

APPLICATION FOR PENSION

FORM NO. 3—WIDOWS

MARRIED BETWEEN 1875 AND ~~1885~~ 1900

FOR \$100.00 PER YEAR

Application of Widow of Soldier or Sailor of the Late Confederacy, under H. B. 11, 1928.

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. Josephine Key
- Q. 2. What is your age? Answer 77 years
- Q. 3. In what state and county do you reside? Answer Mississippi, DeSoto County
- Q. 4. How long have you resided in Mississippi? 60 years
- Q. 5. What is the name of your postoffice? Answer Capleville, Tenn. R.F.D. L Box 116
- 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 William Key
- Q. 8. When were you married? Answer during the year 1890
- Q. 9. Where were you married? Answer Senatobia, Mississippi.
- Q. 10. Have you since remarried? Answer No
(Yes or No)
- Q. 11. Are you an inmate of the Beauvoir Soldiers' Home? Answer No
(Yes or No)
- Q. 12. Was your husband a bona fide citizen of the United State and of the State of Mississippi?
Answer Yes
(Yes or No)
- Q. 13. What was the date of your husband's enlistment? Answer 1861
- Q. 14. Give place of his enlistment. Answer Atlanta, Ga.
- Q. 15. Give the names of officers of his company, regiment or vessel?
Answer General, Stonewall Jackson
- Q. 16. Was he ever discharged from his command? Answer No
- Q. 17. If so, for what cause? Answer _____
(Yes or No)
- Q. 18. Was he in active service at the surrender in 1865? Answer yes
- Q. 19. If not, why? Answer _____
(Yes or No)
- Q. 20. What is your net income? Answer None

"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 Josephine Key

Sworn to and subscribed before me, this 6th day of April, 1931

H. L. Browning, Chancery Clerk.

to the best of our knowledge and belief

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 6th

day of April, 19231

W. L. Browning
(Signature of Officer.) Clerk

J. D. Hulse
(Signature of Witness)

J. L. Kyle
(Signature of Witness)

[Signature]
(Signature of Witness)

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

(Signature of Witness)

Mrs. Josephine Key
(Signature of Applicant)

Sworn to and subscribed before me, this 6th day of April, 1931

W. L. Browning
(Signature of Officer.) Clerk

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY DeSoto COUNTY

Hernando, MISS. April 13, 1931

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of Mrs. Josephine Key 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 April 1931, ~~1931~~

J. D. Hulse (Seal)
President of Board.

Paul Bowdre (Seal)
Attorney.

W. S. Counts (Seal)
Veteran of World War.

[Signature] (Seal)

[Signature] (Seal)

J. P. Jernigan (Seal)

[Signature] (Seal)

W. L. Browning (Seal)
Chancery Clerk.

ATTEST:
W. L. Browning
(Attach 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 to the Auditor's Office by the first day of October.

No application forwarded after that time can be received.