

APPLICATION FOR PENSION

Form No. 1, SEP 1904

How Made: What is Name, Description of Disability, Date Prescribed

Application of Indigent Soldier or Sailor of the late Confederate Army or Navy, under Chapter 136, Code of 1906, as amended by Chapter 200, Laws of 1924.

Application must be filed in duplicate with the Clerk of the Court on or before the first Monday in July 1924 and thereafter in September of the year in which the application is first filed.

(Applicant must answer all of the following questions.)

- Q. 1. What is your name? Answer Alex McShane
- Q. 2. In what county and state do you reside? Answer DeSoto County, Mississippi
- Q. 3. Are you a bona fide resident of the State and County of Mississippi? Answer Yes
(Yes or No)
- Q. 4. 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. 5. What was the nature of your service in the Confederate Army or Navy? Answer War Department
- Q. 6. When did you begin your service in that capacity? Answer March 1863
- Q. 7. When did your service end in that capacity? Answer May 1865
- Q. 8. Did you ever desert such service? Answer No
(Yes or No)
- Q. 9. Where were you at the surrender? Answer Atlanta, Georgia
- Q. 10. If not in service, why? Answer
- Q. 11. What was the name of the soldier or sailor under whom you served?
Answer John S. McGhee
- Q. 12. In what state, county and place did he reside when he enlisted? Answer Panola County, Mississippi
- Q. 13. When did he enlist? Answer 1861
- Q. 14. Was he ever discharged from his command? Answer No
(Yes or No)
- Q. 15. If so, why? Answer
- Q. 16. Was he in active service at the surrender in 1865? Answer Yes
(Yes or No)
- Q. 17. 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. 18. Give nature of your disability and destitution? Answer Paralysis

Sworn to and subscribed before me, this

24 day of June

1924

Alex McShane
(Signature of Applicant)

W. L. Brimmer
(Signature of Officer)

NOTICE TO APPLICANT: This application is subject to the provisions of the Act of March 1, 1901, and the regulations thereunder. The applicant is advised that the facts stated in this application will be taken into consideration by the Board of Inquiry, and that the Board will determine whether or not the applicant is entitled to a pension.

Sworn to and subscribed before me this 21 day of July, 1924

APPIDAVIT

We, the undersigned, certify that the facts stated in the above application are true and correct to the best of our knowledge and belief, and that the applicant is entitled to a pension.

Sworn to and subscribed before me this 21 day of July, 1924

of J. M. Brown, Clerk (Signature of Officer) George W. Brown (Signature of Applicant)

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY

Hernando, MISS. July 21, 1924

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of Alex McShane 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 7 day of July, 1924

President of Board (Seal)
J. S. Harrison (Seal)
J. D. Harrison (Seal)
J. D. Harrison (Seal)
W. D. Lee (Seal)
W. D. Lee (Seal)
W. D. Lee (Seal)
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 will be received.

PENSION APPLICATION	
Desolo	County
Name of Applicant	
Alex McShane	
Postoffice	
Jaco, Mississippi	
No. of Application	
FORM NO. 3-SERVANT	

Special Instructions to Chancery Clerk:
No application will be entertained unless it is properly filled out and every blank space is properly filled out.

Filed 7 day of July 1924
J. M. Brown
Clerk

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SAINT JOHN'S COLLEGE, NEW YORK, N. Y. 10024

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Application must be made on Form 1 with the Charitable Commission before the 31st July 1994 and thereafter the Commission will publish a list of applications which are approved.

(Applicant must answer all of the following questions.)

- Q. 1. What is your name? Answer Alex McGehee
- Q. 2. In what county and state do you reside? Answer DeSoto County, Miss.
- Q. 3. Are you a bona fide resident of the State and County of Mississippi? Answer Yes
(Yes or No)
- Q. 4. 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 Miss.
- Q. 5. What was the nature of your service in the Confederate Army or Navy? Answer War Dept.
- Q. 6. When did you begin your service in that capacity? Answer March, 1863
- Q. 7. When did your service end in that capacity? Answer May, 1866
- Q. 8. Did you ever desert such service? Answer No
(Yes or No)
- Q. 9. Where were you at the surrender? Answer Atlanta, Georgia
- Q. 10. If not in service, why? Answer _____
- Q. 11. What was the name of the soldier or sailor under whom you served?
Answer John S. McGehee
- Q. 12. In what state, county and place did he reside when he enlisted? Answer _____
Panola County, Miss.
- Q. 13. When did he enlist? Answer 1861
- Q. 14. Was he ever discharged from his command? Answer No
(Yes or No)
- Q. 15. If so, why? Answer _____
- Q. 16. Was he in active service at the surrender in 1865? Answer Yes
(Yes or No)
- Q. 17. 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. 18. Give nature of your disability and destitution? Answer Paralysis

Alex^h X McEhee
(Signature of applicant)

Sworn to and subscribed before me, this 22 day of July, 1925

192-15
W. L. Brown, Clerk
(Signature of Officer)

PENSION APPLICATION

De Goto

Country

I do solemnly swear (or affirm) that I was a servant of a Confederate Soldier or Sailor, and that I was not desert the Confederate service; that I was honorably discharged or paroled as the case may be; and that the statements set forth in application are true and correct. I verify the above by my oath.

(Signature of Applicant)

Sworn to and subscribed before me, this 22 day of July, 1925

AFFIDAVIT

We, the undersigned, certify that the facts stated in the above application are true and the applicant is the identical person in the said application.

Sworn to and subscribed before me, this 22 day of July, 1925

(Signature of Officer)
W. L. Branning

(Signature of Witness)
J. B. Harrison
(Signature of Witness)
A. D. Nichols

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY

Hernando

MISS. Sept 14

COUNTY

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of

Alex. McBehe

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 14 day of Sept, 1925

J. B. Harrison (Seal)
President of Board.
A. D. Nichols (Seal)
W. D. Lee (Seal)
M. L. Clark (Seal)
J. B. Harrison (Seal)
W. L. Branning (Seal)
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 will be received.

PENSION APPLICATION

County

Name of Applicant

Alex. McBehe

Postoffice

No. of Application

FORM NO. 2—SERVANT

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.

ALLOWED

do not erase or have to

Sworn

day of