

Register No. 65715

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers' and Sailors' Home

Application Approved by

Superintendent

Admission Granted

190

*Pa. adv. - adv. 7, 11-18-03
pa. adv. made to primary*

TO BE ELIGIBLE FOR ADMISSION.

Faded text at the bottom of the page, likely containing the terms and conditions of admission.

HEADQUARTERS
Illinois Soldiers and Sailors Home,
 QUINCY, ILLINOIS.

James Byers (6) 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) *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 *67* years old; that he is *5* feet and *9* inches high; that he is of *Dark* complexion, *Gray* eyes, and *Gray* hair; that he was born in the town of *Rockingham* in the State of *N. C.*, on the *3rd* day of *March*, 1836 that he has been (2) *once* enrolled in the U. S. A. service; in the war against _____, and _____ in the war or 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>Sept 1, 1863</i> <i>St. Louis Mo</i>	<i>19th Sept 1866</i> <i>Fort Morgan Ill</i>	<i>1st Lt</i> <i>Co. K</i>	<i>Regt. 21. Mo</i>	<i>Expiration</i> <i>of service</i>
2d.				<i>Co. Regt.</i>	
3d.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *995850*, a pension of *eight* dollars a month, payable the *1st* day of next *January* at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *one hundred* 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) *no* wife; that he has *one* children now living; ages, respectively, (5) *42* 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 *Isabella Byers*, of *Jacksonville*, County of *Morgan* State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Isabella Byers*, at *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) *reason of gun shot wounds*

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 *17th* day of *October*, 190*3*

(8) *J. Merrill* Witness. (9) *James Byers* Applicant.

ORDER ADMITTING APPLICANT.

The application of the said....., 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.....190.....

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 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.

REGISTER No. 6575

Illinois Soldiers' & Sailors' Home
QUINCY, ILLINOIS.

James Bryars
Jacksonville Morgan Co. Ill.

Co. _____ Reg't _____
K Co. 21st Reg't Mo Infantry
Co. _____ Reg't _____

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Admitted October 21 - 1903

June 24 1916 Died in Hospital
5th 8th Room

V for Escort

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No. 1.

Quincy, Ill. Nov. 9, 1893.

RECEIVED of James Byers, Undercook, K, 21, Mo. Inf., the sum of
Three Dollars, (\$3.00), payment in full for fee for services rendered
in securing Certificate of Honorable Service.

\$3.00.

John W. Slade M.D. Atty.
By *Harold* Clk.

Illinois Soldiers and Sailors Home.

Quincy, Ill., June 24 1906

To the Adjutant:

James Ryan Co. M 21st Inf Regt.

died in Hospital at 11:50 A.M., aged 69 years.

Names and address of Relatives and Friends

Reg. No. 6518

C. S. Barnes Hospital Steward.

cat H

Hospital Illinois Soldiers' and Sailors' Home.

Quincy, Ill. June, 24. 1906

TO THE ADJUTANT:

This is to Certify, That James. Byars. Reg. No. 6576

late of Co. K. 21. Reg. Inf. Inf. Reg't

died in Hosp. Age. 69. Cause of death Cereb. Hemorrhage

C. E. Chiles,
asst Surgeon.

Cottage No.

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., October 21 1903

The undersigned hereby instruct the clerk in charge of Post Office at Soldiers Home to deliver all mail from the Pension Department to the Superintendent.

NAME	Registered Number	Co.	Reg't	State	Term of Service	Number of Certificate.	WITNESS.
<i>James Byars</i>	<i>6515</i>	<i>K 21</i>	<i>Mo</i>	<i>Ind</i>	<i>995850</i>	<i>James N. Sheehan</i> <i>James Byars</i> <i>mark</i>	

INVENTORY of the effects of *James Bryan* *6915*
Co. 21 Regt. Ind. Inf.
June 24 1906

1 Coat
1 Traveler's

No. 6915

INVENTORY

OF THE EFFECTS OF

James Bryan
LATE

Co. 21 Regt. Ind. Inf.
WHO DIED ON THE

June 24 1906
AT

ILLINOIS SOLDIERS AND SAILORS HOME.

We certify that the above inventory is correct and that the same has been made by the committee appointed for that purpose by the Board of Directors of the Illinois Soldiers and Sailors Home, and that the same is true and correct to the best of our knowledge and belief.

J. M. Alden
Chairman

Secretary

INVENTORY of the Effects of James Byars No. 6915
 late R Co. 21 Reg't Inf. Vols., who died
 on the 24 day of June 1906 at Illinois Soldiers and Sailors Home.

ARTICLES	VALUE		HOW DISPOSED OF.
	Dolls.	Cts.	
<u>1 Coat</u>	<u>1</u>	<u>00</u>	
<u>1 Trousers</u>		<u>50</u>	<u>1.50</u>

We certify that the above Inventory is correct, and that we have, this 6th day of July 1906, carefully examined each of the articles therein named, and have written opposite each our estimate of its value, and what disposition should, in our opinion, be made of it.

APPROVED:

 Superintendent.

J. M. Elder
J. H. Wright } Board of Appraisers.

Copy

SHORT WILL.

ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL.

IN THE NAME OF GOD, AMEN.

I, James Ryan of Illinois Soldiers' and Sailors' Home, in the County of Adams and State of Illinois, being of sound mind and memory, and considering the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish and declare, this to be my last Will and Testament.

First. I order and direct that my Execut or hereinafter named, pay all my just debts and funeral expenses as soon after my decease as conveniently may be.

Second. After the payment of such funeral expenses and debts, I give, devise and bequeath all worldly goods of which I may die possessed,

to my grand daughter
Letitia Ryan
Jacksonville

Lastly, I make, constitute and appoint Mr Souverville Dept or Successor in office to be Execut or of this my last Will and Testament, hereby revoking all former Wills by me made.

In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the 21 day of Oct in the year of our Lord One Thousand Nine Hundred & three

James Ryan [SEAL]

This instrument was, on the day of the date thereof, signed, published and declared by the said testator James Ryan to be his last Will and Testament, in the presence of us, who at his request have subscribed our names hereto as witnesses in his presence, and in the presence of each other.

Witness
Shaban