

PENSIONERS now on the list or not, to be filled out by the pensioner, and if CHANCERY
CLERK must be filled out by the pensioner to the address of Public Accountant.

THIS APPLICATION

Must be filled with the Chancery Clerk on or before the first Monday in September,
1915, and on that day it must be filed on the public account.

Form No. 5

APPLICATION of Indigent Servant of Soldier or Sailor of the Late Confederate States Chapter No.
1000 of 1900

Applicant must make answer to all of the following questions and have it signed and sworn to.

- Q. What is your name? Answer: Perry Duke (now called Perry Duke).
- Q. What is your age? Answer: Sixty-two years old.
- 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: Born in Miss.
- Q. In what county do you reside? Answer: De Soto County.
- Q. What is the name of your postoffice? Answer: D. E. D., from Love, Miss.
- Q. In what State did you reside when you served as a servant of a soldier or sailor in the service of the
Confederate States? Answer: Mississippi - La Fayette County.
- Q. When did you serve in that capacity? Answer: July, 1862: Drove the Company wagon.
- Q. How long did you serve? Answer: A little over two years.
- Q. What name, name of the party whom you served? Answer: Mr. Tope Duke, my master,
but he sent me to drive the company wagon of Cap. Wheeler 1st M.
- Q. What was the number of the regiment or name of the vessel in which you served? Answer:
First Mississippi.
- Q. The name of its commander? Answer: Col. P. P. P.
- Q. Letter or designation of the company in which your owner served? Answer:
- Q. Name of its captain? Answer: Cap. T. Wheeler.
- Q. Where were you at the close of the war? Answer: At Home, under my master's order.
- Q. Were you ever wounded while in actual service? Answer: Feet frozen, and ankle hurt.
- Q. Give date on which you received your wound? Answer: Fall of 1863, near Corinth.
- Q. At what place were you wounded? Answer: Horse fall on me.
- Q. What is the nature of your wound? Answer: Crippled in one leg.
- 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 sal-
ary or fees amounting to the sum of three hundred dollars per annum? Answer: No.
- Q. Are you worth in your own right, or in the right of your wife, property the true, just and correct
value of which amounts to four hundred dollars? Answer: No.

Perry Duke
(Signature of Applicant)

Sworn to and subscribed before me, this 5th day of September, A. D. 1915.

R. C. Clayton
(Signature of Officer)

"I do solemnly swear (or affirm) that I was a Confederate soldier, sailor or servant of such Confederate sol-
dier or sailor (as the case may be), that I was honorably discharged or paroled, or did not desert from the Con-
federate 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 prop-
erty, real or personal, to the value of six hundred dollars (\$600); that I nor my wife have not converted any of
my or her property to any one with a view to drawing a pension, so help me God."

(Signature of Pensioner)

Sworn to and subscribed before me, this 5th day of September, 1915.

Perry Duke
R. C. Clayton
(Signature of Chancery Clerk)

AFFIDAVIT OF TWO WITNESSES.

We, the undersigned, very believe in 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 _____ day of _____ 1915.

Sept 6 1915
R. C. Ransom
(Signature of officer)

W. H. Ransom
(Signature of witness)
J. D. Ransom
(Signature of witness)

Office of Chancery Clerk and County Board of Jackson, Miss.

Sept 6 1915
Perry Davis
(Signature of applicant)

We, the undersigned members of the Board of Jackson County, Mississippi, do hereby certify that we have read the foregoing application of _____ and know the applicant to be identical and physically unable to earn a support by his own labor, on account of 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 _____ day of _____ 1915.

J. D. Ransom
(President of Board)

J. D. Ransom
(Seal)

W. H. Ransom
(Seal)

Richard Christman
(Seal)

A. J. Ransom
(Seal)

R. C. Ransom
(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 of the State 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

Sept 6 1915

Perry Davis

R. C. Ransom

No. of Application

Form No. 5

SPECIAL INSTRUCTIONS TO CHANCERY CLERKS.

No application will be received after the first day of October, 1915, for the year ending September 30, 1915.

