

HEADQUARTERS

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS

William Briggs, (9) of the town of *Maryville Mo*, in the County of *Nodaway* and State of *Missouri*, formerly a Soldier of the United States of America, in the war of *the late Rebellion*, 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 *65* years old; that he is *5 1/2* feet and *9* inches high; that he is of *light* complexion, *gray* eyes, and *light* hair; that he was born in the town of *Chicago* in the *16th* year of *1804* of *Ill*, on the *15* day of *Oct*, *1807*; that he has been (2) *once* enrolled in the U. S. A. service; in the war of *the Rebellion*, and in the war of the late Rebellion; and that he has been (3) *once* 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 that 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.	<i>Morgan Co Ill July 7 - 1862</i>	<i>July 5 - 1862</i>	<i>Private</i>	<i>Co. K Regt. 101 Ill</i>	<i>disabled</i>
2d.				<i>Co. Regt.</i>	
3d.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *137995*, a pension of *July - \$30⁰⁰* dollars a month, payable the *4th* day of next *Oct - 18* at the *Chicago Ill* Pension Office.

That he owns property, real and personal, of the value of *nothing* 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 *laborer*.

That he has (4) *a* wife; that he has *7* children now living; ages, respectively, (5) *24-32-33-35-39-40* years. That his postoffice address is *Maryville Mo*, State of *Mo*; that his nearest railway station is *Maryville Mo*, on the *D. System* Railway, in *Nodaway* 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 *George N. Briggs*, of *Tallula*, County of *Marion*, State of *Ill*; that, in case of his death, he desires all his personal effects to be sent to *James P. Briggs*, at *Glasco* County of *Blount* State of *Kan*.

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 *Mo*, 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) *Fever, sore resulting in a running ulcer on left foot - Rheumatism in right leg - Am not able to even walk around cannot do any labor of any kind 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, 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 *13th* day of *July* 190*6*
 (9) *Ralph H. Randolph* Witness. (8) *Wm Briggs & Briggs* Applicant.

MISSOURI
STATE OF ILLINOIS, } SS.

County of Madison

I, Silas R Rowley, a (10) Notary Public

of the town of Marionville, in 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.

(11) William A Briggs,
Affiant.

Subscribed and sworn to before me, this 13th day of July, 1906, A. D. 1906.

Witness my hand and official seal.

[L. S.]

Silas R Rowley (12) Notary Public

My Commission Expires Mar. 14, 1907

CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known William A Briggs 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)

Warren L Johnson (14)
Justice of the Peace

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant William A Briggs, as to his disability, and I now find that he has (15) a sore on the foot and is disabled 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 14th day of July, 1906, A. D. 1906.

And I certify that I am personally acquainted with said affiant William A Briggs, 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.

Silas R Rowley (16) Notary Public

My Commission Expires Mar. 14, 1907

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined William A Briggs the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Wed he 17 day of July, 1906; and that I found him to be of a sound mind, and to be in capable of earning his living by reason of his physical disability arising from (17)

Necrosis Bone Left Foot Rheumatism
Haloular. Heart Disease - Chronic Diarrhoea.

Witness my hand

W. E. Ehler
asst Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said W. A. Duggan, together with the said several certificates, signatures, and jurates, 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 18 day of July, 1906.

Superintendent.

HOW TO FILL APPLICATION BLANKS.

0. Give full name of the Applicant.
1. Either "Mexico, the late Rebellion, or Spain."
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 here will 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 that 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 found 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.

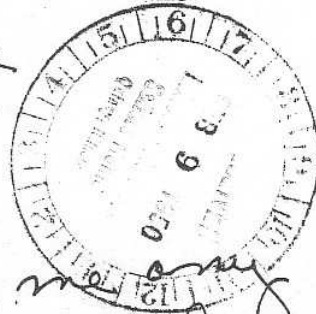
1. The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, the late Rebellion, or the Spanish War.
2. That you shall have been honorably discharged from that service.
3. That you shall have lived and resided, CONTINUOUSLY and in good faith, FOR 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.

