

Application for Pension

How Made; What to Contain; Description of Disabilities; Oath Prescribed

FORM NO. 2—SOLDIER OR SAILOR
FOR \$150.00

Application of Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906 as amended by Laws of March 13, 1922, H. B. 382.

Applications 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. What is your name? Answer L. S. Jackson
- Q. In what county and state do you reside. Answer DeSoto County Miss
- Q. What is the name of your Post Office? Answer Oldwater Miss R.F.D.
- Q. Are you a bona fide citizen of the United States? Answer Yes
- Q. Are you a bona fide citizen of the State of Mississippi? Answer Yes
- Q. Are you an inmate of Beauvoir Soldiers' Home? Answer No
- Q. What was the date of your enlistment? Answer July 1861
- Q. In what state, county and place did you reside when you enlisted? Answer Tenn.
Shelby County - Copeland
- Q. Give the names of the officers of your company, regiment or vessel?
Answer Capt John Morgan, Col H. A. Vaughn
- Q. Were you ever discharged from your command? Answer No
- Q. If so, for what cause? Answer _____
- Q. Were you in active service at the surrender? Answer No.
- Q. If not, why? Answer was at home wounded
- Q. Have you lost one foot or one hand? Answer No
- Q. Have you lost the TOTAL use of one foot or one hand? Answer No
- Q. Have you sustained such other permanent wounds or injury as disabled you from earning a support?
Answer Loss of One Eye & Vold age
- Q. What was the cause of the disabilities by which you claim preference under Class 2—Soldiers and Sailors?
Answer Loss of Eye & Vold age

"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)

L. S. Jackson

AFFIDAVIT—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 9 day of Sept 1922
Reception
(Signature of Officer) CK

✓ Ed Nichols
(Signature of Witness)
✓ P B Marshall
(Signature of Witness)
(Signature of Witness)
(Signature of Witness)

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

Sworn to and subscribed before me, this 9 day of Sept 1922
Reception
(Signature of Officer)

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY Desoto COUNTY
Hernando MISS., Sept 4, 1922

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of L S Jackson for pension of \$150.00 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 4 day of Sept, 1922

J B Harrison (Seal)
President of Board
J W D Lee (Seal)
S A Hughes (Seal)
(Seal)
(Seal)
Reception (Seal)
Chancery Clerk.

ATTEST:
Reception
(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 (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.
Duplicate applications should not be forwarded to this office.

PENSION APPLICATION

For \$150.00

Desoto County

L S Jackson
Name of Applicant
Reception
Postoffice
Desoto Miss

No. of Application

Form No. 2—Soldiers and Sailors

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.

Sept 4
Reception

Rejected
Rejected