

The applicant of the said... together with the said several... and the signature of the said... and the signature of the said... and the signature of the said... and the signature of the said...

HOW TO FILL APPLICATION BLANKS

1. Give full name of the applicant.
2. Give the name of the institution in which the applicant is now studying.
3. Give the name of the institution in which the applicant was last employed.
4. Give the name of the institution in which the applicant was last employed.
5. Give the name of any home or other institution in which the applicant has been a member.
6. Give the name of any home or other institution in which the applicant has been a member.
7. Give the name of any home or other institution in which the applicant has been a member.
8. Give the name of any home or other institution in which the applicant has been a member.
9. Give the name of any home or other institution in which the applicant has been a member.
10. Give the name of any home or other institution in which the applicant has been a member.
11. Give the name of any home or other institution in which the applicant has been a member.
12. Give the name of any home or other institution in which the applicant has been a member.
13. Give the name of any home or other institution in which the applicant has been a member.
14. Give the name of any home or other institution in which the applicant has been a member.
15. Give the name of any home or other institution in which the applicant has been a member.
16. Give the name of any home or other institution in which the applicant has been a member.
17. Give the name of any home or other institution in which the applicant has been a member.

Register No. 5777

Joseph H. Crawford

APPLICATION FOR ADMISSION

Illinois Soldiers and Sailors Home

SPECIAL INFORMATION FOR APPLICANT

Application Approved by

Superintendent

Admission Granted

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.
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 making your own personal arrangements; that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE that would render you a burden to the State; that you may be discharged with men who are capable of self-defense.
7. IF FEEBLY OR PHTHISIC PERSON CAN BE RECEIVED OR TREATED FOR AT THIS INSTITUTION, THE STATE has the power provided for the care and treatment of such persons.

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS.

No 6 1901

Joseph B Crawford, of the Town of Chapin, in the County of Morgan, and State of Illinois, formerly a Soldier of the United States of America, in the war against (1) of the 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 4 1/2 inches high; that he is of light complexion, hazel eyes, and light hair; that he was born in the town of Quincy, in the state of New York, on the first day of July, 1834; that he has been (2)..... enrolled in the U. S. A. service;..... in the war against....., and..... in the war of the late Rebellion; and that he has been (3)..... 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.	<u>Urbana Ill</u>	<u>Galveston Tex</u>	<u>Private</u>	<u>Co. B Regt. 76th Inf</u>	<u>Exp. Service</u>
2d.	<u>Aug 1. 62</u>	<u>July 24 65</u>		<u>Co. Regt.</u>	
3d.				<u>Co. Regt.</u>	

That he now receives, on pension certificate number 706002, a pension of six dollars a month, payable the fourth day of next January, at the Chicago 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 day laborer.

That he has (4)..... wife; that he has two children now living; ages, respectively, (5)..... 28 and 47 years. That his postoffice address is..... Chapin, State of Illinois, that his nearest railway station is..... Chapin, 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..... William Snyder, of..... Perry, County of..... Pike, State of..... Illinois; that, in case of his death, he desires all his personal effects to be sent to..... Wm Snyder (Snyder's), at..... Perry, County of..... Pike, State of..... Illinois.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the.....

(6)..... 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).....

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..... 12th day of..... October, 1901.

(9)..... A. V. Egan, Witness. (8)..... Joseph B Crawford, Applicant.

copy in new album (man) Perry, 206

STATE OF ILLINOIS,

COUNTY OF Morgan } ss.

I, Andrew Eagan, a (10) P.M.

of the town of Chapin, 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.

Subscribed and sworn to before me, this 12th day of October, A. D. 1901. Witness my hand and official seal. L. S. A. Eagan (11) P.M. Affiant.

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Joseph Crawford, 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, (12) A. Eagan (13) P.M.

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, Joseph B. Crawford, as to his disability, and I now find that he has (14) Frequent attacks into Stomach & Bowels and having had Lagrippis very early in life also has kidney trouble 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 Oct 1901. And I certify that I am personally acquainted with said affiant S. M. 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. A. Eagan (15) P.M. M. D.

