

# APPLICATION FOR PENSION

FORM NO. 1—WIDOWS

MARRIED PRIOR TO 1866

Application of Widow of Soldier or Sailor of the Late Confederacy, under H. B. 12, 1930.

Application must be filed in duplicate with the Chancery Clerk on or before the first Monday in April and 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 Jim Ham
- Q. 2. What is your age? Answer 89
- Q. 3. In what state and county do you reside? Answer Marshall County, Miss
- Q. 4. How long have you resided in Mississippi? Answer all my life
- Q. 5. What is the name of your postoffice? Answer Coleville, Tenn. R.F. 10112
- Q. 6. Are you a bona fide resident of the United States and of the State of Mississippi?  
Answer Yes  
(Yes or No)
- Q. 7. What was your husband's name? Answer Jim Ham
- Q. 8. When were you married? Answer 2<sup>nd</sup> of Oct 1865
- Q. 9. Where were you married? Answer Endora, Miss
- Q. 10. Have you since remarried? Answer no  
(Yes or No)
- Q. 11. Are you an inmate of the Beauvoir Soldiers' Home? Answer no  
(Yes or No)
- Q. 12. Was your husband a bona fide citizen of the United States and of the State of Mississippi?  
Answer Yes  
(Yes or No)
- Q. 13. What was the date of your husband's enlistment? Answer In Spring of 1863
- Q. 14. Give place of his enlistment. Answer Hernando, De Soto County, Miss.
- Q. 15. Give the names of officers of his company, regiment or vessel?  
Answer Col. Alex Calhoun, Capt. O. West Co 7 1<sup>st</sup> Miss Bat.
- Q. 16. Was he ever discharged from his command? Answer no  
(Yes or No)
- Q. 17. If so, for what cause? Answer \_\_\_\_\_
- Q. 18. Was he in active service at the surrender in 1865? Answer Yes  
(Yes or No)
- Q. 19. If not, why? Answer \_\_\_\_\_
- Q. 20. What is your net income? Answer \_\_\_\_\_

"I do solemnly swear (or affirm) that I am a widow of a Confederate Soldier or Sailor (as the case may be); that he 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 the statements set forth in the application are true and correct as the applicant verily believes; so help me God."

Witness (Signature of Pensioner) Mrs Jim Ham

Mrs Mary Humphrey  
Sworn to and subscribed before me, this 5 day of Sept, 1936

Mary E. Collins, Notary Public  
Coleville, Tenn

My Commission Expires Oct. 23, 1938

AFFIDAVIT—We, the undersigned, certify that the facts stated in the above application are true, and the applicant is the identical person named in the said application.

Sworn to and subscribed before me, this 7th

day of September, 1936.

J. F. Conger  
(Signature of Officer)

NOTE—Must be attested by one or more credited witnesses.

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(Signature of Witness)  
H. C. Robinson  
(Signature of Witness)

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(Signature of Witness)

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(Signature of Witness)

Sworn to and subscribed before me, this 7th day of Sept, 1936

Mr Jim Shaw  
(Signature of Applicant)

J. F. Conger  
(Signature of Officer)

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY De Soto COUNTY

Hernando, MISS. September 7th, 1936

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of Mr Jim Shaw for pension because we believe the facts stated in the application are true and the party should receive a pension.

Given under our hands and seal of office, this 7th day of September, 1936

A. W. Funderdale  
President of Board (Seal)

R. F. Logan  
Attorney. (Seal)

Joe L. Box, Comr  
Veteran of World War (Seal)

H. C. Robinson, Comr  
(Seal)

J. F. Conger, Comr  
(Seal)

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(Seal)

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Chancery Clerk. (Seal)

ATTEST:

(Attest Seal of Office)

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 to the Auditor's Office.

PENSION APPLICATION

County

Name of Applicant

Postoffice

No. of Application

FORM No. 1.—WIDOWS

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