

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

FORM No. 1.

APPLICATION of Indigent Soldier or Sailor of the Late Confederacy, Under Chapter 102, Code of 1906, for \$125.00.

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

- Q. What is your name? Answer *Richard H. Bushman*
- Q. What is your age? Answer *86 at last birth.*
- Q. In what county do you reside? Answer *Chickasaw*
- Q. What is the name of your postoffice? Answer *McCombs*
- 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 *About 70 yrs.*
- Q. Are you married or unmarried? Answer *married*
- Q. In what State and county did you reside when you enlisted in the service of the Confederate States? Answer *Chickasaw Co. State of Miss.*
- Q. What was the date of your enlistment? Answer *1862*
- Q. What was the number of the regiment or name of the vessel in which you first enlisted? Answer *Company H. 24 Miss.*
- Q. The name of its commander? Answer *J. W. Bushman*
- Q. Letter or designation of the company in which you enlisted? Answer *Company H.*
- Q. Name of its captain? Answer *J. W. Bushman*
- Q. The length of time which you served in the above company or regiment? Answer *over three yrs.*
- Q. Were you ever discharged or transferred from the above commands? Answer *was discharged at Meridian just before surrender*
- Q. If so, give the date of discharge or transfer? Answer *in 1865*
- Q. If discharged, on what ground? Answer *wounded*
- Q. If transferred, to what command? Answer *no*
- Q. Did you enlist the second time in the Confederate service? Answer *no*
- Q. If so, into what regiment or company? Answer *no*
- Q. Were you discharged from this command before the surrender in 1865? Answer *yes*
- Q. If so, for what cause? Answer *wounded*
- Q. Were you ever wounded while in actual service? Answer *yes*
- Q. Give date on which you received your wound? Answer *no*
- Q. At what place were you wounded? Answer *at Murfreesboro.*
- Q. What was the number of the regiment or the name of the vessel in which you were serving when the wound was received? Answer *24 Miss.*
- Q. The name of the commander? Answer *J. W. Bushman*
- Q. Letter or designation of the company in which you were serving when you received the wound? Answer *same as above*
- Q. Name of its captain? Answer *no*
- Q. What is the nature of your wound? Answer *wounded in foot*
- Q. Have you lost one leg? Answer *no*

Q. Have you lost both feet or both hands? Answer *no*

Q. Have you lost entire use of both feet or both hands? Answer *no*

Q. Have you lost both eyes? Answer *yes*

Q. Have you lost one hand and one foot? Answer *no*

Q. If you have lost both feet or both hands, or the entire use of both feet or both hands, or one hand and one foot, or both eyes, or one leg, was such loss caused by wounds or injuries received while enlisted in the Confederate army? Answer *yes*

Q. Are you suffering of irreducible hernia or locomotor ataxia caused by wounds or injuries received while in the Confederate service? Answer *no*

Q. Were you at any time absent from your command without leave? Answer *no*

Q. If yes, how long and why? Answer *no*

Q. Did you ever absent yourself from your command without leave, and join another? Answer *no*

Q. Were you with your command in active service at the surrender in 1865? Answer *no*

Q. Where did your command surrender? Answer *at Greensboro, N.C.*

Q. Were you absent from it when it surrendered? Answer *yes*

Q. Why were you absent? Answer *Discharged*

Q. How long had you been absent? Answer *about 10 days*

Q. What is your occupation at present? Answer *none*

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. Have you any sons over 16 and under 21 years of age? Answer *no*

Q. If yes, how many? Answer *none*

Q. Have you any property in your own right or in the right of your wife? Answer *yes*

Q. What is its true, just and correct value? Answer \$ *about \$200.00 of 70 acres of land*

Q. Have you a home of your own? Answer *yes*

Q. If not, with whom do you now live? Answer *-*

Q. Is the person you are now living with a relation? Answer *-*

Q. If so, what relation? Answer *-*

Q. Have you any relations or connections whose legal or moral duty it is to provide for you? Answer *no*

"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 four hundred dollars (\$400); 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) *R. A. Boucher*

Sworn to and subscribed before me, this *26* day of *July*, 19*15*
E. B. Boucher, Jr. Notary Public

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 *26* day of

July, A. D. 19*15*
R. A. Boucher, Jr.
 (Signature of Officer)

J. A. Lewis
 (Signature of Witness)
J. H. Heston
 (Signature of Witness)
 (Signature of Witness)

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

Sworn to and subscribed before me, this *26* day of *July*, A. D. 19*15*
R. A. Boucher, Jr.
 (Signature of Officer)

100-443887-100

Chancery Clerk

a book kept for that purpose, and forward all of the approved applications to the body that one of the auditor's office by the first day of October.

