

# Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS.

Sept 17<sup>th</sup> 1900

Joseph Arthur MORGAN, (9) of the Town of JACKSONVILLE, in the County of MORGAN, and State of ILLINOIS, formerly a Soldier of the United States of America, in the war against (1) Rebellion + Mexico, respectfully asks that he be admitted as a member of said Home.

To enable the authorities to determine whether or not he is legally entitled to become a member of said Home, he declares and states the facts to be that he is now 70 years old; that he is 5 feet and 9 inches high; that he is of dark complexion, hazel eyes, and gray hair; that he was born in the town of \_\_\_\_\_ in the County of Marion, Ind, on the 4<sup>th</sup> day of Nov, 1830; that he has been (2) once enrolled in the U. S. A. service; \_\_\_\_\_ in the war against Mexico, and once in the war of the late Rebellion; and that he has been (3) three honorably discharged from the service of the United States. That the following is a true statement of the time and place of his enrollment, and discharge from said service, and of the cause of his discharge, and of his rank at the respective date thereof, namely:

No.	When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
1st.	Alton Ill 1847	1847, Alton Ill	Pri	Co. 6 Regt. Ill Infy	exterm service
2d.	Aug 24 '62. Springfield	Aug 16 '65.	Pri	17 <sup>th</sup> Indpt-Battn Co. Regt. L. A.	" " "
3d.	Ohio	Camp Blaine Ohio		Co. Regt.	" " "

That he now receives, on pension certificate number \_\_\_\_\_, a pension of \_\_\_\_\_ dollars a month payable the \_\_\_\_\_ day of next \_\_\_\_\_, at the \_\_\_\_\_ Pension Office.

That he owns property, real and personal, of the value of \_\_\_\_\_ dollars, and no more; that he has no means of self-support other than the above named; that his trade or occupation is that of a Farmer

That he has (4) a wife; that he has 6 children now living; ages, respectively, (5) 40, 38, 35, 32, 30, 22 years. That his postoffice address is JACKSONVILLE, State of Illinois; that his nearest railway station is JACKSONVILLE, on the Wabash Railway, in MORGAN County in said State; that the name and address of the person, to whom he desires notice of his illness or death shall be given, is Louisa Arthur, of JACKSONVILLE, County of MORGAN, State of ILLINOIS; that, in case of his death, he desires all his personal effects to be sent to Louisa Arthur, 412 S. West St - JACKSONVILLE, County of MORGAN, State of ILLINOIS.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) none

That he is now a bona fide resident of the State of Illinois, and has continuously lived and resided in said State for the last two years, or has served in an Illinois organization.

That he is so far disabled by (7) Partial deafness of both ears. Loss of sight of left eye. rheumatism of left hip. Lumbago. Kidney trouble. Hard senility as to now be incapable of earning his own living.

That he has at all times, heretofore, supported and adhered to the government of the United States of America, and that he has not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion.

That if he shall be admitted to be a member of the said Home, he will, in all things and in every respect, comply with and conform to the rules and regulations made, or that shall hereafter be made, for the government and discipline of the same; and that he will cheerfully do and perform any and all things that shall be required of him by those there in authority over him; and that he will promptly, and willingly, obey all lawful orders that he shall receive from any officer of the Home, so long as he shall remain a member thereof.

In testimony whereof, he has set his hand this Sept 17<sup>th</sup> 1900 day of \_\_\_\_\_ HIS Joseph Arthur Applicant.  
(9) H. A. Minter Witness.

STATE OF ILLINOIS,  
COUNTY OF MORGAN. } ss.

I, J. L. Simms, a (10) Notary Public

of the town of JACKSONVILLE, and for said County, do hereby certify that the above named Applicant, to me personally and well known to be the identical person he represents himself to be, this day personally appeared before me, and that I then and there, at his request, plainly read to him his application, aforesaid, which he then and there fully understood, and that he was, by me, thereupon duly sworn, and then and there deposed and said that he was the applicant above named, and that he was fully acquainted with matters and things stated and set forth in his said application, and ~~that~~ the same and each of them were true in substance and in fact as he had therein stated.

