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.)

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Q.	1.	What is your name? AnswerMrs. J. A. Hobbs	
Q.	2.	What is your age? Answer 76 Years	
Q.	3.	8. In what state and county do you reside? Answer _Mississip_i, DeSoto_County	
Q.	4.	How long have you resided in Mississippi?68_years	
Q.	5.	5. What is the name of your postoffice? Answer Horn Lake, Mississippi	
Q. 6. Are you a bona fide resident of the United States and of the State of Mississippi?			
		AnswerYes	
Q.	7.	What was your husband's name? AnswerGeorge_William Hobbs	
Q.	8.	. When were you married? Answer November 27, 1874	
Q.	9.	Where were you married? AnswerPleasant Hill, Mississippi	
Q.	10.	Have you since remarried? Answer(Yes or No)	
Q.	11.	Are you an inmate of the Beauvoir Soldiers' Home? Answer(Yes or No)	
Q.	. 12. Was your husband a bona fide citizen of the United States and of the State of Mississippi		
		Answer(Yes or No)	
Q.	13.	What was the date of your husband's enlistment? Answer March 1765	
Q.	14.	Give place of his enlistment. Answer_ Pleasant Hill, Miss.	
	15.	Give names of officers of his company, regiment or vessel?	
		Answer General Price	
Q.	16.	Was he ever discharged from his command? AnswerNoNo	
Q.	17.	If so, for what cause? Answer(Yes or No)	
		(Yes or No) Was he in active service at the surrender in 1865? Answeryes	
		If not, why? Answer	
		(Yes or No)	
۵.	20.	What is your net income? AnswerNone.	
(a:	y be s the	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) L. M. O. A. T. J. J.	
	Sv	vorn to and subscribed before me, this 5th day of April , Chancery Clerk.	
		Chancery Clerk.	

	to the best of out knowledged and belief
AFFIDAVIT-We, the undersigned, certify that the facts is the identical person named in the said application.	s stated in the above application are true and the applicant
Sworn to and subscribed before me, this 6	OD Marshall
Mario 31	(Signature of Witness)
day of 1957	(Signature of Witness)
N2 Demmin	
(Signature of Officer)	(Signature of Witness)
NOTE-Must be attested by one or more creditable witnesses.	(Signature of Witness)
	hard the same of t
The state of the s	(Signature of Applicant)
l'ar	april 1803/
Sworn to and subscribed before me, this	day of 19.9.7
	WY Browning 1
	(Signature of Officer) (Clerke)
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OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF	INQUIRY DeSoto COUNTY
Vormon do	inril 13, 1931
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We, the undersigned members of the Board of Inquiry	
Mrs. J. A. Hobbs . for I	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 13,	day of April 1931 19
Given under our assess and sour or ottoo, vanishing	70/10 - 188
	O President of Board. (Seal)
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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 by the first day of October.