~~43 No application forwarded after that time will be received.~~
~~43 Rejected applications should not be forwarded to this office.~~

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Q. -5

Q. -6

Q. -7

Q. -8

Q. -9

Q. -10

Q. -11

Q. -12

Pension Application
FOR \$125.00

County

Name of Applicant

Richard Benson

Assistant

McLoudy, Miss

No. of Application

Form No. 1

SPECIAL INSTRUCTIONS TO
CLERICAL CLERKS:

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

WILKINSON BROS. JACKSON, MISS

APPLICATION FOR PENSION

How Made, What to Contain, Description of Disability, Cash Prescribed
Form No. 7 Rev. 8-5-00

Application of Indigent Blind or Inward Widow of Soldier or Sailor of the Late Confederacy, under Chapter 377, Laws of 1910 as amended by Laws of 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 **Mary A. Boucher**
Q. What is your age? Answer **71**
Q. Are you a bona fide resident of the State of Mississippi? Answer **(All my life) yes**
Q. How long have you resided in Mississippi? Answer **All my life**
Q. In what county do you reside? Answer **Chickasaw County**
Q. What is the name of your postoffice? Answer **McCond, Miss.**
Q. What was your husband's name? Answer **R. A. Boucher**
Q. When were you married? Answer **1882**
Q. In what State and County did he reside when he enlisted in the service of the Confederate States? Answer **Chickasaw County, Mississippi.**
Q. When was the date of his enlistment? Answer **November 1861**
Q. What was the name of the Company and Regiment or vessel in which he enlisted? Answer **2nd Mississippi Co. H.**
Q. How long was he in actual service of the Confederacy? Answer **Untill close of war**
Q. What were the names of the officers of the company, or regiment, or vessel, during the time he was in the service? Answer **J. W. Buchanan**
Q. Did he die in the service or did he serve until the close of the war? Answer **Close of war**
Q. Was he honorably discharged? Answer **Yes**
Q. When was he discharged? Answer **At the surrender**
Q. Where was he discharged? Answer **I do not know**
Q. Did he serve until the surrender? Answer **yes**
Q. Where did he die? Answer **McCond, Miss.**
Q. What regiment or vessel did your husband belong to at the time of his death? Answer **none**
Q. The name of the commander? Answer **none**
Q. What company did your husband belong to at time of his death? Answer **none**
Q. Who was the captain of the company? Answer **none**
Q. When did he die? Answer **July 30th, 1916.**
Q. Have you married since your husband's death? Answer **No**
Q. Do you apply for a pension because you are indigent and unable to earn a livelihood? Answer **Yes**
Q. Are you an invalid? Answer **Yes**
Q. Are you totally blind? Answer **Almost**
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. Have you any property in your own right? Answer **No**
Q. What is its true, just and correct value? Answer **None**
Q. Have you a home of your own? Answer **No**
Q. If not, with whom do you now live? Answer **Milton Boucher**
Q. Is the person you are now living with a relation? Answer **yes**
Q. If so, what relation? Answer **Son**
Q. Have you any relations or connections whose legal or moral duty it is to provide for you? Answer **No**
Q. Have you any relations; if so, what relations? Answer **Son and Daughter.**

Sworn to and subscribed before me, this **28th** day of **August**, A. D. 1916.

(Signature of Officer)

(Signature of Applicant)

I, **Mary A. Boucher**, widow of **R. A. Boucher**, do solemnly swear (or affirm) that I am a widow of a Confederate soldier or soldier, who was honorably discharged or paroled, or who did not desert the Confederate service (as the case may be); that I was married to him prior to the first day of January, 1861; that I reside in this State; that I am indigent and unable to earn a support; that I have no relatives able, whose duty it is, to support me; that I do not own property to the value of six hundred dollars (\$600) and that I have not conveyed any property to anyone with a view of drawing a pension, so help me God.

(Signature of Pensioner)

Sworn to and subscribed before me, this **28th** day of **August**, 1916.

Chancery Clerk

AFFIDAVIT OF TWO WITNESSES

We, the undersigned, do hereby 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 28th day of August, A. D. 1916

(Signature of Officer)

(Signature of Witness)

(Signature of Witness)

Office of Chancery Clerk and County Board of Inquiry, Hancock County, Miss.

Miss Mary A. Boucher 1916

We, the undersigned members of the Board of Inquiry, hereby approve the foregoing application of *Mary A. Boucher* for pension because we know the applicant to be indigent and unable to earn a livelihood, 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 6th day of Sept. 1916

President of Board

[Seal]

[Seal]

[Seal]

[Seal]

[Seal]

Chancery Clerk

(Attach 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 (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

For \$75.00

County

Name of Applicant

Post Office

No. of Application

Form No. 3

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.

Allowed under Form no. 6