Application for Pension

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

August, - - - '2. Form No. 4-SOLDIERS and SAILORS

RORATE

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.

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Ap	plications must be filed in duplicate with the Chancery Clerk on or before the first Monday in September the year in which application is first filed.
	(Applicant must answer all of the following questions.)
Q.	What is your name? Answer Crawford Jones.
Q.	In what county and state do you reside? Answer Dr-Soto County, 1:1951.
Q.	What is the name of your Post Office? Answer Resbit, Lise!
Q.	Are you a bona fide citizen of the United States? AnswerYes.
Q.	Are you a bona fide citizen of the State of Mississippi? Answer Yes.
Q.	Are you an inmate of the Beauvoir Soldiers' Home? Answer
Q.	What was the date of your enlistment? Answer July 28th, 1886.
Q.	In what state, county and place did you reside when you enlisted? Hermando, Do-Soto county,
	Answer liermanio, De-Soto County, Discissippi.
Q.	Give the names of the officers of your company, regiment or vessel?
	Answer Captain, T. A Raines: Colonel of Regiment, Alex Chalmers,
Q.	Were you ever discharged from your command? AnswerNo.
Q.	If so, for what cause? Answer as not disc ared: as on detal at the time.
Q.	of the surrender. Were you in active service at the surrender in 1865? Answer Ves: But on detail duty.
Q.	If not, why? Answer as on detail duty.
tha	"I do solemnly swear (or affirm) that I was a Confederate soldier or sailor (as the case may be); that I shonorably discharged or paroled or did not desert from the Confederate service (as the case may be); It reside in this State; that statements set forth in application are true and correct I verily believe; so
hel	p me God." (Signature of pensioner)
	(Signature of pensioner)
	Sworn to and subscribed before me, this SOth day of August 1922. R. C. Liftou Chancery Clerk

AFFIDAVIT-We, the unde						and the a	oplicant to
be the identical person named in Sworn to and subscribed before a of	the said application me this 30th day		aled in all	REX	gnature of Wit	ates)	-
(Signature	of Stiticer)			(S	ignature of Wi	tness)	
NOTE-Must be attested by one	or more creditable	witnesses.		(8	ignature of Wi	tness)	
			7. 3		ignature of app		nel Australia de la constanta
Sworn to and subscribed bet	ore me, this 30	th day of	Augu	RG	Cli	to	<u> </u>
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OFFICE OF CHANCERY CLES	IN AND COUNTY	MISS OF	POUTH	4 3	2	192 2	1
We, the undersigned member	of the Board of D	iquiry, hereby	approve ti	he foregoing a	pplication of		1
Cation are true and the party	oues	for pension	because v	we believe the	facts stated in	the appli-	12
/ //	seal of office, this	Hear o	de	pr	192	2_	(Attach
U			25	THA	na a ho	2 (Sea)	10
		-	12	President of	Board.		1/43
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		- 1	MI	Mr-	/_	(Seal)	y Clark
		/-	Uy.	States	Clerk.	(Seal)	*
N. B If the Board approv for that purpose, and forward a	es this application,	the Chancery	Clerk will	so certify, aft	er recording the	e same in s	book kept
			a body to	the Auditor's	Office by the f	irst day of	October.
No application forwarded af	ter that time will b	e received.					
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	Special It No apport the property	РОВА	z	Nesb	-Слам	De-S	PE
1	Special Instruc No application the proper properly filled	PORM NO.	No. of	Neso1t.	Crawfore	De-Soto	PENSI
1	Special Instructions No application will on the proper form properly filled out.	PORM NO. 4—S	No. of Applic		Name Crawford To	De-Soto	PENSION
Reco.	1 1 1 1	PORM NO. 4—SOLDI PRORA	No. of Application.		Name of Ar —Crawford Tones	De-Soto	PENSION AP
Record	1 1 1 1	NO. 4—SOLDIERS PRORATE	No. of Application		Name of Application o	De-Soto	PENSION APPLI
Receipt the services	1 1 1 1	NO. 4—SOLDIERS PRORATE	No. of Application	E .	Name of Applicant Creaviford Jones.		PENSION APPLICAT
West in	88. 4	PORM NO. 4—SOLDIERS and SAILORS PRORATE	No. of Application		Name of Applicant Greatford, Jones.	De-Soto Co	PENSION APPLICATION

ipplication will be entertained unless made proper form and every blank in the form y filled out.