2413 Cleveland, Oklahoma

Febr. 7, 1950

Old Soldiers Home
Juniata, Illinois



Dear Sir:-

Can you give me any information regarding place of birth and date, also date of death of my Grandfather William George Biagg, also Esther Biagg, his wife. He was a Civil War Veteran and had an artificial leg. Would like to know if he received the injury during the war, also if you have a record of his sons and daughters, and names of his parents, also my Grandmother Biagg, both of

whom, I understand, made their home there, and were living there at the time of their death. My grandmother Biggs preceded my grandfather in death.

I am the daughter of Isaac Newton Biggs, Sr. and at the time my grandfather was at the Old Soldier Home in Quincy, Illinois, we were living at Gallula, Illinois.

I realize this has been years ago, but thought perhaps you would have some sort of record as he was a Civil War Veteran, or could tell me where I might get the information.

I am enclosing a stamped

~~an~~ envelope for reply
and will appreciate any
information you can give
me.

Thanking you in
advance, I am

Sincerely,

Mrs. Esther M. Biggs Perry
406 N. C. St.
Cleveland, Oklahoma.

2109 = Buried

William A. Biggs

First Double Row

Family Division

November 14th 1913

H. R. Wolgamott

Seyton

14 = Buried

Estie A. Biggs

1st Double Row

Family Division

Sept 27th 1911

H. R. Wolgamott

Seyton

UNITED STATES OF AMERICA,
STATE OF ILLINOIS

Adjutant General's Office,

Springfield, Aug. 29th 1905

It is hereby Certified, That it appears from the Records of this Office, that
William Biggs enlisted on the 7th day of August 1862
at Mauraisville and was mustered into the service of the United States as a
Private in Company K, 101st Regiment, Illinois Infantry
for the period of Three Years on the 2nd day of September 1862

Discharged July 5th 1864 disabled

His residence at date of enlistment is stated as

This Certificate is issued at the request of

Jacksonville Mo.
William A. Biggs
National Military Home, Kansas
Thos W. Scott
Adjutant General of Illinois.

February 9, 1950

Mrs. Esther M. Biggs Perry
406 N "C" St.
Cleveland, Oklahoma.

Dear Mrs. Perry:

We are in receipt of your communication of the 7th, and beg to advise you that the only information we have on your grandfather, William George Biggs, is that he was born in Chicago, Illinois, Cook County, October 1, 1837. On August 9, 1865 he was married to Esther A. Kinner. Seven children were born to them, names and addresses not given. He passed away while on a furlough from this Home, on November 12, 1913, he was buried here on November 14, 1913. His wife, was buried here on September 27, 1911.

Sorry this is all the information we have, and trusting it will be of some benefit to you, I am

Yours very truly,

Jack Bessling, Adjutant.

JBB/p

STATE OF ILLINOIS, } ss.
 COUNTY OF ADAMS.

In the matter of the relationship of William A Bi'990
W A Bi'990, being first duly sworn according to law,
 deposes and says that he formerly resided at _____,
 that he is _____ married, that his wife, Ester A Bi'990
 resides at Maryell Mo, and that the names, relationship and
 residences of all, and the relations only, of affiant who would be his heirs in the event of his death,
 at this time, are as follows, to-wit:

NAMES.	RELATIONSHIP.	RESIDENCE.
<u>Isaac N Bi'990</u>	<u>Son</u>	<u>Palula Ill</u>
<u>Emma Tanderf</u>	<u>Daughter</u>	<u>Maryell Mo</u>
<u>Anna J Strain</u>	<u>"</u>	<u>Silvanus</u>
<u>James C Bi'990</u>	<u>Son</u>	<u>Glasgo Kans</u>
<u>Ed N Bi'990</u>	<u>"</u>	<u>Abra Okla</u>
<u>Chas A Bi'990</u>	<u>"</u>	<u>Glasgo Kan</u>
<u>Rosa Hughes</u>	<u>Daughter</u>	<u>Maryell Mo</u>

And further affiant saith not.

Subscribed and sworn to before me, this _____
 A. D. 190.....

