APPLICATION FOR PENSION

FORM No. 2—WIDOWS MARRIED BETWEEN 1866 AND 1875 For \$150.00 Per Year

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

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.)

Q	1.	What is your name? Answer Mrs. Lucy E. Halbert
Q		What is your age? Answer85 -years
Q.		In what state and county do you reside? AnswerMississippi, DeSoto County
Q.		How long have you resided in Mississippi? years
Q.		What is the name of your postoffice? Answer Nesbitt, Miss.
Q.		Are you a bons fide resident of the United States and of the State of Mississippi?
		AnswerYes
Q.	7.	What was your husband's name? AnswerGeorge Calvin Halbert
Q.	8.	When were you married? Answer QT 26
Q.	9.	Where were you married? Answer Columbus, Miss.
Q.	10.	Have you since remarried? Answer(Yes or No)
Q.	11.	Are you an inmate of the Beauvoir Soldiers' Home? Answer(Yes of No)
		Was your husband a bona fide citizen of the United States and of the State of Mississippi?
		Answer
^	10	(Yes or No)
		What was the date of your husband's enlistment? AnswerYear 1861
Q.	14.	Give place of his enlistment. AnswerColumbus, Miss.
		Give names of officers of his company, regiment or vessel?
		Answer Capt. Pinson, Capt. J. R. Taylor
Q.	16.	Was he ever discharged from his command? AnswerNoNo
Q.	17.	If so, for what cause? Answer(Yes or No)
		사용하는 다른 경기 도마를 보고 있다. 그는 사용 사용하는 100 전 10
965		Was he in active service at the surrender in 1865? Answeryesyes
Q.	19.	If not, why? Answer (Yes or No)
Q.	20.	What is your net income? AnswerNone
(as	y be the cor	do solemnly swear (or affirm) that I am a widow of a Confederate Soldier or Sailor (as the case); that he was honorably discharged or paroled, or did not desert from the Confederate service case may be); that I reside in this State; that the statements set forth in the application are true rect as the applicant verily believes; so help me God." (Signature of Pensioner) (Signature of Pensioner) (Signature of Pensioner) (Authorized day of Authorized day o
		12 Drowning, Chancery Clerk.

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AFFIDAVIT-We, the undersigned, corti	ty that the facts :		cation are true and the	applicar			
s the identical person named in the said ap	plication	MD.	Na lla X				
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OTE-Must be attested by one or more credi	table witnesses.	(Sig	nature of Witness)				
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Hernando		September	8th 19 30	1			
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We, the undersigned members of the	Board of Inquiry,	hereby approve the for	egoing application of	1			
s.Lucy E. Halbert		nsion because we believe		1			
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pplication are true and the party should rec	eive a pension.			6			
	8th	Sept.	10 30	24			
Given under our hands and seal of office	, UN	7001	Lembi	50			
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		Chancery Cler	* /				
N. B If the Board approves this applies	ation, the Chancery	Clerk will so certify, af	ter recording the same	in a boo			
N. B.—If the Board approves this approx cept for that purpose and forward all of the ap	proved applications	in a body to the Auditor's	Office by the first day o	f Octobe			
No application forwarded after that time	can be received.		10 3				
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