

PENSIONERS now on the LIST are NOT required to file 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 THE PRESCRIBED FORM.)

FORM No. 5.

(General Prorate Class.)

APPLICATION of Indigent Servant or Soldier or Sailor of the late Confederate Army, under Chapter 73, Acts of 1900.

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

- Q. What is your name? Answer: Eli Walker
- Q. What is your age? Answer: About 70 years old
- Q. How long have you been a bona fide resident of Mississippi? Answer: 60 years
- Q. In what county do you reside? Answer: DeSoto
- Q. What is the name of your post-office? 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: Miss. DeSoto Co.
- Q. When did you serve in that capacity? Answer: 1861 & 1862
- Q. How long did you serve? Answer: 4 years
- Q. What was the name of the party whom you served? Answer: J. M. & J. P. Walker
- Q. What was the name or designation of the company and regiment or vessel in which your owner served? Answer: Company 10th Miss Reg.
- Q. Where were you at the close of the war? Answer: Humeny, Miss
- Q. Were you ever wounded while in actual service? Answer: no
- Q. Give date on which you received your wound? Answer: no
- Q. At what place were you wounded? Answer: now
- Q. What is the nature of your wound? Answer: now
- 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 at its assessed value for taxation to the amount of four hundred dollars? Answer: no

Sworn to and subscribed before me, this 2nd day of Sept 1907
Signature of Applicant: Eli Walker

I do solemnly swear or affirm, that I was a Confederate soldier, sailor or seaman, that I was honorably discharged, landed or did not desert from the Confederate service, that I reside in this State, that I am indigent and unable to support myself by reason of service in the Confederate Army or Navy, that I do not own any real estate and have no relatives able whose legal or moral duty it is to support me, that I do not own property real or personal to the value of that of my wife, to the value of four hundred dollars that I have not disposed of my property to any one with a view of drawing a pension on the 6th of Oct.
Signature of Pensioner: Eli Walker
Sworn to and subscribed before me, this 2nd day of Sept 1907
Signature of Clerk: J.P.

AFFIDAVIT OF TWO WITNESSES.

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

Sword to and subscribed before me, this 2nd day of

Sept A. D. 1907
N. E. Wilkey
(Signature of notary)

J. P. Walker
(Signature of witness)
John L. Quinn
(Signature of witness)

Office of Chancery Clerk and County Board of Inquiry Wabata County

Sturwands Miss. Sept 2nd 1907

We, the undersigned members of the Board of Inquiry hereby approve the foregoing application of Eli Walker 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 2nd day of Sept 1907

J. D. Harrison (SEAL)
President of Board.

A. J. Stone (SEAL)

W. B. Whelan (SEAL)

W. M. Boyce (SEAL)

S. L. Gray (SEAL)

N. E. Wilkey (SEAL)
Chancery Clerk.

N. E. Wilkey

Approved:

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

Wabata County

Name of Applicant

Eli Walker

Post-office

Wabata

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.

Filed Sept 2nd 1907
N. E. Wilkey
clerk

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AFFIDAVIT OF TWO WITNESSES

AFFIDAVIT - 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 22 day of August

A. D. 1916

E. B. Dickson
(Signature of Officer)

J. S. Walker
(Signature of Witness)
Jeff Dickson
(Signature of Witness)

Office of Chancery Clerk and County Board of *Madison* County,

Madison Miss *Sept 11* 1916

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

E. S. Walker

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.

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of
Chancery Clerk
Seal of Office
ATTORNEY

W. S. Walker [Seal]
President of Board
J. S. Walker [Seal]
J. S. Harrison [Seal]
R. S. Michael [Seal]
R. C. Coffey [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 for waived after that time will be received.

Rejected applications should not be forwarded to this office.

Pension Application

Dec 21 1916 County
Name of Applicant
E. S. Walker
Residence
Madison, 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

Sept 11
R. S. Michael
Madison, Miss