W A Biggs
18 day of July
B F Lawson
 Notary Public

ILLINOIS SOLDIERS AND SAILORS HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

STATE OF ILLINOIS } ss.
County of Adams

On this 13 day of August A. D., 1913, personally appeared before me, Wm A. B. 1990, who being duly sworn, upon oath says:—

1. My name is (1) Wm A. B. 1990, and my age is 70 years. I am 5 feet and 9 inches high. I am of light complexion, gray eyes and light hair. I was born in the town of Chicago in the county of Cook, state of Illinois, on the 1st day of Oct 1837.

I have been enrolled in the U. S. A. service; 1 in the war against (2) Rebellion, and in the war of the late Rebellion. I have been (3) — times discharged from the service of the United States. The following is a true statement of the time and place of my enrollment and discharge from said service, and the cause of my discharge, and my rank at the respective date, is as follows:

No.	When and where enrolled	When and where discharged	Rank	Company and regiment	Cause of discharge
1st.	<u>Aug 7 '1862</u>	<u>July 5 '1864</u>	<u>O</u>	<u>Co. 11 Regt. Ill</u>	<u>Disob</u>
2nd.	<u>Jacksonville Ill</u>			<u>Co. Regt.</u>	
3rd.		<u>(24 Mo)</u>		<u>Co. Regt.</u>	

2. I now receive on pension certificate numbered 157.995, a pension of 30 dollars per month, payable the 1st day of next Oct, at the Chicago Pension Office.

3. On the 9 day of August A. D. 1865, at — in the county of —, in the state of Illinois, I was lawfully married to Ester A. Kinner, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 7 children now living, ages respectively 40.39.38.30.33.24 years. My postoffice address is Rainey State of Illinois, my nearest railway station is —, on the — railway, in — County, in said state. In case of illness or death I desire that notice be sent to —, in the town of —, county of —, state of —. The name and address of the person to whom all my personal effects shall be sent in case of death is, —, at —, in the county of — state of —. My trade or occupation is that of a —.

5. I am so far disabled by reason of age and infirmity as to be incapable of earning a living for myself, and my said wife is without separate property or income sufficient to afford herself with a living, or which combined with my means will enable us to live in comfort; that I have not heretofore been a member of any Soldiers or Sailors Home, or Soldiers Home Rainey

I have been enrolled in the U. S. A. service; 1 in the war against (2) Rebellion, and in the war of the late Rebellion. I have been (3) 1 times discharged from the service of the United States. The following is a true statement of the time and place of my enrollment and discharge from said service, and the cause of my discharge, and my rank at the respective date, is as follows:

No.	When and where enrolled	When and where discharged	Rank	Company and regiment	Cause of discharge
1st.	Aug 7 '86	July 5 '86	Pvt	Co. 11 Regt. Ill	Disab
2nd.	Jacksonville Ill			Co. Regt.	
3rd.		(24 Mo)		Co. Regt.	

2. I now receive on pension certificate numbered 137,995, a pension of 30 dollars per month, payable the 11 day of next Oct, at the Chicago Pension Office.

3. On the 9 day of August A. D. 1865, at _____ in the county of Myard, in the state of Illinois, I was lawfully married to Ester A. Kinner, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 7 children now living, ages respectively 10, 8, 5, 3, 2, 2, 4 years. My postoffice address is Quincy State of Illinois, my nearest railway station is _____, on the _____ railway, in _____ County, in said state. In case of illness or death I desire that notice be sent to _____, in the town of _____, county of _____, state of _____.

The name and address of the person to whom all my personal effects shall be sent in case of death is, _____, at _____, in the county of _____, state of _____.

My trade or occupation is that of a _____.

5. I am so far disabled by reason of age and infirmity as to be incapable of earning a living for myself, and my said wife is without separate property or income sufficient to afford herself with a living, or which combined with my means will enable us to live in comfort; that I have not heretofore been a member of any Soldiers or Sailors Home, or other charitable institution, except (5) Soldiers and Sailors Home Quincy

6. That I desire to become a member of the Illinois Soldiers and Sailors Home, and my said wife _____, desires to become a member of the home with me, and joins me in this application for membership therein. That I have at all times heretofore, supported and adhered to the government of the United States of America, and that I have not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion. That if we shall be admitted to be members of said Home, we 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 we will cheerfully do and perform any and all things that shall be required of us, by those in authority over us, and that we will promptly and willingly obey all lawful orders that we shall receive from any officer of the Home, so long as we shall remain members thereof.

