

AFFIDAVIT OF TWO WITNESSES

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

Sworn to and subscribed before me, this 3rd day of Sept 1916

W. E. ...
W. C. ...

Office of the Chancery Clerk and County Board of Inquiry Winnipeg County Manitoba this 3rd day of Sept 1916

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

Given under our hands and seals of office, this 3rd day of Sept 1916

J. D. Harrison [SEAL] President of Board.
M. ... [SEAL]
W. ... [SEAL]
W. ... [SEAL]
W. ... [SEAL] Chancery Clerk

Notary Public for Manitoba

ATTEN:

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.

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

PENSION APPLICATION

NAME OF APPLICANT: James Ostrom

POST OFFICE: Winnipeg

NO. OF APPLICATION: 1000

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 in.

James Ostrom
W. E. ...
W. C. ...

Q. 6. W
Q. 7. W
Q. 8. D
Q. 9. W
Q. 10. W
Q. 11. W
Q. 12. In
Q. 13. W
Q. 14. W
Q. 15. W
Q. 16. Wa
Q. 17. De
Q. 18. Giv

Sworn to by

UNITED STATES OF AMERICA

James Adams
Chancery Clerk and Board of Inquiry
Sept 11 1866

Attest:

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of *James Adams* for a pension, because we think he is entitled to be indulgent and physically unable to earn a support by his own labor, on account of wounds and losses received during the Civil War, and that we believe the facts stated in the above application are true and he should receive a pension.

Given under our hands and seals of office, this *11* day of *Sept*, 1866

R. C. Deighton
Chancery Clerk
R. C. Deighton
Chancery Clerk
R. C. Deighton
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

Name of Applicant: *James Adams*

Postoffice: *Jags - Mass*

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.

11 day of *Sept* 1866

R. C. Deighton
Chancery Clerk

ALLOWED

Approved
1866
Sept 11 1866
Q. 1. W
Q. 2. H
Q. 3. A
Q. 4. In
Q. 5. W
Q. 6. W
Q. 7. W
Q. 8. D
Q. 9. W
Q. 10. H
Q. 11. Wh
Q. 12. In
Q. 13. W
Q. 14. W
Q. 15. H
Q. 16. W
Q. 17. Do
Q. 18. Giv

Sworn to

APPLICATION FOR PENSION

FORM NO. 1 - SERVANTS

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

Application of Invalid Servants, Soldiers or Sailors of the Late Confederacy, under Chapter 1483, Code of 1906, as amended by Chapter 238, Laws of 1922.

Application must be filed in duplicate with the Financial Clerk 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: James Odom
- 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 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. In what capacity did you serve the Confederate Army or Navy? Answer: Cook, and General Servant
- Q. 6. When did you begin your service in that capacity? Answer: 1862
- Q. 7. When did your service end in that capacity? Answer: 1864
- Q. 8. Did you ever desert such service? Answer: No (Yes or No)
- Q. 9. Where were you at the surrender? Answer: At home
- Q. 10. If not in service, why? Answer: At home sick.
- Q. 11. What was the name of the soldier or sailor under whom you served? Answer: Ephraime Bouldin
- Q. 12. In what state, county and place did he reside when he enlisted? Answer: Mississippi, DeSoto County
- Q. 13. When did he enlist? Answer: About 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: Injured in head while in service and no means of support.

Sworn to and subscribed before me, this 20 day of June 1924

James Odom (Signature of Applicant)
W. B. Brown (Signature of Officer)

PENSION APPLICATION

APPLICATION FOR PENSION

FORM NO. 3 - SERVANT

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

Application of Individual Servant of a Soldier or Sailor of the Late Confederacy, under Chapter 105, Code of 1906, as amended by Chapter 449, Laws of 1924.

Application must be filed in duplicate with the Chancery Clerk 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 James Odum
- 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. Cook and general servant
- Q. 5. What was the nature of your service in the Confederate Army or Navy? Answer servant
- Q. 6. When did you begin your service in that capacity? Answer 1862
- Q. 7. When did your service end in that capacity? Answer 1864
- Q. 8. Did you ever desert such service? Answer No
(Yes or No)
- Q. 9. Where were you at the surrender? Answer At home
- Q. 10. If not in service, why? Answer At home sick
- Q. 11. What was the name of the soldier or sailor under whom you served?
Answer Ephraim Bouldin
- Q. 12. In what state, county and place did he reside when he enlisted? Answer DeSoto 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 Injured in head while in service and no means of support.

(Signature of Applicant)

Sworn to and subscribed before me, this 25 day of July 1925

(Signature of Officer)

Application of _____
 County DeSoto
 State Miss.
 Board _____
 Clerk _____
 in a book kept
 file by the first

I do solemnly swear (or affirm) that I was a servant of a Confederate Soldier or Sailor (as the case may be) that I did not desert the Confederate service, that I was honorably discharged or paroled (as the case may be) that I reside in this State, that statements set forth in application are true and correct I verily believe, so help me God.

(Signature of Pensioner)

James Odum
W. B. Brantley

Sworn to and subscribed before me, this 25 day of April, 1925

Chancery Clerk

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 25 day of April, 1925

W. B. Brantley
(Signature of Officer)

C. B. Marshall
(Signature of Witness)
R. A. Dalziel
(Signature of Witness)

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY

Hernando MISS Sept 14 1925

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of James Odum 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. D. Harrison (Seal) President of Board.
C. E. Nichols (Seal)
W. D. Lee (Seal)
W. B. Brantley (Seal)
W. B. Brantley (Seal) Chancery Clerk

Official Seal of Office
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: DeSoto
Name of Applicant: James Odum
No. of Application: _____
FORM NO. 3—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.

do so or w/ary, duty any p