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Joseph B. Crawford the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on the 6 day of Nov, 1901; and that I then found him to be of a sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Chronic Rheumatism, Lumbago, & Chronic Cystitis.

Witness my hand. C. E. Ehler and Home Hospital Surgeon.

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....., 1.....

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. 5771

Illinois Soldiers' & Sailors' Home
QUINCY, ILLINOIS.

Joseph W. Crawford
Chapin Morgan's Ill

B Co. 76 Reg't Ill Inf

Co. Reg't

Co. Reg't

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Certificate of Service

Pension Certificate 1 906,002 Will 1

Admitted November 6th 1907

June 30th 1905 Disch'd on fur

Mar 18th 1905 Re-admitted

May 21st 1908 Disch'd O.R. on fur

Re-admitted Nov 28th 1910

Discharged on fur Jan. 16. 1913.

R.A. July 9. 1914

Wid in Hospit Mar 3-1919

P.P. sent to Perry see

6-27-11

Illinois Soldiers' and Sailors' Home

Soldiers Home Hospital, Ill.,

Mar 5th 1919

To the Farm Supt:

Adj. 5771.

The Funeral of

Joseph A Crawford B76. Ill. 8

will take place at

10'clock P.M. March 5th 1919.

Gail C Webber

Hospital Steward.

Illinois Soldiers' and Sailors' Home

Quincy, Ill., March 3- 1919

To the Adjutant:

Joseph A Crawford Co. B 76 Ill Inf Regt.
died in Hospital at 2:30 PM., aged 84 years.

Names and addresses of Relatives and Friends Mrs Nellie Allen,
Perry, Ill,

Reg No. 3771

Gail J Webb, Hospital Steward

Illinois Soldiers' and Sailors' Home

Quincy, Ill., March 3rd 1919

To the Adjutant:

Joseph A Crawford Co B Ill Inf 76th Regt.
died in Hospital at 2:35 P. M., aged 84 years.

Names and addresses of Relatives and Friends Mrs Nellie Allen (Niece)
Ferry Pike Co Ill Cause of death Supper. Gastritis and
Infants of age
Reg No. 5771 S. A. Burnham Hospital Steward
Physician

2626

Joseph B Crawford
P. K. Sitter - Dec. 7

Ross 3

Wied in Hoopst Mar 3-1919

Buried Mar 5-1919

S. + S Home

Quincy

Illinois

ILLINOIS SOLDIERS AND SAILORS' HOME

MAY 21 1908

Quincy, Ill.

Joseph B. Leonard

Co. *577* Regt. *76 Ill* Pay No. *5771* Cor. *13*

is hereby honorably DISCHARGED from this home by

reason of *his own request*

No admission

Superintendent

sent 5/11/19

Perry Ill's. 3. 9. 1919

Mr. Andrews

Lucy Ill's

Dear Sir,

Will you please
send me a copy of my
Uncle Joseph B. Crawford's
will. Thanking you in
advance for the same I

am yours Respectfully

Mrs. Nellie Allen

Perry

Ill's.

Tacoma Washington June 25
1905
Mr Somerville Dearing as I
expect to make this my home
permanently I want you
to send me my discharge
and rancher and other papers
that belong to me and I
thank you heartily for the very
kind treatment I received
at your hands while a member
of the home at Lacey you
truly Joseph B Crawford

Direct Joseph B Crawford
5506 So Tacoma av
Tacoma Wash

OATH OF IDENTITY.

.....
of the Town of..... in the State of.....
County of.....

On this..... day of..... in the year
one thousand eight hundred and sixty..... personally appeared
before me, the undersigned, a Justice of the Peace for the County

and..... above mentioned.....
who, being duly sworn according to law, declares that he is the
identical..... who was

a..... in the Company commanded by
Captain..... in the Regiment
..... commanded by.....

that he enlisted on the..... day of.....
for the term of..... and was discharged
at..... on the..... day

of..... by reason of.....

