

APPLICATION FOR PENSION

FORM 4—WIDOWS

PRORATE

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

Application of Widow of Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906 as amended by S. B. 146, Laws of 1926.

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. L. S. Jackson
- Q. 2. What is your age? Answer 80 Years
- Q. 3. In what state and county do you reside? Answer Mississippi, DeSoto County
- Q. 4. How long have you resided in Mississippi? Answer All my natural life
- Q. 5. What is the name of your postoffice? Answer Hernando, Mississippi
- 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 L. S. Jackson
- Q. 8. When and where were you married? Answer 1875 in DeSoto County, Mississippi
- Q. 9. Have you since remarried? Answer No
(Yes or No)
- Q. 10. Are you an inmate of the Beauvoir Soldiers' Home? Answer No
(Yes or No)
- Q. 11. Was your husband a bona fide citizen of the United States and of the State of Mississippi?
Answer Yes
(Yes or No)
- Q. 12. What was the date of your husband's enlistment? Answer July 1861
- Q. 13. Give place of his enlistment. Answer Shelby County, Tennessee.
- Q. 14. Give the names of officers of his company, regiment or vessel.
Answer Commander Col. Vaughn, Capt. Morgan, 13th Tenn. Reg.
- Q. 15. Was he ever discharged from his command? Answer No
(Yes or No)
- Q. 16. If so, for what cause? Answer _____
- Q. 17. Was he in active service at the surrender in 1865? Answer No
(Yes or No)
- Q. 18. If not, why? Answer At home Wounded.

"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."

(Signature of Pensioner)

Mrs. L. S. Jackson

Sworn to and subscribed before me, this 1st day of September, 1926

W. L. Browning 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 1st day of Sept 1926
W. L. Brauning Clerk
(Signature of Officer)
J. S. Jackson
(Signature of Witness)
W. H. Wood
(Signature of Witness)

NOTE—Must be attested by one or more creditable witnesses. (Signature of Witness)

Sworn to and subscribed before me, this 1st day of Sept 1926
W. L. Brauning Clerk
(Signature of Officer)
Mrs L S Jackson
(Signature of Applicant)

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY DeSoto COUNTY

Hernando, MISS, September 13th, 1926

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of Mrs. L. S. Jackson 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 13th day of September, 1926

F. M. Wallace (Seal)
President of Board.
Tim H. Bonds (Seal)
Attorney.
M. P. Counts (Seal)
Veteran of World War.
S. A. Fisher (Seal)
G. O. Harris (Seal)
J. M. Wisinger (Seal)
W. L. Brauning (Seal)
Chancery Clerk.

ATTEST:
W. L. Brauning
Chancery Clerk
(Attest Seal of Office)

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.

No application forwarded after that time can be received.

PENSION APPLICATION

DeSoto
COUNTY

Name of Applicant
Mrs L S Jackson
Residence
Hernando, Miss

No. of Application

FORM No. 4—WIDOWS PROBATE

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.