## Application for Pension

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

Form No. 4-SOLDIERS and SAILORS

## PRORATE

Application of Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906 as amended by Laws of March 13, 1922, H. B. 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 collowing questions.)
Q.	What is your name? Answer & 6. Dartrell.
Q.	In what county and state do you reside? Answer State of Mice, De Soto County
Q.	What is the name of your Post Office? Answer Wishitt, mice - Route # 10
Q.	Are you a bona fide citizen of the United States? Answer
Q.	Are you a bona fide citizen of the State of Mississippi? Answer
Q.	Are you an inmate of the Beauvoir Soldiers' Home? Answer Asset
Q.	What was the date of your enlistment? Answer January 1862/1862
Q.	In what state, county and place did you reside when you enlisted? O Answer Near Horn Lake De Sota County, Mississippul
	Give the names of the officers of your company, regiment or vessel?  Answel-abt M. Gail 12 Junt Stromm 2 Junt Ele M. Phary
Q.	18th mise Rey Forcet - Co" 7' "ma bulloughs Bugaded" Were you ever discharged from your command? Answer Tho
Q.	If so, for what cause? Answer
Q.	Were you in active service at the surrender in 1865? AnswerMo, at home Wounds

"I do solemnly swear (or affirm) that I was a Confederate soldier or sailor (as the case may be); that I was hoorably discharged or paroled or did not desert from the Confederate service (as the case may be); that I reside in this State; that statements set forth in application are true and correct I verily believe; so help me God."

(Signature	of pensioner) & Garbrelle
Sworn to and subscribed before me, this $29$	
	Chancery Clerk

	s the facts stated in the above application to be true and the app	lican
the identical person named in the said application.	(Signature of Witness)	-
orn to and subscribed before me this 2 9 day	PB maisto	80
( ) i = 2-	(Signature of Witness)	
NOOTH 1		
(Signature of Officer)	(Signature of Witness)	
TE-Must be attested by one or more creditable w	vitnesses. (Signature of Witness)	
Swurn to and subscribed before me, this 2	g & Sartre (Signature of applicant) 1 day of Organization of applicant)	_
We in the Board of the Board of Inc.	IOARD OF INQUIRE OF The COUNTY MISS. 4 192 2 point, hereby approve the faregoing application of	
ion are true and the party should receive a pension Given under our hands and seal of office, this	11 1061 4	2
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PENSION APPLICATION

TO REMARKATION

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PERSONAL NO. 4-SOLDIESS and SALLIANS

PENSION TO ADMINISTRATE

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