L. A. Gammeter  
Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 1900.  
and official seal. L. S.

(11) Joseph Arthur Affiant.  
J. L. Simms (12) Notary Public

**CERTIFICATE OF IDENTIFICATION.**

I do hereby certify, upon honor, that I have personally known Joseph Arthur the above Applicant, for, at least, two years last passed; and that to the best of my knowledge and belief, the statements contained in his foregoing application are entirely true, and especially that as to the time of his residence in Illinois, or service in an Illinois organization. And I further state that he has no known mental disorder; and that he requires no special attendant; and that he can properly be allowed to go at large; and that he can safely be quartered with feeble and helpless men.

Witness my hand, (13) Charles Haysler, Clerk  
of Circuit Court; (14)

**CERTIFICATE OF A LOCAL PHYSICIAN.**

I hereby depose and state that I have carefully examined the above named Applicant, Joseph Arthur, as to his disability, and I now find that he has (15) Partial blindness + Deafness + other ailments incident to old age. to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, manifest, or discoverable, mental disorder; that he has no need of an attendant; that he may be properly allowed to go at large; and that he can safely be quartered with men who are old and feeble.

Subscribed and sworn to before me, this 17 day of Sept, 1900. And I certify that I am personally acquainted with said affiant, C. C. Campbell, and that I know him to be a physician in active practice, and in good repute, as an honest man and a capable physician, in the community and among his fellow physicians where he lives.

C. C. Campbell M. D.  
J. L. Simms (16) Notary Public

**CERTIFICATE OF SOLDIERS HOME SURGEON.**

I hereby certify upon honor that I carefully and critically examined Joseph Arthur the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Monday the 24 day of September 1900; and that I then found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Hemorrhoids and Senile Debility

Witness my hand J. J. Eulder  
Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said Joseph Arthur, together with the said several certificates, signatures, and jurats, having been found to be duly and formally made, and the Superintendent being satisfied that the applicant has shown himself to be lawfully entitled to admission to the Home,—it is hereby ordered that he be now duly admitted as a member thereof, this.....day of SEP 24 1900, 18.....

W. S. Somerville  
Superintendent.

HOW TO FILL APPLICATION BLANKS.

- o. Give full name of the Applicant.
1. Either "Mexico or the late Rebellion."
2. Here say once, twice, or three times.
3. Here say once, twice, or three times.
4. Here say a wife, or no wife.
5. Here give their ages, from youngest to oldest.
6. Here give the name of any Home or other Institution of which he has been a member.
7. Here state, *in his own words*, what it is that ails or disables him.
8. Here Applicant will sign his full name, or make his mark.
9. Here the witness will sign *his* name.
10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."
11. Here Applicant will sign his *full name*, or make his mark.
12. Signature and title of the Justice or Notary.
13. To be made and signed by any Judge of any County or State Court, by any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or Adjutant or Commander of any G. A. R. Post.
14. Here write official title.
15. The physician will here state tersely, but fully, as far as he can learn, *every* cause or disorder that tends in any degree to render the Applicant *incapable of earning his own living*.
16. Name and official title of Notary or Justice.
17. Here state *minutely* what disorder, ailment, disease, or cause, it is that, in your judgment, *disables the Applicant and renders him incapable of earning his own living*.

SPECIAL INFORMATION FOR APPLICANT.

