Application for Pension

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

FORM 4-WIDOWS

PRORATE

Application of Widow of Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906 as amended by Laws of March 13, 1922, H. B. No. 382.

Applications 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.	What is your name? Answer Ella Joyce
Q.	In what state and county do you reside? Answer De Soto Coo. Mise
Q.	What is the name of your Post Office? Answer Ternaudo Mise K-
Q.	Are you a bona fide resident of the United States? Answer Yes
Q.	Are you a bona fide resident of the State of Mississippi? Answer
Q.	What was your husband's name? Answer L. Lovel
Q	When and where were you married? Answer July - 1876
Q.	Have you since remarried? Answer
Q.	Are you an inmate of the Beauvoir Soldiers' Home? Answer
Q.	Was your husband a bona fide citizen of the United States and of the State of Mississippi? Answer yer
Q.	What was the date of your husband's enlistment? Answer Answer of 1861
Q.	In what state, county and place did he reside when he enlisted? Answer Hernaudo De Solo County mississiff
Q.	Answord Chalmers; Coph Jone White, J. J. Bauns Lein
Q.	Was he ever discharged from his command? Answer 20
Q.	If so, for what cause? Answer
Q.	Was he in active service at the surrender in 1865. Answer yes
Q.	If not, why? Answer
cas	"I do solemnly swear (or affirm) that I am a widow of a Confederate Soldier or Sailor (as the case may; that he was honorably discharged or paroled, or did not desert from the Confederate service (as the e may be); that I reside in this State; that the statements set forth in the application are true and correct the applicant verily believes; so-help me God."
	(Signature of pensioner)
	Sworn to and subscribed before me, this 2 day of 192 7

the identical person named in the said application. worn to and subscribed before me this 2 day f	(Signature of Witness) (Signature of Witness)
R & Colifton (Signature of Officer)	(Signature of Witness)
TE-Must be attested by one or more creditable witnesses.	(Signature of Witness)
Sworn to and subscribed before me, this 2 nd day of S	Signature of applicant) Signature of applicant) (Signature of officer)
FIGURE CHANCERY CLERK AND COUNTY BOARD OF INQUI	epch 4 1922
We, the undersigned members of the Board of Inquiry, hereby appro- for pension because a pension. Given under our hands and seal of office, this	Description of Board. Seal) (Seal) (Seal)
A)	(Seal) (Seal) (Seal)
	Changey Clerk. (Seal)
N. B.—If the Board approves this application, the Chancery Clerk	will so certify, after recording the same in a book k
N. B.—If the Board approves this approach in the Chantery Corner that purpose, and forward all of the approved applications in a book. No application forwarded after that time will be received.	at the sum traduct a curiod of any such and of occurren
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PENSION APPLICATION

A Stame of Applicant

County

Retoffice

No. of Application.

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PRORATE

Special Instructions to Chancerv Clerk:

No application will be entertained unless made on the proper form and every blank in the form properly filled out.