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 Georgia & Lughler
Q.	In what state and county do you reside? Answer JEpole Co Thuss
Q.	What is the name of your Post Office? Answer OresCrany
Q.	Are you a bona fide resident of the United States? Answer
Q.	Are you a bona fide resident of the State of Mississippi? Answer
Q.	What was your husband's name? Answer 75 Lung Klus
Q	When and where were you married? Answer Ootlown Miss Jan 91/869
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
Q.	What was the date of your husband's enlistment? Answer Answer 1861
Q.	In what state, county and place did he reside when he enlisted?
-8	Answer DESald Co Mississifice Formando Mus
Q.	Answer Cafet Jan Chalmers. It Jam White
Q.	Was he ever discharged from his command? Answer
Q.	If so, for what cause? Answer
Q.	Was he in active service at the surrender in 1865. Answer 190
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 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 day of the case of the
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AFFIDAVIT-We, the undersigned verily believe the facts stated in	the above application to be true and the applicant
be the identical person named in the said application.	J. (Signature of Witness)
Sworn to and subscribed before me this day	(Signature of timesa)
1.11	(Signature of Witness)
of 1923	(3.5
D. & Langelow h P.	(Signature of Witness)
(Signature of Officer)	
NOTE-Must be attested by one or more creditable witnesses.	(Signature of Witness)
mwx 131	Promotion Ather Parallet
	(Signature of applicant)
Sworn to and subscribed before me, thisday of	1/1/2 marie
Sworn to and substribed before me, this many and and are	11 6 Sangeton n. C.
	(Signature of officer)
	00/
20	alex oto
DEFIGE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIR	41 ./ -
Munico Miss	192 7
We; the undersigned members of the Board of Inquiry, hereby approve	a the foregoing application of
ation are true and the party should receive a pension.	te we believe the facts stated in the appli-
	eph 100 2
Given under our hands and seal of office, this day of	-
	DHO MARON
	President of Board. (Seal)
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	(Seal) Clerk
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	(Seal)
	Chancery Clerk.
**	
N. B If the Board approves this application, the Chancery Clerk work that purpose, and forward all of the approved applications in a body	vill so certify, after recording the same in a book ke to the Auditor's Office by the first day of October.
	2. 12. 1
No application forwarded after that time will be received.	
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PENSION APPLICATION

Read So Ls County

Read Application.

No. of Application.

FORM NO. 4—WIDOWS

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PROPRATE

Special Instructions to Chancer Clerk:

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