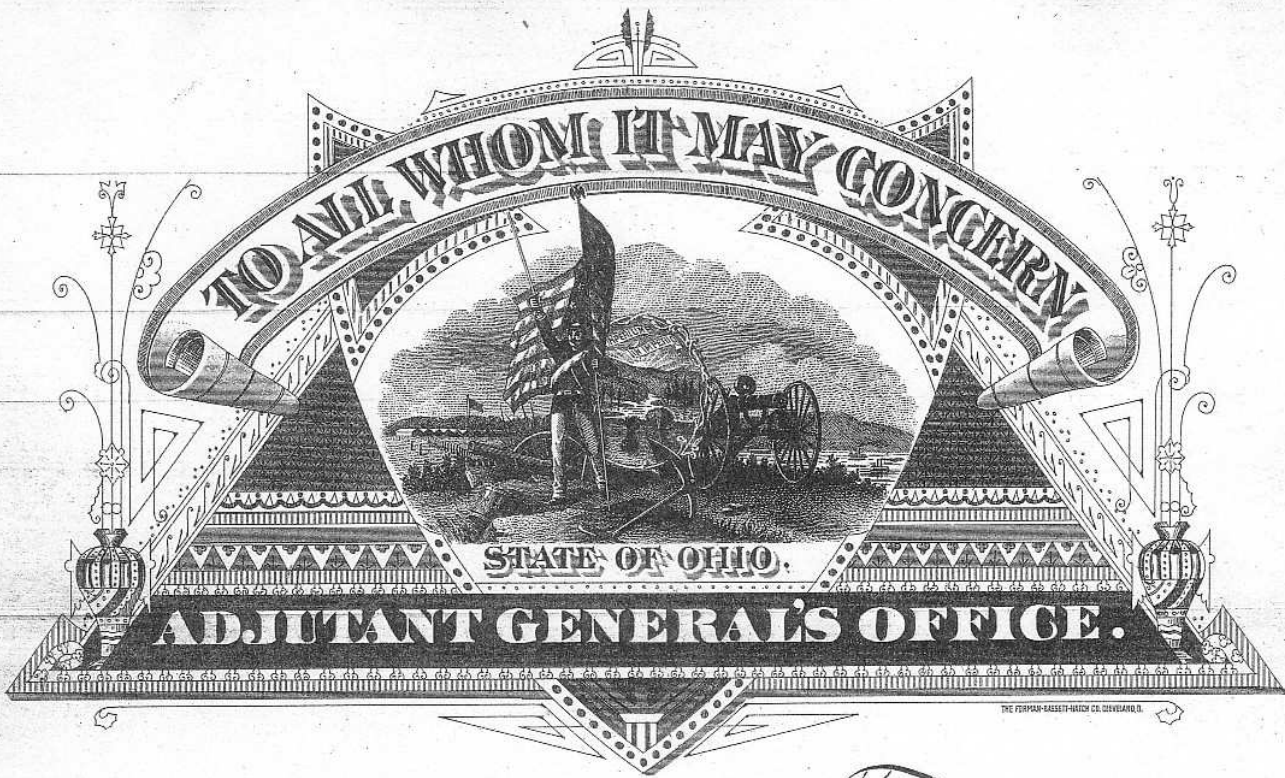
READ THIS CAREFULLY. For it will *avail you nothing*, when you come before the Superintendent for examination on the facts alleged by you in your application, *to say you are ignorant* of what is *here* and *herein* plainly and explicitly set forth for your information:

1. Have some capable person, *who writes a fair hand*, fill all the blanks in your application.
2. Have every blank in the application properly filled, and every Certificate, except that of the Surgeon of the Home, duly made and signed, and every jurat duly executed, signed and sealed by the Clerk, Notary or Justice of the Peace making the same.
3. Send your application, so prepared, by mail or otherwise, *with your last discharge and all your pension papers*, to the Superintendent of the Home.
4. On his receipt of your application, and your last discharge, and all your pension papers, all in due form, transportation will be sent you, and you will be ordered to report at the Home for *examination by the Home Surgeon as to your disability*, and for examination by the Superintendent *as to the allegations of fact made by you in your application for admission*.
5. If *all* your statements are found to be *true*, and the Surgeon finds you to be *so far disabled as to render you incapable of earning your own living*, you will then be admitted to the home, and not otherwise.
6. If, for *any reason*, you are found *not to be eligible* for admission, *you will not be admitted to the Home*.
7. *If you fail to be admitted*, no transportation to your home will be furnished you. *Therefore, you should bring sufficient money to pay your return fare*.
8. When permitted to leave the Home on Furlough, or on Pass of two or more days' duration, *you will be required to wear your citizen's clothing. You will not be allowed to wear Home or State clothing, when so absent*.

