Carl C. White, Auditor of Public Accounts and Pension Commissioner of the State of Mississippi

## APPLICATION FOR PENSION

FORM NO. 5—SERVANT For \$40.00 Per Year

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

Application of Indigent Servant of a Soldier or Sailor of the Late Confederacy, under H. B. 11, 1928.

Application must be filed in duplicate with the Chancery Clerk on or before the first Monday in September of the year in which application is first filed.

(Applicant must answer all of the following questions). James Burney age 96 yrs 1. What is your name? Answer\_. 2. In what county and state do you reside? Answer. Harrison County, Mussissippe 3. Are you a bona fide resident of the United States and of the State of Mississippi? Answer --4. How long have you resided in Mississippi? Answer 7/ years Q. 5. 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 \_\_\_ Q. 6. What was the nature of your service in the Confederate Army or Navy? Answer? \_\_ ( Soda, Q. 7. When did you begin your service in that capacity? Answer \_ Uprel\_ 4. Q. 8. When did your service end in that capacity? Answer 9. Did you ever desert such service? Answer\_ Q. 10. Where were you at the surrender? Answer Baldwin County- aloborna Q. 11. If not in service, why? Answer\_ Q. 12. What was the name of the soldier or sailor under whom you served? Jefferson Davis - President of the Confederacy Q. 13. In what state, county and place did he reside when he enlisted? Answer\_-Q. 14. When did he enlist? Answer\_\_ Q. 15. Give the names of the officers of his company, regiment or vessel? Q. 16. Was he ever discharged from his command? Answer Q. 17. If so, why? Answer ---Q. 18. Was he in active service at the surrender in 1865? Answer Q. 19. Do you apply for a pension because you are disabled and unable to earn a support by your own efforts? Q. 20. Give nature of your disability and destitution? Answer (Signature of Applicant) Sworn to and subscribed before me, this\_

"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 d scharged or paroled (as the case may be); that I reside in this state; that statement set forth in application are true and correct I verily believe; so help me God." (Signature of Pensioner) Sworn to and subscribed before me, this \_, 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 of Witness) (Signature of Officer) (Signature of Witness) HARRISON OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY COUNTY 1,930 September 1st \_, MISS. \_ We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of James Burney \_\_\_\_\_ 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 \_\_\_ 181 \_, 19\_30. (Seal) Offic Veteran of World War. Chancery (Seal) (Seal) (Seal) Clerk. (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 can be received on the proper form and No. properly filled out. Special Instructions to No application will be of James Burney PENSION Aplication FORM No. Name of Applicant Postoffice APPLICATION 5—SERVANT Chancery entertained unless a every blank in the Clerk: County form

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