do solemnly swear (or affirm) that I am a widow of a Confederat nat he was honorably discharged or paroled, or did not desert from the transport of the state of the statements set forth in a applicant verily believes; so help me God."	the Confederate service (as the case					
		(Signature of Pensioner) X Men. J.	wan					
	Q.	worn to and subscribed before me, this 8th day of Sen	tember 1660					
	D.	worn to and subscribed before me, this WA	, 1969					
		1100n	Chancery Clerk.					
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AFFIDAVIT—We, the undersigned, certify that the facts statement person named in the said application.	ated in the shove application are true and	
FFIDAVIT-We, the undersigned, certify that the facts statentical person named in the said application.	ated in the above application are true and	
FFIDAVIT—We, the undersigned, certify that the facts sta lentical person named in the said application.		
		the applicant
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mass.	(Signature of Witness)	
1/2 Browning		
(Signature of Officer.)	(Signature of Witness)	
5-Must be attested by one or more creditable witnesses.	(Signature of Witness)	
	mas 7 & ales	~ /
	(Signature of Applicant)	
01	(Special of Applicant)	
Sworn to and subscribed before me, this O haday	of Eplewher	1997 0
	1/2/2/2	
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	(Signature of Officer)	Teller
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CE OF CHANCERY CLERK AND COUNTY BOARD OF ING	UIRY COL	NTY
Jernando wice with	ewher 8th 198	0 0
MISS.	192.	
We, the outgraigned members of the Board of Inquiry, hereby	annove the foregoing application of	1
	cause we believe the facts stated in the	
//	A COUNTY OF THE PARTY IN	1
tion are true and the party should receive a pension.	Volt.	30 8
Given under our hands and seal of office, this	day of, 192	0
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~	President of Board.	Seal) Attach
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