TO BE ELIGIBLE FOR ADMISSION.

1. *The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, or in the late Rebellion.*
2. *That you shall have been honorably discharged from that service.*
3. *That you shall have lived and resided, CONTINUOUSLY and in good faith, FOR THE LAST TWO YEARS, in the State of Illinois, or served in an Illinois organization.*
4. *That you shall have been rendered INCAPABLE OF EARNING YOUR OWN LIVING, AND SHALL NOW BE INCAPABLE OF EARNING YOUR OWN LIVING, through the exigencies of your military service, by reason of old age, or by means of some other PRESENT DISABILITY.*
5. *That you shall have NO PROPERTY OR OTHER SUFFICIENT MEANS OF LIVING.*
6. *That you shall be of sane mind; that you shall not be in need of an attendant; that you shall be capable of ministering to your own personal wants; that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE that would render your residence in the Home DANGEROUS to others; that you may SAFELY be quartered with men who are feeble and incapable of self-defence.*
7. *NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARED FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.*

Superintendent.



Columbus, O. Feb. 18<sup>th</sup> 1896.

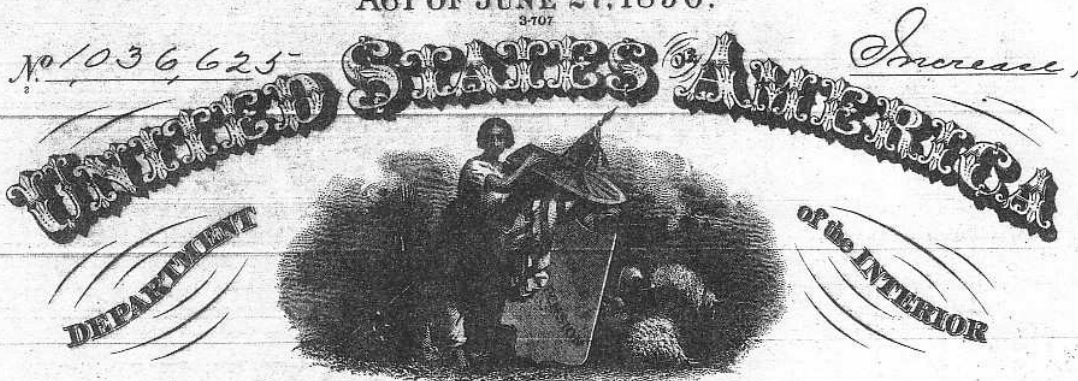
Know Ye That the records of this office show that  
Joseph Arthur  
was enrolled as a private in Company ( )  
17<sup>th</sup> Regiment Ohio Vol. Infantry <sup>Battery 1st Artillery</sup> the 9<sup>th</sup> day of August  
1862 at Springfield, Ohio by Captain Blount  
and was mustered into the United States service as such for the period of  
3 years on the 21<sup>st</sup> day of August 1862 at  
Dayton, Ohio by Captain Howard  
U.S.A. Mustering Officer, and that he was mustered out  
with battery August 16<sup>th</sup> 1865 at  
Camp Chase Ohio.

J. B. King  
Asst. Adjutant General of Ohio.

1072  
8

ACT OF JUNE 27, 1890.

No 1036625



**BUREAU OF PENSIONS**

It is hereby certified That, in conformity with the laws of the United States, Joseph Arthur \_\_\_\_\_ who was a Private, 1st Independent Battery, Ohio Volunteer Light Artillery \_\_\_\_\_ is entitled to a pension under the provisions of the

ACT OF JUNE 27, 1890.

at the rate of Twelve \_\_\_\_\_ dollars per month to commence on the third \_\_\_\_\_ day of February one thousand nine hundred and four. \_\_\_\_\_

Former payments, covering any portion of the same time, to be deducted.

