

PENSIONERS now on the roll are invited to apply for a pension on the basis of their service in the Confederate Army or Navy.

THIS APPLICATION

MUST BE FILED WITH THE CHIEF CLERK OF THE WAR DEPARTMENT, WASHINGTON, D. C.

FORM NO. 5

APPLICATION of Indigent Servant or Soldier or Sailor of the Late Confederacy Under Chapter 104, Code of 1892.

Applicant must make Answer to all of the following questions and have it written out plainly in ink.

- Q. What is your name? Answer: Carpenter McGehee
- Q. What is your age? Answer: 75 years
- Q. Are you a *bona fide* resident of the State of Mississippi? Answer: I am
- Q. How long have you been a *bona fide* resident of Mississippi? Answer: 13 years
- Q. In what County do you reside? Answer: DeSoto
- Q. What is the name of your postoffice? Answer: Horn Lake
- 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: from Jan. 1862 to May 1865
- Q. How long did you serve? Answer: 4 years
- Q. What was the name of the party whom you served? Answer: Samuel as Teamster
- Q. What was the number of the regiment or name of the vessel in which your owner served? Answer: at Miss.
- Q. The name of its commander? Answer: Major Heimer
- Q. Letter or designation of the company in which your owner served? Answer: Company H
- Q. Name of its captain? Answer: Captain C. L. Smith
- Q. Where were you at the close of the war? Answer: at Hospital at Macon, G. A.
- Q. Were you ever wounded while in actual service? Answer: I was not
- 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 because of sickness, loss of use of one eye and the partial use of one leg.
- 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 per annum? Answer: I do not
- 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: I am not

Carpenter McGehee
(Signature of Applicant.)

Sworn to and subscribed before me, this 16 day of August A. D. 1894

C. C. Coggins, J. R.
(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 four hundred dollars (\$400); 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."

any me (Signature of Pensioner.) X. Carpenter McGehee

Sworn to and subscribed before me, this 16 day of September A. D. 1894

A. B. C. C. C. Coggins, J. R.
(Signature of Clerk.)

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WORTHAM PRINTING CO., MEMPHIS, MISS.

AFFIDAVIT OF TWO WITNESSES

We, the undersigned, both believe the facts stated in the above application of the person named in the said application, sworn to and subscribed before me, this 4th day of August 1910.

(Signature of officer)

Office of Chancery Clerk and County Board of Inquiry, Shelby County, Mississippi, this 5th day of Sept 1910.

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of Cary McQueen for pension, because we know the applicant to be indigent and physically unable to earn a support by his own labor, on account of wounds or injuries received during the civil war and that we believe the facts stated in the above application are true and the party should receive a pension.

Given under our hands and seals of office, the 5th day of Sept 1910.

(President of Board)

J. J. Harrison [SEAL]
J. P. Harrison [SEAL]
W. C. Harrison [SEAL]
A. E. Nichols [SEAL]
J. M. Boyer [SEAL]
N. E. Wilkey [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 (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	
<u>Shelby</u>	County
NAME OF APPLICANT <u>Cary McQueen</u>	
POST OFFICE <u>Harrison, Miss</u>	
No. of Application	
Form No. 5.	
SPECIAL INSTRUCTIONS TO CHANCERY CLERKS No application will be entertained unless made on the proper form and every blank in this form properly filled out.	
<u>All over</u> <u>filed Sept 6-1910</u> <u>N. E. Wilkey</u> <u>clerk</u>	

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AFFIDAVIT OF TWO WITNESSES

AFFIDAVIT - We, the undersigned, do hereby believe the facts stated in the above application are true and the applicant to be the identical person named in the said application.

Sworn to and subscribed before me, this 14 day of Sept 1876

(Signature of Officer) *[Signature]*

(Signature of Witness) *[Signature]*

Office of Chancery Clerk and County Board of Inquiry, DeSoto, Miss.

Sept 11 1876

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of Cary McEhee for pension because we know the applicant to be indigent and physically unable to earn a support by his own labor, on account of wounds or injuries received during the Civil War, and that we believe the facts stated in the above application are true and the party should receive a pension.

Given under our hands and seals of office, this 11 day of Sept 1876

(Seal) [Signature] President of Board
(Seal) [Signature]
(Seal) [Signature]
(Seal) [Signature]
(Seal) [Signature]
(Seal) [Signature] Chancery Clerk

ATTEST: [Signature] Chancery Clerk (Seal)

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

DeSoto County

Name of Applicant Cary McEhee

Postoffice Plain Fork Miss

No. of Application

Form No. 5

Special Instructions to Chancery Clerks

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

Read day of Sept 1876

[Signature] Clerk

ALLOWED