

THIS APPLICATION

Must be filed with the Chamber Clerk on or before the first Monday in September

FORM No. 7

APPLICATION of indigent Servant of Soldier or Sailor of the late Confederacy under Chapter 73, Act of 1900

Applicant must make Answer to all of the following questions and have it verified and sworn to as

Q. What is your name? Answer: *Asbury M. Myers*

Q. What is your age? Answer: *67*

Q. How long have you been a bona fide resident of this State? Answer: *50 years*

Q. In what county do you reside? Answer: *DeWitt*

Q. Where was your place of birth? Answer: *Franklin, Mississippi*

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. What did you serve in that capacity? Answer: *Transport to 1865*

Q. How long did you serve? Answer: *Three years*

Q. What was the name of party whom you served? Answer: *Albert W. Pad Myers*

Q. What was the name or designation of the company and regiment or vessel in which your owner served?

Answer: *Co. B 20 Miss Reg*

Q. Where were you at the close of the war? Answer: *at home my Master a Prisoner*

Q. Were you ever wounded while in active service? Answer: *No*

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

Q. In what place and by whom? 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, I have Arthritic Rheumatism*

Q. Do you hold any State, United States, County or City office from which you are receiving a salary or fees the sum of three hundred dollars per annum? Answer: *No*

Q. Are you worth in your own right, or in the right of your wife, property at its assessed value for taxation to the amount of four hundred dollars? Answer: *No*

Sworn to and subscribed before me, this *7th* day of *August* *1892* A. D. 19*02*

W. H. Dye, Justice of the Peace
(Signature of Officer)

I do solemnly swear, or affirm, that I was a Confederate soldier, sailor, or servant; that I was honorably discharged, paroled, or did not desert from the Confederate service; that I reside in this State; that I am indigent and unable, by reason of service in the Confederate Army or Navy, to earn a support and have no relatives able, whether legal or moral duty it is to support me; that I do not own property real or personal in my own name or that of my wife, to the value of four hundred dollars; that I have not conveyed any of my property to any one with a view of drawing a pension or helping to do so.

(Signature of Pensioner) *Asbury M. Myers*

Sworn to and subscribed before me, this *7th* day of *August* *1892*

W. H. Dye, Justice of the Peace
(Signature of Officer)

RECORDED IN THE OFFICE OF THE CLERK OF THE CHAMBER OF COMMERCE OF THE CITY OF MEMPHIS, TENNESSEE, THIS 11th DAY OF AUGUST, 1902.

AFFIDAVIT OF TWO WITNESSES

We, the undersigned, verily believe the facts stated in the above application to be true and the applicant to be the identical person named in the said application.

Sworn to and subscribed before me, this 11th day of March, 1892.

W. H. Dineen (Signature of witness)
W. H. Dineen (Signature of witness)

Office of Chancery Clerk and County Board of Inquiry, North County,

Des Moines, Mo. Sept 8, 1892

We, the undersigned members of the Board of Supervisors, Health and Chancery Clerk, hereby approve the

foregoing application of Arthur J. Myers 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 the pension.

Given under our hands and seals of office, this 8th day of Sept, 1892.

W. H. Dineen President of Board.

J. S. Freeland (SEAL)

W. H. Dineen (SEAL)

J. R. Dineen (SEAL)

Chancery Clerk (SEAL)

Chancery Clerk (SEAL)

Chancery Clerk (SEAL)

Chancery Clerk (SEAL)

CERTIFICATE OF COUNTY HEALTH OFFICER.

The undersigned hereby certifies that the above applicant is indigent and physically unable to earn a support by his own labor.

A. M. Jones (Signature of County Health Officer.)

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.

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

* If there is no County Health Officer, the Board of Inquiry will appoint a good physician of reputable character and standing in the county to act in his stead as above required.

Pension Application

North County.

NAME OF APPLICANT

Arthur J. Myers

Des Moines

NO. OF APPLICATION 10

FORM NO. 7.

SPECIAL INSTRUCTIONS TO CHANCERY CLERKS.