Given at the Department of the Interior, this twentieth day of September one thousand nine hundred and four and of the Independence of the United States of America, the one hundred and twenty ninth.

Counter signed  
B. F. Ware

Thos. Ryan  
Acting Secretary of the Interior.

8-5-200 1902 0712 Commissioner of Pensions.

JACKSONVILLE, ILL.

Jan 1st 1906.

Wm. Decker.

Advt. Wm. St. S. Horns

Dear Sir: Your letter to me recd

a year ago. in 75-

with say, in Jan last I

recd notice from the promoters

offices that my name had

been dropped from the rolls

and supposed same applied

to my membership at the

S. S. Horns. Please advise

whether Horns' map

promotion etc is in your care

having been returned to

you after Oct-25 payment

of my copy.

Yours truly

Joseph + Arthur

St. S. Horns. Secretary Charles

intended to meet

ILLINOIS

MORGAN

Oct-28 frame 27 1590

Jan 30th 1899. before S. S. Horns

James Joseph Arthur. 68. of Jacksonville

Ill. included Aug 9th 1862 in 17th

Regt. 10th Div. Ill. and was

killed at Battle of Aug 15. 1865.

and other services.

total. by reason of partial deafness of

both ears. loss of sight of left eye inflammation

of left hip. tuberculosis kidney trouble.

old age.

# 1149150

S. Horns of Jacksonville Ill

Joseph + Arthur

secretary

James Arthur 35

Frank A. Fairbanks 10

over

of Jacksonville Ill. Jan 31st 1899

**WORTHLESS IF EXECUTED BEFORE JANUARY 4th, 1906.**  
3-1001. Act of June 27, 1890.

UNLESS THE INSTRUCTIONS ON FACE AND BACK OF THIS VOUCHER ARE SPECIFICALLY FOLLOWED, THE VOUCHER WILL BE RETURNED FOR CORRECTION.

**A** Roll No. 1072 **INVALID.** **A**

Be it known, That I, Joseph Arthur, do solemnly swear that I am the identical person named in pension certificate No. 1036625 dated the 20 day of Sep, 1904 in my possession and now exhibited; that I served as a Pvt in Company B 17 of 9nd Inf. Batty Regiment, Ohio S.A. Volunteers; that my name is inscribed on the rolls of the CHICAGO Agency, at the rate of 12 dollars per month

† Describe here any former payments covering the same period, by rates and periods.  
That I have not been employed or paid in the Army, Navy, or Marine Corps of the United States from the (1) 4th day of October, 1905, to the present time; that I am entitled to the pension described in this voucher; that I have not forfeited my right, title, or interest therein; and that my post-office address is No. \_\_\_\_\_ Street, City or Town of \_\_\_\_\_ County of Adams, State of Illinois.  
Care of Supt.  
(If pensioner signs by mark, or illegibly, two witnesses who can write.)

\_\_\_\_\_  
(Pensioner's signature) (Signature must be written letter for letter as it is written in the pension certificate.)

**OFFICER MUST MAKE THE CONTENTS OF THE AFFIDAVIT FULLY KNOWN TO THE PENSIONER BEFORE SIGNING OR SWEARING.**

THE PENSION CERTIFICATE MUST BE EXHIBITED TO THE MAGISTRATE WHEN THIS VOUCHER IS EXECUTED.

State of ILLINOIS, County of ADAMS, ss:  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1906, and I certify that the pensioner, above named, has this day exhibited to me his pension certificate, above described, and was fully identified as the pensioner named therein, and that he signed the following duplicate receipts in my presence.

