

PENSIONERS now on the LIST are NOT required to make new applications, but the CHANCERY CLERK must certify their Names to the Auditor of Public Accounts.

THIS APPLICATION

Must be Filed with the Chancery Clerk on or before the First Monday in September.

(No Application will be entertained not on this printed form.)

FORM No. 5.

(GENERAL PRIVATE CLASS)

APPLICATION of Indigent Servant of Soldier or Sailor of the late Confederacy Under Chapter 102, Code of 1900.

Applicant must make Answer to all of the following Questions and have it written out Plainly in Ink.

- Q. What is your age? Answer *about 64 years old*
- Q. Are you a bona fide resident of the State of Mississippi? Answer *yes*
- Q. How long have you been a bona fide resident of Mississippi? Answer *all my life*
- 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 *Miss*
- Q. When did you serve in that capacity? Answer *2nd year of the war*
- Q. How long did you serve? Answer *about 2 years*
- Q. What was the name of the party whom you served? Answer *Thomas Smith*
- Q. What was the number of the regiment or name of the vessel in which your owner served? Answer *42nd Miss*
- Q. The name of its commander? Answer *I think it was Col. Dennis*
- Q. Letter or designation of the company in which your owner served? Answer *Co. A*
- Q. Name of its captain? Answer *Hilbert*
- Q. Where were you at the close of the war? Answer *down River by the name of*
- Q. Were you ever wounded while in actual service? Answer *crippled*
- Q. Give date on which you received your wound? Answer *2nd year in Service*
- Q. At what place were you wounded? Answer *South Winchester Va.*
- Q. What is the nature of your wound? Answer *gives me a good deal trouble*
- Q. Do you apply for a pension because you are indigent and unable to earn a support by your own labor? Answer *yes*
- Q. Do you hold any State, United States, County, or City office from which you are receiving a salary or fees amounting to 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 the true, just and correct value of which amounts to four hundred dollars? Answer *no*

Marion H. Smith
22- Aug 8

H. H. Dickson JR

I, the undersigned, do hereby certify that I was a Confederate Soldier, and that I was honorably discharged or that I did not desert from the Confederate service, as the case may be, that I reside in this State, that I am indigent or unable to earn a support, and have no relatives able, whose duty it is to support me, that I have no wife or her own property, real or personal, to the value of one hundred dollars of more, that I have no wife have not conveyed any of my or her property to any one with a view to drawing a pension or help me God.

Signature of Pensioner

Marion H. Smith
22- Aug 8

Sworn to and subscribed before me this

22- Aug 8

H. H. Dickson JR

PENSION APPLICATION

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 29th day of

August 29th 1908
Wm. H. Dickson (Signature of officer)
A. S. Harpfield (Signature of applicant)
G. Stark (Signature of witness)

Office of Chancery Clerk and County Board of Inquiry, *W.D. to* County,

Hennepin *Sept. 7* 1908

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

Manson Smith

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 10th day of 1908.

J. H. Harrison (Seal)
President of Board

W. H. Thompson (Seal)
Member

A. S. Harpfield (Seal)
Member

G. Stark (Seal)
Member

W. H. Thompson (Seal)
(Chancery Clerk)

A. 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 5 days (not all 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

