

# Application for Pension

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

FORM 4—WIDOWS

PRORATE

Application of Widow of Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906 as amended by Laws of March 13, 1922, H. B. No. 382.

Applications 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. What is your name? Answer Mrs Eliza Solomon
- Q. In what state and county do you reside? Answer Mississippi, Hinds Co.
- Q. What is the name of your Post Office? Answer Lov. Sta. Miss
- Q. Are you a bona fide resident of the United States? Answer yes
- Q. Are you a bona fide resident of the State of Mississippi? Answer yes
- Q. What was your husband's name? Answer Augustus Marion Solomon
- Q. When and where were you married? Answer 1868, Hernando Miss.
- Q. Have you since remarried? Answer no
- Q. Are you an inmate of the Beauvoir Soldiers' Home? Answer no
- Q. Was your husband a bona fide citizen of the United States and of the State of Mississippi? Answer yes
- Q. What was the date of your husband's enlistment? Answer about 1862
- Q. In what state, county and place did he reside when he enlisted?  
Answer Mississippi, Hinds Co., Hernando
- Q. Give the names and officers of his company, regiment or vessel?  
Answer Co. F. 18<sup>th</sup> Miss. Reg. Col. Shulmeis
- Q. Was he ever discharged from his command? Answer yes, 3 times
- Q. If so, for what cause? Answer Rheumatism
- Q. Was he in active service at the surrender in 1865. Answer no
- Q. If not, why? Answer disabled

"I do solemnly swear (or affirm) that I am a widow of a Confederate Soldier or Sailor (as the case may be); that he 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 the statements set forth in the application are true and correct as the applicant verily believes; so help me God."

(Signature of pensioner)

Mrs Eliza Solomon

Sworn to and subscribed before me, this 2 day of September, 1922

J. Harris Chancery Clerk

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 2 day

of September, 1922

J. S. Harris J.P.  
(Signature of Officer)

NOTE—Must be attested by one or more creditable witnesses.

H. C. Solomon  
(Signature of Witness)

T. P. Seashy  
(Signature of Witness)

J. W. Lee  
(Signature of Witness)

J. S. Harris  
(Signature of Witness)

Mrs. Eliza Solomon  
(Signature of applicant)

Sworn to and subscribed before me, this 2 day of September, 1922

J. S. Harris J.P.  
(Signature of officer)

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY De Soto COUNTY

Sept 17 1922

We the undersigned members of the Board of Inquiry, hereby approve the foregoing application of Mrs. Eliza Solomon 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 4 day of Sept, 1922

J. S. Harris (Seal)  
President of Board.

W. D. Lee (Seal)

D. A. Hargis (Seal)

R. C. Harrison (Seal)

R. C. Harrison (Seal)

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(Attest Seal of Office) 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 will be received.

PENSION APPLICATION

De Soto

County

Mrs. Eliza Solomon  
Name of Applicant

De Soto  
County

No. of Application

FORM NO. 4—WIDOWS

PROBATE

Special Instructions to Chancery Clerk:

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

4 Sept 2  
R. C. Harrison