(The magistrate must certify to any erasures or alterations.)  
\_\_\_\_\_  
(Magistrate's signature.)  
**Notary Public**  
\_\_\_\_\_  
(Official character.)  
**Soldiers & Sailors Home, Quincy**  
\_\_\_\_\_  
(P. O. address.)  
**Illinois,**

**Officer's Seal here.**

<b>ORIGINAL</b>	<b>\$ 36</b>	(ASS'T TREASURER) CHICAGO.	January,	1906.
	Received of <b>JONATHAN MERRIAM</b> , U. S. Pension Agent at <b>CHICAGO, ILL.</b> ,			
	<b>THIRTY-SIX</b> dollars by check No. _____			
	dated _____, 190 <u>5</u> , being for <b>3</b> months' and _____ days' pension due me			
	on pension certificate above described, from the <b>4th</b> day of <b>October</b> , <b>1905</b> , to the <b>4th</b> day of <b>January</b> , <b>1906</b> , for which I have signed duplicate receipts.			
_____ (Witness who can write.)				_____ (Sign name as above.)

**THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PRESENCE OF THE MAGISTRATE.**

That I have not been employed or paid in the Army, Navy, or Marine Corps of the United States.

(1) If the first payment, insert the date of the commencement of the pension. If not the first payment, the date from which the payment is claimed.

1905, to the present time; that I am entitled to the pension described in this voucher; that I have not forfeited my right, title, or interest therein; and

that my post-office address is No. Soldiers & Sailors Home, Quincy Street, City or Town of Quincy

County of County of Adams, State of Illinois, State of Illinois

(If pensioner signs by mark, or illegibly, two witnesses who can write.)

Care of Supt.

(Pensioner's signature) \_\_\_\_\_ (Signature must be written letter for letter as it is written in the pension certificate.)

OFFICER MUST MAKE THE CONTENTS OF THE AFFIDAVIT FULLY KNOWN TO THE PENSIONER BEFORE SIGNING OR SWEARING.

THE PENSION CERTIFICATE MUST BE EXHIBITED TO THE MAGISTRATE WHEN THIS VOUCHER IS EXECUTED.

State of ILLINOIS, County of ADAMS, ss:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1906, and I certify that the pensioner, above named, has this day exhibited to me his pension certificate, above described, and was fully identified as the pensioner named therein, and that he signed the following duplicate receipts in my presence.

(Magistrate's signature.) \_\_\_\_\_

(The magistrate must certify to any erasures or alterations.)

Notary Public  
Official character: Soldiers & Sailors Home, Quincy  
(P. O. address) Illinois

Officer's Seal here.

ORIGINAL	\$ <u>36</u> (ASS'T TREASURER) CHICAGO. January, 1906.
	Received of <u>JONATHAN MERRIAM</u> , U. S. Pension Agent at <u>CHICAGO, ILL.</u> ,
	<u>THIRTY-SIX</u> $\frac{\quad}{100}$ dollars by check No. _____
	dated _____, 190 <u>5</u> , being for <u>3</u> months' and _____ days' pension due me
	on pension certificate above described, from the <u>4th</u> day of <u>October</u> , 190 <u>5</u> , to the <u>4th</u> day of <u>January</u> , 190 <u>6</u> , for which I have signed duplicate receipts.
(Witness who can write.) _____	(Sign name as above.) _____

THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PRESENCE OF THE MAGISTRATE.

DUPLICATE	\$ <u>36</u> (ASS'T TREASURER) CHICAGO. (A.) <u>1036625</u> January, 1906.
	Received of <u>JONATHAN MERRIAM</u> , U. S. Pension Agent at <u>CHICAGO, ILL.</u> ,
	<u>THIRTY-SIX</u> $\frac{\quad}{100}$ dollars by check No. _____
	dated _____, 190 <u>5</u> , being for <u>3</u> months' and _____ days' pension due me
	on pension certificate above described, from the <u>4th</u> day of <u>October</u> , 190 <u>5</u> , to the <u>4th</u> day of <u>January</u> , 190 <u>6</u> , for which I have signed duplicate receipts.
(Witness who can write.) _____	(Sign name as above.) _____

P. O. ADDRESS OF PENSIONER MUST APPEAR ON FACE AND BACK OF VOUCHER.