County

NAME OF APPLICANT

Manson Smith

POSTOFFICE

No. of Applicant

Form No. 16

SPECIAL INSTRUCTIONS TO CHANCERY CLERKS

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

Filed 9-3-08

W. H. Thompson

allowed

APPLICATION FOR PENSION

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

Form No. 5

General Prognate Class

Application of Indigent Servants of Soldier or Sailor of the Late Confederacy, under Chap. 102, Code of 1906 as amended by Laws of April 5th, 1910 and Laws March 24th, 1916. Section 1 of Laws 1916 being as follows: Be it enacted by the Legislature of the State of Mississippi, that all applications for pensions heretofore made and filed, be and same are hereby declared void, and any person desiring to share in the future distribution of the pension fund, shall on or before the first Monday in September 1916, file a new application, using forms 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 1916, 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 Henry Harrison
- Q. Are you a bona fide resident of the State of Mississippi? Answer: Yes.
- Q. How long have you been a bona fide resident of Mississippi? Answer: All of my life.
- Q. In what county do you reside? Answer: DeSoto County.
- Q. What is the name of your postoffice? Answer: DeSoto Courthouse, 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. When did you serve in that capacity? Answer: From 1862 to 1865.
- Q. How long did you serve? Answer: About 2 years.
- Q. What was the name of the party whom you served? Answer: Thomas Smith.
- Q. What was the number of the regiment or name of the vessel in which your owner served? Answer: 2nd Miss. Inf. Regiment.
- Q. The name of its commander? Answer: I think it was Col. Dennis.
- Q. Letter of designation of the company in which your owner served? Answer: Company "A".
- Q. Name of its captain? Answer: Capt. Nelson.
- Q. Where were you at the close of the war? Answer: Don't remember the name of the place.
- Q. Were you ever wounded while in actual service? Answer: Yes.
- Q. Give date on which you received your wound? Answer: End of war in Service.
- Q. At what place were you wounded? Answer: South of Vicksburg, Mississippi.
- Q. What is the nature of your wound? Answer: Willed.
- Q. Do you apply for a pension because you are indigent and unable to earn a support by your own labor? Answer: Yes.
- Q. Do you hold any State, United States, County or City office from which you are receiving as 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 the true, just and correct value of which amounts to four hundred dollars? Answer: No.

(Signature of Applicant)

Sworn to and subscribed before me, this 9 day of Feb, A. D. 1916

(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 affirm 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 (cash), 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)

Sworn to and subscribed before me, this 9 day of Feb, 1916

AFFIDAVIT OF TWO WITNESSES

Was 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 9 day of

Sept 1916
(Signature of Officer)

(Signature of Witness)
(Signature of Witness)

Office of Chancery Clerk and County Board of Inquiry, Des Moines County, Iowa

Sept 11 1916

The undersigned members of the Board of Inquiry, hereby approve the foregoing application of Marion Smith 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 1916

President of Board
(Seal)
(Seal)
(Seal)
(Seal)
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.

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

Pension Application

Des Moines County
Name of Applicant
Marion Smith
Residence
Lake Cornman, Iowa

No. of Application

Form No. 5

Special Instructions to Chancery Clerks

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

Sept 16
R. C. O'Keefe

RECORDED

RECEIVED

APPLICATION FOR PENSION

FORM NO. 3—SERVANT

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

Application of Indigent Servant of a Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906, as amended by Chapter 333, 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 Marion Smith
- Q. 2. In what county and state do you reside? Answer Carroll 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 Army or Navy? Answer Mississippi
- 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 At close of War
- Q. 8. Did you ever desert such service? Answer No
(Yes or No)
- Q. 9. Where were you at the surrender? Answer Don't remember name of place
- Q. 10. If not in service, why? Answer
- Q. 11. What was the name of the soldier or sailor under whom you served?
Answer Thomas Smith
- Q. 12. In what state, county and place did he reside when he enlisted? Answer Carroll 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 Crippled Yes
(Yes or No)
- Q. 18. Give nature of your disability and destitution? Answer Crippled in leg.

Sworn to and subscribed before me, this

25

day of

June 1924
Marion X Smith
(Signature of Applicant)
W. L. Browning
(Signature of Officer)

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 honorably released from the war; and that I believe in the truth of the statements set forth in the application and true and correct I verily believe, so help me God.

(Signature of Applicant)

Sworn to and subscribed before me, this 25th day of July, 1924

1924

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 25th day of July, 1924

1924

(Signature of Officer)

(Signature of Witness)

(Signature of Witness)

OFFICE OF CHANCERY CLERK AND BOARD OF INQUIRY

DoSoto

COUNTY

Memphis

MISS.

1924

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

Marion Smith for pension because we believe the facts stated in the application are true and the party should receive a pension.

(Seal)
President of Board

(Seal)

(Seal)

(Seal)

(Seal)

(Seal)

(Seal)

(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

DoSoto County

Name of Applicant

Marion Smith

Postoffice

Neblitt, Miss. 111016 Route 1

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 dated by the form properly filed out.

W. H. Brown