IN TESTIMONY WHEREOF we have set our hands this _____ day of _____, 19____.

(7) J. Lawson
Witness

(8) William A. Biggs
Ester A. Biggs
Applicants

CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known.....

and....., the above applicants, for at least two years last past, and that to the best of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that as to the time of their residence in Illinois, or his service in an Illinois organization. And I further state that they have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at large and that they can safely be quartered with feeble and helpless men and women.

WITNESS my hand (8).....

(9).....

CERTIFICATE OF A LOCAL PHYSICIAN

I hereby depose and state that I have carefully examined the above named applicant.....

....., as to his disability, and I now find that he has (10).....

to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

M. D.

Subscribed and sworn to before me, this..... day of..... A. D., 19..... And I certify

that I am personally acquainted with said affiant....., and that I know him to be a physician in active practice and in good repute, and an honest man and a capable physician in the community and among his fellow physicians, where he lives.

(11).....

CERTIFICATE OF A SOLDIERS HOME SURGEON

I hereby certify upon honor that I have carefully and critically examined William A. Biggs

and Wife....., the above named applicant as to his mental and physical condition, at the hospital of this Institution, on the 20 day of August, 1908; and that I found him to be of..... sound mind, and to be

in capable of earning his living by reason of his physical disability arising from (12) Chronic Diarrhea

Hemorrhoids and Cardiac Disease Loss of left foot

CERTIFICATE OF A LOCAL PHYSICIAN

I hereby depose and state that I have carefully examined the above named applicant

, as to his disability, and I now find that he has (10)

to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

M. D.

Subscribed and sworn to before me, this day of A. D., 19. And I certify

that I am personally acquainted with said affiant, and that I know him to be a physician in active practice and in good repute, and an honest man and a capable physician in the community and among his fellow physicians, where he lives.

(11)

CERTIFICATE OF A SOLDIERS HOME SURGEON

I hereby certify upon honor that I have carefully and critically examined *William A. Biggs*

and Wife, the above named applicant as to his mental and physical condition, at the hospital of this

Institution, on the *24* day of *August*, 19*08*; and that I found him to be of sound mind, and to be

in capable of earning his living by reason of his physical disability arising from (12) *Chronic Diarrhea*

Hemorrhoids and Cardiac Disease Loss of left foot
Wife in fair health at present Hearing defective
Husband 70 years Wife 67 years

Witness my hand *D. M. Landon*
Home Hospital Surgeon

ORDER ADMITTING APPLICANT

The application of the said and 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 applicants have shown themselves to be lawfully entitled to admission to the Home, it is hereby ordered that he is now duly admitted as a member thereof, this day of 19

Superintendent

CERTIFICATE OF RECORD OF MARRIAGE.

STATE OF ILLINOIS, }
Menard County, }^{88.}

I, A W Hartley Clerk of the County
Court of said County, and Keeper of the Records and Files
pertaining to Marriages,

Do hereby Certify that

Mr. William Biggs

of _____ was married to

Miss Esther A. Kinser

of _____ in said County,

on the 9th day of August A. D. 1868

by Wm G. Bell a Minister of the Gospel

duly authorized to solemnize marriages by the Statute of the
State of Illinois, as appears by his return and certificate of

attached to the license granted therefor by the Clerk

Mr. William Biggs

of _____ was married to
Miss Esther A. Kinner

at _____ in said County,

on the 9th day of August A. D. 1865
by W^m C. Bell a Minister of the Gospel

duly authorized to solemnize marriages by the Statute of the
State of Illinois, as appears by his return and certificate of
marriage attached to the license granted therefor by the Clerk
of this Court, and now on file in my Office.

In Witness Whereof, I have hereunto
subscribed my name and attached the
seal of said County Court, at my office
in Petersburg, this
25th day of July
A. D. 1908.

A. W. Hartley
County Clerk.

