

# THIS APPLICATION

Must be filed with the Clerk of the Court on or before the first Monday in September  
IN APPLICATION WHICH IS VERIFIED BY THE APPLICANT

## Form No. 5

APPLICATION OF INDIGENT SERVANT OF SOLDIER, OR SAILOR, OF THE LATE CONFEDERACY, UNDER CHAPTER 104,  
CODE OF 1880

- County 15/6
- Division of 16
- What is your name? Answer George Knox
- What is your age? Answer 60 years old
- Are you a bona fide resident of the State of Mississippi? Answer Yes
- How long have you been a bona fide resident of Mississippi? Answer All my life
- In what county do you reside? Answer De Soto
- What is the name of your postoffice? Answer Walls
- In what State did you reside when you served as a servant of a soldier or sailor in the service of the Confederate States? Answer Mississippi
- When did you serve in that capacity? Answer About 3 years 1863-64 & 65
- How long did you serve? Answer Three years
- What was the name of the party whom you served? Answer P. M. Knox
- What was the number of the regiment or name of the vessel in which your owner served? Answer First Mississippi
- The name of its commander? Answer Col. Penson
- Letter or designation of the company in which your owner served? Answer Co. C
- Name of its captain? Answer Cap. Taylor
- Where were you at the close of the war? Answer Salmon, Ala.
- Were you ever wounded while in actual service? Answer No
- Give date on which you received your wound? Answer
- At what place were you wounded? Answer
- What is the nature of your wound? Answer
- Do you apply for a pension because you are indigent and unable to earn a support by your own labor? Answer Yes
- Do you hold any State, United States, County, or City office from which you are receiving an salary or fees amounting to the sum of three hundred dollars per annum? Answer No
- Are you worth in your own right, or in the right of your wife, property the true, just and correct value of which amounts to four hundred dollars? Answer No

Richard A. Heathman  
J. A. James  
Sworn to and subscribed before me, this 19<sup>th</sup> day of Aug, A. D. 1864

George Knox  
(Signature of Applicant)  
J. H. McQuinn, J. P.  
(Signature of Officer)

"I do solemnly swear (or affirm) that I was a Confederate soldier, sailor or servant of such Confederate soldier or sailor (as the case may be); that I 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 I am indigent and infirm; that I am not able to earn a support, and have no relatives able, whose duty it is to support me; that I, nor my wife do not own property, real or personal, to the value of six hundred dollars (\$600); that I nor my wife have not conveyed any of my or her property in any way with a view to drawing a pension, so help me God."

Richard A. Heathman  
J. A. James  
Sworn to and subscribed before me, this 24 day of Sept, 1864

George Knox  
(Signature of Pensioner)  
R. A. Heathman  
Chancery Clerk.

We, the undersigned, verify before the Court that the facts stated in the application are true and correct.

Sworn to and subscribed before me this 17th day of April, 1917.

*John H. Brown*  
(Signature of applicant)

(Date)

Office of the County Clerk, County of [blank] State of [blank]

May 17, 1917

We, the undersigned, hereby certify that we have read the application of [blank] for a pension, and we believe that the facts stated in the application are true and correct, and that we believe the applicant to be indigent and physically unable to earn a support, and that we believe the facts stated in the application are true and the party should receive a pension.

*[Signature]*  
(Attach to Application)

*[Signature]* (Seal)  
*[Signature]* (Seal)  
*[Signature]* (Seal)  
*[Signature]* (Seal)  
*[Signature]* (Seal)  
*[Signature]* (Seal)  
*[Signature]* (Seal)  
(Chancery Clerk)

N. H.—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 (not one at a time) to the Auditor's office by the first day of October.

- ☐ No application forwarded after that time will be received.
- ☐ Rejected applications should not be forwarded to this office.