True Sept 6 1915

R. C. Ransom

W. H. Ransom

J. D. Ransom

A. J. Ransom

R. C. Ransom

W. H. Ransom

J. D. Ransom

A. J. Ransom

R. C. Ransom

W. H. Ransom

J. D. Ransom

A. J. Ransom

R. C. Ransom

W. H. Ransom

J. D. Ransom

I do (as the case may be) the able, whose jars (\$500), help me, God.

Sworn to and

APPLICATION FOR PENSION

1916

How Made, What to Contain, Description of Discharge, Date Filled

Form No. 5

General Private Class

Application of Indigent Servants of Soldier or Sailor of the Late Confederacy, under Chapter 102 of Code 1906 as amended by Laws April 6th 1910 and Laws March 24th 1916. See 1 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 state in the future thetribution of the pension fund, shall on or before the first Monday in September 1916, file a new application using 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 **Perry Duke (Now called Perry Wright)**
- Q. What is your age? Answer **72 years.**
- 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 **All my life**
- Q. In what county do you reside? Answer **DeSoto**
- Q. What is the name of your postoffice? Answer **Herndon, Miss.**
- Q. In what State did you reside when you served as a soldier or sailor in the Confederate States? Answer **Mississippi, Fayette County**
- Q. When did you serve in that capacity? Answer **July, 1862, Drove Company wagon.**
- Q. How long did you serve? Answer **little over two years.**
- Q. What was the name of the party whom you served? Answer **Mr. Tobe Duke, my master.**
- Q. What was the number of the regiment or name of the vessel in which your owner served? Answer **1st. Mississippi Cav.**
- Q. The name of its commander? Answer **Col. Pinson**
- Q. Letter or designation of the company in which your owner served? Answer **Don't remember**
- Q. Name of its captain? Answer **Capt. Wheeler.**
- Q. Where were you at the close of the war? Answer **Was sick, sent home by my master.**
- Q. Were you ever wounded while in actual service? Answer **Feet frozen, and ankle hurt.**
- Q. Give date on which you received your wound? Answer **Fall of 1862, near Corinth.**
- Q. At what place were you wounded? Answer **Near Okolona.**
- Q. What is the nature of your wound? Answer **Feet frozen and ankle hurt.**
- 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 as salary or fees amounting to the sum of three hundred dollars? Answer **No.**
- Q. Are you worth in your own right, or in the right of your wife, property the true, just and correct value of which amounts to four hundred dollars? Answer **No.**

HIS.

Perry ☒ Duke.

(Signature of Applicant)

Sworn to and subscribed before me, this **27th** day of **June** A. D. 1916.

R. C. L. [Signature]
(Signature of Officer)

"I do solemnly swear for a firm 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 relative or other person who is able 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."

HIS.

Perry ☒ Duke

mark.

(Signature of Pensioner)

Sworn to and subscribed before me, this **27th** day of **June** A. D. 1916.

R. C. L. [Signature]

Chancery Clerk.

ATTESTATION OF TWO WITNESSES

AFIDAVIT. We, the undersigned, do hereby certify that the facts stated in the above application are true and the applicant is entitled to the pension provided for in the said application.

Subscribed and sworn to before me this 27th day of June, A. D. 1916.
[Signature]
 (Signature of Officer)

[Signature]
 (Signature of Witness)

Office of Chancery Clerk and County Board of Inquiry, *[County]* County.
[Signature] Sept 11 1916

The undersigned members of the Board of Inquiry, hereby approve the foregoing application of *[Name]* for pension because we know the applicant to be indigent and physically unable to earn a support by his own labor on account of 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 11 day of Sept 1916

[Signature] [Seal]
 President of Board
[Signature] [Seal]
[Signature] [Seal]
[Signature] [Seal]
[Signature] [Seal]
[Signature] [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 that time will be received.
- Rejected applications should not be forwarded to this office.

Pension Application

[Signature] County

Name of Applicant
[Signature]

[Signature]

No. of Application
 Form No. 5

Special Instructions to Chancery Clerks
 No application will be entertained unless made on the proper form and every blank in the form properly filled out.

2nd day of Sept
[Signature]

RECEIVED

RECEIVED