THIS APPLICATION

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

(NO APPLICATION WILL BE ENTERTAINED NOT ON THE PRINTED FORM.)

FORM No. 6.

APPLICATION of Indigent Servant of Soldier or Sailor of the late Confederacy, under Chapter 73, Acts of 1900, for $50.00.

Applicant must make Answer to all of the following Questions and have it written out Plainly in Ink.

Q. What is your name? Answer Dan Glover alias Dan Bryant

Q. What is your age? Answer 70 yrs next Oct.

Q. How long have you been a *bona fide* resident of Mississippi? Answer 61 yrs

Q. In what county do you reside? Answer DeSoto.

Q. What is the name of your post-office? Answer Hernando 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 Panola Co. Miss

Q. When did you serve in that capacity? Answer From Oct 1863 till close of war at Sm[illegible]

Q. How long did you serve? Answer From Oct 1863 till close of war

Q. What was the name of party whom you served? Answer David Paton

Q. What was the name or designation of the company and regiment or vessel in which your owner served?

Answer Palmer's Battalion, Reserve artillery in Johnston's Army

Q. Where were you at the close of the war? Answer Selma Ala. then carried to [illegible] Ga.

Q. Were you ever wounded while in active service? Answer no

Q. Give date on which you received your wound? Answer "

Q. At what place were you wounded? Answer "

Q. What is the nature of your wound? Answer "

Q. Have you lost one foot or one hand? Answer "

Q. Have you lost entire use of one foot or one hand? Answer

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. 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 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 at its assessed value for taxation to the amount of four hundred dollars? Answer no

Dan Glover his X mark alias Dan Bryant
(Signature of applicant.)

Sworn to and subscribed before me, this 3rd day of Aug A. D. 1903

B. F. Jones Mayor of Hernando & Ex Off J. P.
(Signature of officer.)

I do solemnly swear, or affirm, that I was a Confederate soldier, sailor or servant; that I was honorably discharged, paroled, or did not desert from the Confederate service; that I reside in this State; that I am indigent and infirm, by reason of service in the Confederate army or navy; that I am not able to earn a support and have no relatives able, whose legal or moral duty it is to support me; that I do not own property, real or personal, in my own name or that of my wife, to the value of four hundred dollars; that I have not conveyed any of my property to any one with a view of drawing a pension. So help me God.

(Signature of Pensioner) Dan Glover his X mark alias Dan Bryant

Sworn to and subscribed before me, this 3rd day of Aug 1903

B. F. Jones Mayor of Hernando & Ex Off J. P. Chancery Clerk.

A. D. 192

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Chancery Clerk.

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ATTEST:

(Attach Seal of Office)

Chancery Clerk.

In a book or's office

PENSION

AFFIDAVIT OF TWO WITNESSES.

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 6 day of Aug A. D. 1903

B H Jones (Signature of officer.)

N G Jones (Signature of witness.)

Feb X Tate (Signature of witness.) mark

Office of Chancery Clerk and County Board of Inquiry, Desoto County,

Hernando Miss., Sept 8, 1903

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of Dan Glover for pension for $60.00, 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 the pension.

Given under our hands and seals of office, this 8 day of Sept 1903

M G White President of Board. [SEAL]

[illegible] [SEAL]

J S [illegible] [SEAL]

[SEAL]

[SEAL]

[SEAL]

Attest: [illegible] Chancery Clerk. [SEAL]

(Attach seal of office.) [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 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.

CERTIFYCATE OF the County HEALTH OFFICER.

The, the undersigned hereby certifies that the above applicant is indigent and physically unable to earn a support by his own labor.

T. M. Jameson [illegible] C. H. O.

(Signature of health officer.

Pension Application

Desoto County.

Dan Glover

NAME OF APPLICANT.

Hernando

POST-OFFICE.

NO. OF APPLICATION. 23

Form No. 6.

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.

BRANDON PRINTING

Filed Sept 7 1903

[illegible] Clk

[redacted]