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

occurred

Sept 12 1902
Arthur J. Myers

Arthur J. Myers

APPLICATION FOR PENSION

How Made, What it Contains, Description of Disability, and Proceedings

Form No. 5

Confederate Class

Application of Indigent Servant of Soldier or Sailor of the Late Confederacy, under Chapter 102 of Laws 1906 as amended by Laws April 24th 1910 and Laws March 24th 1914. Sec. 1 of Laws 1910 being as follows:

Be it enacted by the Legislature of the State of Mississippi that all applications for pensions hereinafter made and filed, be and same are hereby declared void, and any person desiring to share in the benefits of the pension fund shall file a paper on or before the first Monday in September 1914, then new applications using blanks to be furnished by the Auditor of Public Accounts through the Chancery Clerks of the various counties.

Applications must be filed with the Chancery Clerk on or before the first Monday in September 1914, and no application will be entertained not on the printed form.

(Applicant must make answer to all of the following Questions.)

- Q. What is your name? Answer *William Rogers*
- Q. What is your age? Answer *66 years*
- Q. Are you a bona fide resident of the State of Mississippi? Answer *Yes Sir*
- Q. How long have you been a bona fide resident of Mississippi? Answer *60 years*
- Q. In what county do you reside? Answer *DeSoto County*
- Q. What is the name of your postoffice? Answer *Byhalia*
- Q. In what State did you serve as a servant of a soldier or sailor in the service of the Confederate States? Answer *Mississippi*
- Q. What did you serve in that capacity? Answer *Some time 1862 until 1866*
- Q. How long did you serve? Answer *about 3 years*
- Q. What was the name of the party whom you served? Answer *Past Rogers*
- Q. What was the number of the regiment or name of the vessel in which your owner served? Answer *30 Mississippi*
- Q. The name of its commanders? Answer *Capt. Robinson of the Company of the 1st Colonel*
- Q. Letter or designation of the company in which your owner served? Answer *Regt*
- Q. Name of its captain? Answer *Capt. Robinson*
- Q. Where were you at the close of the war? Answer *Byhalia just got home from*
- Q. Were you ever wounded while in actual service? Answer *No Sir my eye*
- Q. Give date on which you received your wound? Answer *were affected while cooking*
- Q. At what place were you wounded? Answer *for eight soldiers some them to*
- Q. What is the nature of your wound? Answer *the same totally blind*
- Q. Do you apply for a pension because you are indigent and unable to earn a support by your own labor? Answer *Yes Sir*
- Q. Do you hold any State, United States, County, or City office from which you are receiving a salary or fee amounting to the sum of three hundred dollars? Answer *No Sir*
- 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 Sir*

Wm Rogers
Signature of Applicant

Sworn to and subscribed before me, this *21* day of *August* A. D. 191*6*

W. W. Thompson Notary Public
(Signature of Officer) *my Commission expires June 9*

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.

(Signature of Pensioner) *Wm Rogers*

Sworn to and subscribed before me, this *29* day of *August* A. D. 191*6*

W. W. Thompson Notary Public
my Commission expires *June 9 1917*

PENSION APPLICATION

Notary Seal of District Chancery Clerk

in or under Seal of October

AFFIDAVIT OF TWO WITNESSES

WE, the undersigned, do hereby declare and certify that the above application is being filed and submitted to be considered by the Board of Inquiry for the purpose of pension as herein stated and that the applicant is sworn to and subscribed before me, this _____ day of _____, 1916.

W. C. [Signature] (Signature of Officer)
[Signature] (Signature of Witness)

Office of Chancery Clerk and County Board of Inquiry, *De Soto* County, *Georgia*

Sept 11 1916

The undersigned members of the Board of Inquiry, hereby approve the foregoing application of *Battery Myers* 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 same should receive pension.

Given under our hands and seals of office, this *11* day of *Sept*, 1916.

A. WEST

[Signature] (Seal)
 President of Board
[Signature] (Seal)
[Signature] (Seal)
[Signature] (Seal)
[Signature] (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	
<i>admit</i>	County
Name of Applicant <i>Estley Myers</i>	
Residence <i>De Soto Co. Ga</i>	
No. of Application	
<i>Open No. 5</i>	
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.	
Present City or Town	
<i>De Soto</i>	
<i>R. C. [Signature]</i>	
ALLOWED	

RECEIVED