## APPLICATION FOR PENSION

## FORM NO. 3-WIDOWS

## MARRIED BETWEEN 1875 AND 1885 1900

## FOR \$100.00 PER YEAR

Application of Widow of 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.)

Q.	1.	What is your name? Answer Mrs. N. S. Barham		
Q.	2.	. What is your age! Answer65 years		
Q.	3.	3. In what state and county do you reside? Answer Mississippi, DeSoto-County.		
Q.	4.	4. How long have you resided in Mississippi? all my natural life		
Q.	5.	5. What is the name of your postoffice? Answer. Hernando, Mississippi.		
Q.	6.	Are you a bona fide resident of the United States and of the State of Mississippi?		
		AnswerYes (Yes or No)		
Q.	7.	What was your husband's name? Answer N. S. Barham		
Q.	8. When were you married? Answer_ November 22, 1886.			
Q.	9.	Where were you married Answer Quitman County, Mississippi.		
Q.	10.	Have you since remarried? AnswerNo(Yes or No)		
Q.	11.	Are you an inmate of the Beauvior Soldiers' Home? Answer(Yes or No)		
Q.	12.	Was your husband a bona fide citizen of the United State and of the State of Mississippi?		
		AnswerYes(Yes or No)		
		What was the date of your husband's enlistment? Answer1861		
Q.	14.	Give place of his enlistment. Answer Friars Point, Mississippi		
Q.	15.	Give the names of officers of his company, regiment or vessel?		
		Answer		
Q.	16.	Was he ever discharged from his command? AnswerNo(Yes or No)		
Q.	17.	If so, for what cause? Answer		
Q.	18.	Was he in active service at the surrender in 1865† Answer(Yes or No)		
Q.	19.	If not, why! Answer		
Q.	20.	What is your net income? AnswerNone		
ma	); the	I do solemnly swear (or affirm) that I am a widow of a Confederate Soldier or Sailor (as the case may hat he was honorably discharged or paroled, or did not desert from the Confederate service (as the case se); that I reside in this State; that the statements set forth in the application are true and correct as uplicant verily believes; so help me God."  (Signature of Pensioner)		
	S	worn to and subscribed before me, this 6th day of April		
	-	// X nowwy Chancery Clerk.		

	the best of our knowledge and belief
AFFIDAVIT-We, the undersigned, certify that the facts the identical person named in the said application.	s stated in the above application are true and the applicant is
Sworn to and subscribed before me, this 6th	y m Joy
	(Signature of Witness)
day of, 19	(Signature of Witness)
MY Drowning as	4
(Signature of Officer.) / Clush	(Signature of Witness)
NOTE-Must be attested by one or more creditable witnesses.	(Signature of Witness)
Sworn to and subscribed before me, thisda	ay of Signature of Applicant)  (Signature of Officer)
OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF	INQUIRY DeSoto COUNTY
	1 13, 1931
We, the undersigned members of the Board of Inqui	
plication are true and the party should receive a pension.	00
Given under our bands and seal of office, this13,	
	Partident of Board (Seal)
	Veteran of World War. (Seal)
	1 0
	January (Seal) Grand (Seal) (Seal)
	(Seal)
2	11 L / Spanne
	Chancery Clerk (Seal)
N. B.—If the Board approves this application, the Chance kept for that purpose and forward all of the approved application.	ery Clerk will so certify, after recording the same in a bock ations in a body to the Auditor's Office by the first day of
No application forwarded after that time can be received.	
	9

DeSoto

DeSoto

Name of Applicant

Mrs. N. S. Barham

Postoffice

Hernando, Miss.

No. of Application

PORM No. 3.—WIDOWS

Special Instructions to Chancery Cliffic

No application will be entertained unbug paste on the proper form and every blank in the form properly filled out.

Will John Manual William Manual William