

## APPLICATION FOR PENSION

FORM No. 1—SOLDIER OR SAILOR

For \$1.00 per Day

## HOW MADE; WHAT TO CONTAIN; DESCRIPTION OF DISABILITIES; OATH PRESCRIBED

Application 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 the application is first filed.

(Applicant must answer all of the following questions.)

- Q. 1. What is your name? Answer Alfred H. Hurt
- Q. 2. In what county and state do you reside? Answer DeSoto County, Miss.
- Q. 3. How long have you resided in Mississippi? Answer 83 years
- Q. 4. What is the name of your Post Office? Answer Coldwater R.F.D.
- Q. 5. Are you a bona fide citizen of the United States and of the State of Mississippi?  
Answer yes  
(Yes or No)
- Q. 6. Are you an inmate of Beauvoir Soldiers' Home? Answer no  
(Yes or No)
- Q. 7. What was the date of your enlistment? Answer Aug. 1864  
(Yes or No)
- Q. 8. Give place of your enlistment? Answer Batistville, Panola County
- Q. 9. Give names of the officers of your company, regiment or vessel?  
Answer Cap. Hudson, Wm. Farrel Colonel  
(Yes or No)
- Q. 10. Were you ever discharged from your command? Answer no  
(Yes or No)
- Q. 12. Were you in active service at the surrender? Answer yes Reserve Corps  
or Home Guards
- Q. 13. If not why not? Answer \_\_\_\_\_

"I do solemnly swear (or affirm) that I was a Confederate Soldier or Sailor (as the case may be); that I 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."

(Signature of Pensioner)

Sworn to and subscribed before me, this 3 day of Sept, 1934

Chancery Clerk.

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 3day of Sept, 1934

(Signature of Officer)

(Signature of Witness)

(Signature of Witness)

(Signature of Witness)

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

(Signature of Witness)

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

*Hernando* MISS. *Sept 3rd* 1934

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of *Alfred H. Hurt* 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 *3rd* day of *Sept.* 1934

*J. M. M. M.* (Seal)  
President of Board

*Gerald Chatham* (Seal)  
Attorney

*M. L. Counts* (Seal)  
Veteran of World War.

*G. N. Vinton* (Seal)

*A. W. B. Underdale* (Seal)

*R. S. Ingram* (Seal)

*J. F. Conger* (Seal)  
Chancery Clerk.

ATTEST:  
*J. F. Conger*  
(Attach 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 (not one at a time) to the Auditor's Office by the first Day of October.

No application forwarded after that time can be received.

Duplicate applications should not be forwarded to this office.

PENSION APPLICATION

*De Soto* County

Name of Applicant

*Alfred H. Hurt*

Postoffice

*Coconut Creek, Fla.*

No of Application

FORM No. 1—SOLDIERS AND SAILORS

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.