Sworn and subscribed to before me the day and year above written.

I certify that..... before
whom the above affidavit purports to have been made, is a Justice
of the Peace duly authorized to administer oaths, and that the
above is his signature.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed

my official seal, this..... day of.....



in the year.....

at..... in the State of.....

Clerk of the.....

Joseph B. Crawford
No B 76 LL

Remond Bayly
1866
Record A. June 11/4
Chambers in C. S. W.
O. O. Newbourn Records
132 N. W. 1/2 Sec 10
County

Claim disallowed
Oct. 1892. No. 180,401.

J. N. Patterson
Second Auditor.

D

To all whom it may Concern

At siege and Evacuation of Jackson Miss. July 17 1863.
At siege and Evacuation of Vicksburg Miss. July 4 1863.
At siege and Evacuation of Port Hudson Miss. May 1864.
At siege and Evacuation of New Orleans Miss. April 9 1862.
At siege and Evacuation of Fort Fisher S.C. Jan. 1865.
At siege and Evacuation of Fort Mifflin Pa. Sept. 1862.
At siege and Evacuation of Fort Mifflin Pa. Sept. 1862.
At siege and Evacuation of Fort Mifflin Pa. Sept. 1862.



IN FULL
PAID
AUG 4 1865
W. B. RESELT
U.S. MASTER

PAID
19
AUG 1865
U.S. MASTER

Know Ye

That Joseph B Crawford
Private of Captain Robert A Frame's
Company, (B.) 67th Regiment of Illinois Infantry
VOLUNTEERS, who was enrolled on the First day of August

one thousand eight hundred and Sixty-two to serve Three years or
during the war, is hereby Discharged from the service of the United States
this Twenty-second day of July, 1865, at Galveston Texas
in compliance with G. O. by reason of G. O. No. 40 of War Dept. No. 68
(No objection to his being re-enlisted is known to exist.)

Said Joseph B Crawford was born in Pontiac Co.
in the State of New York, is twenty-nine years of age,
Five feet Five inches high, Sandy complexion, Hazel eyes,
Brown hair, and by occupation, when enrolled, a Farmer.

Given at Galveston Texas this Twenty-second day of
July 1865

Frank H. Hill

1st Lt. 23rd Wis Inf Co. M. 1st Regt.
Commanding the Regt.

*This sentence will be erased should there be any injury
in the conduct or physical condition of the soldier
rendering him unfit for the Army.

[A. G. O., No. 99.]

Robert A Frame
Capt Comdg Co.

PAID
1865
U.S. MASTER

HOSPITAL INVENTORY

Received, Nov 5, 1919

Effects as inventoried
shown

7 ady me. B. Allen

meas of Jm B Crawford

1 Watch and Chain 2 links
1 Bundle and Certificate
1 Suit Case in contents
1 Hand Bag in contents

I hereby certify that the above is a true and correct inventory of the personal effects of Joseph A Crawford Deceased.

Gail J Webb Hospital Steward

Approved:

W. H. Spencer

Adjutant

Copy

WILL OF

Joseph B. Crawford

My last will and testament, I hereby declare that I am of sound mind and memory, and I hereby give, devise and bequeath all that I own at the time of my death to my wife, Mary Ann Crawford, she and her heirs forever.

Witness my hand and seal this 15th day of August 1880.

Joseph B. Crawford

Mary Ann Crawford

copy
SHORT WILL.

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

IN THE NAME OF GOD, AMEN.

I, Joseph B Crawford 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} hereafter 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 Sister in Law Mrs Mary E Snyder
Perry Pike Co
Illinois

Will do

Lastly, I make, constitute and appoint Wm Somerville Supt or his 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 28 day of Nov in the year of our Lord One Thousand Nine Hundred and Ten

Joseph B Crawford [SEAL]

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

Chas P Jones
J M Elder