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Q. 12. V  
Q. 13. H  
Q. 14. A  
Q. 15. H

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Sworn to

Pension Application

County

Name of Applicant

Postoffice

No. of Application

Form No. 5

SPECIAL INSTRUCTIONS TO  
CHANCERY CLERKS:

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

Filed day of [blank] 1917

*[Signature]*

*[Signature]*

Applications must be filed with the Chancery Clerk on or before the first Monday in September 1916, and no application will be entertained not on the printed form.

Q. What is your name? Answer *Geo. Knox*  
Q. What is your age? Answer *67 years*  
Q. Are you a bona fide resident of the State of Mississippi? Answer *Yes*  
Q. How long have you been a bona fide resident of Mississippi? Answer *All my life.*  
Q. In what county do you reside? Answer *D. D. Rots*  
Q. What is the name of your postoffice? Answer *W. alle*  
Q. In what State did you reside when you served as a servant of a soldier or sailor in the service of the Confederate States? Answer *Mississippi*  
Q. When did you serve in that capacity? Answer *About 3 years, 63-64 & 65*  
Q. How long did you serve? Answer *About 3 years*  
Q. What was the name of the party whom you served? Answer *R. M. Brown*  
Q. What was the number of the regiment or name of the vessel in which your owner served? Answer

Q. The name of its commander? Answer Coe Penman

Q. Letter or designation of the company in which your owner served? Answer C, C

Q. Name of its captain? Answer Capt Taylor

Q. Where were you at the close of the war? Answer Selma Ala

Q. Were you ever wounded while in actual service? Answer No

Q. Give date on which you received your wound? Answer \_\_\_\_\_

Q. At what place were you wounded? Answer \_\_\_\_\_

Q. What is the nature of your wound? Answer \_\_\_\_\_

Q. Do you apply for a pension because you are indigent and unable to earn a support by your own labor?  
Answer Yes

Q. Do you hold any State, United States, County, or City office from which you are receiving as salary or fees amounting to the sum of three hundred dollars? Answer No

Q. Are you worth in your own right, or in the right of your wife, property the true, just and correct value of which amounts to four hundred dollars? Answer No

Witnessed by Richard Smith  
D. E. Anderson

Sworn to and subscribed before me, this 14<sup>th</sup> day of Aug, A. D. 1966

(Signature of Officer)

"I do solemnly swear (or affirm) that I was a Confederate soldier, sailor or servant of such Confederate soldier or sailor (as the case may be); that I 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 I am indigent and infirm; that I am not able to earn a support, and have no relatives able, whose duty it is to support me; that I nor my wife do not own property, real or personal, to the value of six hundred dollars (\$600); that I nor my wife have not conveyed any of my or her property to any one with a view to drawing a pension, so help me God."

Sworn to and subscribed before me, this 14th day of June, 1964, at New York, New York.

Sworn to and subscribed before me, this 14 day of Aug A. D., 1966

Geo<sup>d</sup> X Knox  
y of J. B. McLawrence, Jr. A. D. 1866  
Chancery Clerk

**Chancery Clerk**

# Pension Application

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County

# RESOLUTION OF THE BOARD

TO BE THE LEGAL PERSONS IN THE COUNTY OF ...

... and ...

Office of Chancery Clerk and County Board of ...

*[Signature]* ...

the undersigned members of the Board of ...

applicant to be indigent and physically unable to earn a support by his own labor or ...

Given under our hands and seals of office, this ... day of ... 1916

*[Signatures]*  
 President of Board  
 ...  
 ...  
 ...  
 ...  
 Chancery Clerk

ATTEST:

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 (not one at a time) to the Auditor's office by the first day of October.

No application forwarded after that time will be received.

Rejected applications should not be forwarded to this office.

Pension Application

*[Signature]* County

Name of Applicant  
*[Signature]*

Residence  
*[Signature]*

No. of Application

Form No. 5

Special Instructions to Chancery Clerk  
 No application will be entertained unless made on the proper form and every blank in the form properly filled.

Filed ... day of ... 1916  
*[Signature]* Clerk

ALLOWED

*[Handwritten notes]*