

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 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 PROBATE CLASS

APPLICATION of Indigent 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: *John Banks*
- Q. What is your age? Answer: *77 yrs*
- 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 county do you reside? Answer: *Leflore*
- Q. What is the name of your postoffice? Answer: *Boquerette Miss RR 2*
- 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: *South, Co Miss*
- Q. When did you serve in that capacity? Answer: *from 2 March 1862 till Surrender*
- Q. How long did you serve? Answer: *3 yrs & 6 mos*
- Q. What was the name of the party whom you served? Answer: *Dr. D. S. Baker*
- Q. What was the number of the regiment or name of the vessel in which your owner served? Answer: *36 Miss Regt*
- Q. The name of its commander? Answer: *Col W. Thompson*
- Q. Letter or designation of the company in which your owner served? Answer: *Co A*
- Q. Name of its captain? Answer: *Capt John Embrey*
- Q. Where were you at the close of the war? Answer: *Mobile Ala*
- Q. Were you ever wounded while in actual service? Answer: *Yes*
- Q. Give date on which you received your wound? Answer: *in 1864 - I struck*
- Q. At what place were you wounded? Answer: *Marquette Ga*
- Q. What is the nature of your wound? Answer: *Struck by piece of shell*
- 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 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*

Sworn to and subscribed before me, this *17th* day of *August*

John Banks
(Signature of Applicant)

R. H. Miller
A. D. 191*6*
(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 property to any one with a view to drawing a pension, so help me God."

(Signature of Pensioner) *X*

Sworn to and subscribed before me, this *17* day of *August* 191*6*

John Banks
R. H. Miller
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 17 day of August A. D. 1916
R. W. McManis
(Signature of officer)

Mary A. McLeathen
(Signature of witness)
R. W. McManis
(Signature of witness)

Chancery Clerk

(Attach Seal of Office)

ATTEST: R. W. McManis

Office of Chancery Clerk and County Board of Inquiry Lucas County
Brookham Miss. September 1916

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

day of September 1916
J. A. McCombs [Seal] (President of Board)
J. W. Smith [Seal]
A. M. Summers [Seal]
J. E. Williams [Seal]
J. P. Newman [Seal]
R. W. McManis [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.

Pension Application

County Lucas

Name of Applicant John Banks

Postoffice Brookham

No. of Application R. 2

Form No. 5

SPECIAL INSTRUCTIONS TO CHANCERY CLERKS:

No application will be entertained unless made on the proper form and a fee, blank in the form properly filled out.

Approved