

# APPLICATION FOR PENSION

## FORM NO. 3—SERVANT

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

Application of Indigent Servant of a Soldier or Sailor of the Late Confederacy, under Chapter 108, Code of 1906, as amended by Chapter 333, Laws of 1924.

Application must be filed in duplicate with the Chancery Clerk on or before the first Monday in July, 1924 and thereafter in September of the year in which the application is first filed.

(Applicant must answer all of the following questions.)

- Q. 1. What is your name? Answer Eli Lampley
- Q. 2. In what county and state do you reside? Answer Mississippi, Kemper County
- Q. 3. Are you a bona fide resident of the State and County of Mississippi? Answer yes  
(Yes or No)
- Q. 4. 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 Mississippi
- Q. 5. What was the nature of your service in the Confederate Army or Navy? Answer Servant
- Q. 6. When did you begin your service in that capacity? Answer 1861 April
- Q. 7. When did your service end in that capacity? Answer 1865
- Q. 8. Did you ever desert such service? Answer No  
(Yes or No)
- Q. 9. Where were you at the surrender? Answer Was at home in Miss.
- Q. 10. If not in service, why? Answer Was sick & had just arrived home when the war ended
- Q. 11. What was the name of the soldier or sailor under whom you served? Answer Henry Gully, <sup>1st Lieut</sup> Ben Lampley, <sup>Captain</sup> Guss Love, Capt.
- Q. 12. In what state, county and place did he reside when he enlisted? Answer Mississippi  
Kemper County - DeKalb
- Q. 13. When did he enlist? Answer 1861
- Q. 14. Was he ever discharged from his command? Answer No  
(Yes or No)
- Q. 15. If so, why? Answer \_\_\_\_\_
- Q. 16. Was he in active service at the surrender in 1865? Answer yes  
(Yes or No)
- Q. 17. Do you apply for a pension because you are disabled and unable to earn a support by your own efforts? Answer yes  
(Yes or No)
- Q. 18. Give nature of your disability and destitution? Answer 80 yrs of age - in feeble health and not able to make a support for myself

Attest: G. W. Aust

Eli Lampley  
(Signature of applicant)

Sworn to and subscribed before me, this 16 day of June 1924

J. H. Taborn Chy Clerk  
(Signature of Officer)  
By G. W. Aust etc



"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 discharged or paroled (as the case may be); that I reside in this state; that statements set forth in application are true and correct I verily believe; so help me God"

Attest *R. W. Aust* (Signature of Pensioner)

*Eli Lampley* (Signature of Applicant)

Sworn to and subscribed before me, this 16 day of June, 1924

*J. H. Hooban*  
*R. W. Aust* 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 16 day

of June, 1924

*J. H. Hooban Chy Clerk*  
*R. W. Aust* (Signature of Officer)

*E. M. Ruck* (Signature of Witness)

*Luc. Smith* (Signature of Witness)

OFFICE OF CHANCERY CLERK AND COUNTY BOARD OF INQUIRY Hempden COUNTY

DeKalb MISS. July 7th 1924

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

*Eli Lampley*

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 7 day of July, 1924

*A. A. Stappmach* (Seal) President of Board.

*C. Lewin* (Seal)

*V. H. Sanford* (Seal)

*W. T. Long* (Seal)

*J. R. Bonds* (Seal)

*L. V. McDonald* (Seal)

*J. L. Hooban* (Seal) Chancery Clerk.

ATTEST:  
*J. H. Hooban*  
(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 to the Auditor's Office by the first day of October.

No application forwarded after that time will be received.

PENSION APPLICATION

*Hempden* County

Name of Applicant  
*Eli Lampley*

Postoffice  
*Shobicon Miss*

No. of Application

FORM NO. 3—SERVANT

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.

*Filed June 16 1924*  
*J. H. Hooban*  
*Chy Clerk*

*Eli Lampley*