Application for Pension

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

Form No. 4-SOLDIERS and SAILORS

PRORATE

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 application is first filed.

-	(Applicant must answer all of the following questions.)
	What is your name? Answer John J. Jones
Q.	In what county and state do you feside? Answer Sesoto county, mil
Q.	What is the name of your Post Office? Answer Nesbit RAD, miss.
	Are you a bona fide citizen of the United States? Answer
Q.	Are you a bona fide citizen of the State of Mississippi? Answer 7
	Are you an inmate of the Beauvoir Soldiers' Home? Answer
Q.	What was the date of your enlistment? Answer /861, m may
Q.	In what state, county and place did you reside when you enlisted?
	Answer nottoway Comby Virginia
Q.	Give the names of the officers of your company, regiment or vessel?
	Answer Capt J & Furgason, Col. mm B. Taliofera
Q.`	Were you ever discharged from your command? Answer 20.
Q.	If so, for what cause? Answer.
Q.	Were you in active service at the surrender in 1865? Answer Was a from the
Q.	If not, why? Answer Was a prisoner of was
was	"I do solemnly swear (or affirm) that I was a Confederate soldier or sailor (as the case may be); that I honorably discharged or paroled or did not desert from the Confederate service (as the case may be) to I reside in this State; that statements set forth in application are true and correct I verily believe; so me God."
	(Signature of pensioner)
	Sworn to and subscribed before me, this 3 0 day of Quy, 1922

AFFIDAVIT-We, the undersigned verily believe the facts stated in t	the above application to be true and the applicant to
he identical person named in the said application.	10 July July Comment
orn to and subscribed before me this 50 day	(Signature of Witness)
aug 1922	of thetalungs without for
L. Colliton	a.M. Landerdal
(Signature of Officer)	(Signiture of Witness)
TE-Must be attested by one or more creditable witnesses.	(Signature of Witness)
	of Tforus
	(Signature of applicant)
Sworn to and subscribed before me, this S O day of C	1922
	K.C. (Signature of officer)
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al a	Do Soto
ELOE OF CHANCERY CLERK AND COUNTY BOARD OF INCOMES	COUNTY
emanna Miss Seg	M 4 192 2 5
We, the untersigned members of the Board of Inquiry, hereby approve	the foressing application of
(a) Miles.	A.
on are true and the party should receive a pension.	s we believe the facts stated in the appli-
	6 50 / 2- 15
Given under our hands and seal of office, thisday of	192
	President of Board
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And the second party of th	Changery Clerk.
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N. D. If the Board appropria this application the Chancony Clayl ad	ll so certify, after recording the same in a book kept
IV. DII the Dokid approves this application, the Chancely Clerk will	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
that purpose, and forward all of the approved applications in a body t	to the Auditor's Office by the first day of October.
that purpose, and forward all of the approved applications in a body t No application forwarded after that time will be received.	to the Auditor's Office by the first day of October.

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P. K.	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.	FORM NO. 4	No. of Application	ana	Tame	2	PENSION
Ja ja	s to Chance vill be enter	SOLDIERS and SAHARS PRORATE	lication	Postoffice	ne of Applicant	3	
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