

APPLICATION FOR PENSION

FORM NO. 1 - SERVANT

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

Application of Indigent Person: A Soldier or Sailor of the late Confederate States, Chapter 103 Code of 1901, as amended by Act 140, Laws of 1904.

Application must be filed in duplicate with the Clerk of Court 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: Wm. Jones
- Q. 2. In what county and state do you reside? Answer: De Soto Co., Miss.
- Q. 3. Are you a bona fide resident of the United States and of the State of Mississippi? Answer: Yes.
- Q. 4. How long have you resided in Mississippi? Answer: All my life.
- Q. 5. 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: De Soto Co., Mississippi.

- Q. 7. When did you begin your service in that capacity? Answer: 1862.
- Q. 9. Did you ever desert such service? Answer: NO. (Yes or No)

- Q. 10. Where were you at the surrender? Answer: Lower part of Mississippi.
- Q. 11. If not in service, why? Answer: I was in service until the surrender.
- Q. 12. What was the name of the soldier or sailor under whom you served? Answer: W. F. Jones.

- Q. 13. In what state, county and place did he reside when he enlisted? Answer: De Soto county, Mississippi, he went from Hernando,

- Q. 14. When did he enlist? Answer: 1863.
- Q. 15. Give the names of the officers of his company, regiment or vessel? Answer: G. F. Smith, captain; Will Hains, 1st lieutenant.

- Q. 16. Was he ever discharged from his command? Answer: NO. (Yes or No)

- Q. 17. If so, why? Answer: Not discharged.

- Q. 18. Was he in active service at the surrender in 1865? Answer: YES. (Yes or No)

- Q. 19. Do you apply for a pension because you are disabled and unable to earn a support by your own efforts? Answer: Yes. (Yes or No)

- Q. 20. Give nature of your disability and destitution? Answer: only old age.

Wm. Jones
 (Signature of Applicant)
 Sworn to and subscribed before me this 19th day of Sept, 1912
H. P. ...
 (Signature of Officer)
W. C. ...

Pension Application

1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025

We the undersigned certify that the facts stated in the above application are true and correct and that the applicant is entitled to the pension benefits provided by the Act of August 10, 1956, and that of his own free will and in full knowledge of his rights he has executed this application and in this application he has stated that he is entitled to the pension benefits provided by the Act of August 10, 1956, and that of his own free will and in full knowledge of his rights he has executed this application.

[Signature]
1948

OFFICE OF CHANCERY CLERK AND CHIEF BOARD OF INQUIRY
Hernando MISS. Sept. 20th, 1948

We the undersigned members of the Board of Inquiry, hereby approve the foregoing application of **Hernando** 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 **19th** day of **September**, 1948

[Signatures]
Chancery Clerk

N. B. - If the Board approves this application, the Chancery Clerk will so certify, after recording the issue 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.

PENSION APPLICATION	
Name of Applicant	County
Residence	
Place of Birth	
Date of Application	
Name of Secretary	
Special Instructions to Chancery Clerk:	
No application will be set off until receipt made on the papers found and entry blank in the form provided filed and	