

PENSIONERS now on the list are NOT required to make new applications, but the CHANCERY CLERK must verify their names to the Auditor of Public Accounts.

THIS APPLICATION

Must be Filled with the Chancery Clerk on or before the First Monday in September.
(NO APPLICATION WILL BE ENTERTAINED NOT ON THE PRINTED FORM.)

FORM No. 5. (General Prorate Class.)

APPLICATION of Indigent Servant of Soldier or Sailor of the late Confederacy Under Chapter 102, Code of 1906.

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

- Q. What is your name? Answer *Oswert Whitfield*
- Q. What is your age? Answer *Seventy one*
- 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 *Fifty years*
- Q. In what County do you reside? Answer *De Soto*
- Q. What is the name of your post-office? Answer *Lawrence, Miss*
- 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 *In 1861*
- Q. How long did you serve? Answer *Over two years*
- Q. What was the name of the party whom you served? Answer *Genl. Stovard*
- Q. What was the number of the regiment or name of the vessel in which your owner served? Answer *29th Mississippi*
- Q. The name of its commander? Answer *Genl. Brantley*
- Q. Letter or designation of the company in which your owner served? Answer *Co. 'I'*
- Q. Name of its captain? Answer *Reynolds*
- Q. Where were you at the close of the war? Answer *at home near Hernando, Miss*
- Q. Were you ever wounded while in actual service? Answer *No.*
- 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*
- Q. Do you hold any State, United States, County, or City office from which you are receiving as salary or less 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.*

Oswert Whitfield
(Signature of applicant.)

Sworn to and subscribed before me, this *30th* day of *June* A. D. *1906*

M. E. Murray
(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 neither my wife nor I own property, real or personal, to the value of four hundred dollars; I swear 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."

Oswert Whitfield
(Signature of Pensioner)

Sworn to and subscribed before me, this *30th* day of *June* A. D. *1906*

M. E. Murray
(Signature of Chancery Clerk)

The answers to these questions are not absolutely essential.

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 3^d day of Sept

A. D. 1906

John L. Oliver
 (Signature of witness)

Wm. H. S. ...
 (Signature of witness)

ATTEST:
N. E. ...
 (Chancery Clerk)

Office of Chancery Clerk and County Board of Inquiry, deals to County,

Miss ... Sept 3 1906

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of Oliver Whitefield 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 3 day of Sept 1906

J. D. ... (SEAL)
W. H. ... (SEAL)
J. A. ... (SEAL)
W. E. ... (SEAL)
W. A. ... (SEAL)
N. E. ... (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.

Oliver Whitefield

Sept 30 1906

N. E. ...

PENSION APPLICATION

NAME OF APPLICANT: Oliver Whitefield

COUNTY: ...

Form No. 54

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.

APPLICATION FOR PENSION

How Made, What to Contain, Description of Disabilities, Oath, Printed Form

Form No. 5

General Prorate 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 Oliver Whitfield
- Q. What is your age? Answer 60 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 60 years
- Q. In what county do you reside? Answer DeSoto
- Q. What is the name of your postoffice? Answer Lova, Miss.
- 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 In 1861.
- Q. How long did you serve? Answer Over 2 years
- Q. What was the name of the party whom you served? Answer Gabe Sherad.
- Q. What was the number of the regiment or name of the vessel in which your owner served? Answer 29th. Mississippi
- Q. The name of its commander? Answer Hill Brantley
- Q. Letter of designation of the company in which your owner served? Answer Co. "D".
- Q. Name of its captain? Answer Capt. Reynolds
- Q. Where were you at the close of the war? Answer At home near Hernando, Miss.
- Q. Were you ever wounded while in actual service? Answer No.
- 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.
- 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.

Oliver Whitfield
(Signature of Applicant)

Sworn to and subscribed before me, this 20th day of January, A. D., 1917

R. C. Clayton
(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 six hundred dollars (\$600); that I nor my wife have not conveyed any of my or her ~~real~~ personal property to any one with view to drawing a pension, so help me God"

(Signature of Person Sworn)

Oliver Whitfield
mark

Sworn to and subscribed before me, this 20th day of January, 1917.

R. C. Clayton
Chancery Clerk

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 20 day of January

R. C. Clayton
 (Signature of Officer)

W. E. Wilson
E. B. [unclear]
 (Signature of Witnesses)

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

Meranda Miss January 20 1817

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of Oliver Whitfield 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 20 day of January 1817

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

RECEIVED
 CHANCERY CLERK
 DE SOTO COUNTY MISSISSIPPI
 JAN 20 18 17

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.

- 106. No applications forwarded after that time will be received.
- 107. Rejected applications should not be forwarded to this office.

Pension Application	
DeSoto	County
Name of Applicant	
Oliver Whitfield.	
Residence	
Love, Miss	
No. of Application	
Form No. 5	
Special Instructions to Chancery Clerks: No application will be entertained unless made on this proper form and every blank in the form properly filled out.	
<i>20 Jan 1817</i> <i>R. C. Clayton</i> <i>[Signature]</i> <i>[Signature]</i> <i>[Signature]</i> RECEIVED CHANCERY CLERK DE SOTO COUNTY MISSISSIPPI JAN 20 18 17	