

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

Robert W. Davis, (0) 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, 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 64 years old; that he is 5 feet and 8 inches high; that he is of light complexion, grey eyes, and dark grey hair; that he was born in the town of Coftonburgh in the State of New York, on the 24 day of Feb, 1842; that he has been (2) once enrolled in the U. S. A. service; once in the war against Rebellion, and once 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.	<u>24</u> 10, day, Aug, 1862	<u>7</u> June, 1865 Washington	<u>Private</u>	<u>Co. H</u> <u>Regt. 105th Ill.</u>	<u>Close of War</u>
2nd.				<u>Co.</u> <u>Regt.</u>	
3rd.		<u>(34)</u>		<u>Co.</u> <u>Regt.</u>	

That he now receives, on pension certificate number 459070, a pension of 1.0 dollars a month, payable the 4th day of next October, at the Quincy Pension Office.

That he owns property, real and personal, of the value of life interest House & lot in Iowa 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 Carpenter.

That he has (4) a 2nd wife; that he has 3 children now living; ages, respectfully, (5) 32-29-21 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 Mr. C. C. Birdsall, of Ferril, County of Dickinson, State of Iowa; that, in case of his death, he desires all his personal effects to be sent to Mrs. C. C. Birdsall, at Ferril County of Dickinson, State of Iowa.

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) old age Deafness.

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 30th day of August, 1906.

(9) W. M. Morrissey Witness. (8) Robert W. Davis Applicant.

STATE OF ILLINOIS

County of Morgan } ss. J. S. Merrill, a (10) Notary Public

of the town of Jacksonville, 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) Egbert V. Davis, Affiant.

Subscribed and sworn to before me, this 3rd day of August, A. D. 1906

Witness my hand and official seal.

[L. S.] J. S. Merrill (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known 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) (14)

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named applicant, Egbert V. Davis, as to his disability, and I now find that he has (15) Mitral Valvular Disease of Heart - also Aortic Dilatation and Sclerosis - which is also 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. General

Subscribed and sworn to before me, this 3rd day of August, 1906. And I certify that I am personally acquainted with said affiant, Frank P. Mosbury, 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.

Frank P. Mosbury, M. D. J. S. Merrill (16) Notary Public

CERTIFICATE OF A SOLDIERS' HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Egbert V. Davis the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Friday the 10th day of August, 1906; and that I found him to be of sound mind, and to be capable of earning his living by reason of his physical disability arising from (17) Valvular heart disease and general Arterio-sclerosis also partial deafness

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

GOVERNOR:
CHARLES S. DENEEN
SPRINGFIELD.

HEADQUARTERS

Illinois Soldiers and Sailors Home

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DR. GEO. E. ROSENTHAL, Ass't Surgeon.
DR. C. E. ERICSON, Ass't Surgeon.



SPRINGFIELD, ILL., Jan 18, 1909.....190....

E.V.Davis, Esquire

Walcott, Iowa.

Dear Sir:-

Replying to your letter of the fifteenth instant relative to your readmission to this Home you are advised that your record while here was good and you may return at any time you see fit. Transportation however, can not be furnished to readmitted men, the presumption being that the state has once extended that courtesy.

Very respectfully,

Wm Somerville
Superintendent *WJS*

Royal Lorne
Feb 4 - 1915

2-5-15

Adj't. S. S. Home Quing Ill

Dear Sir & comrade

I discovered to day that my
Pencilcase from the S & S. Home
had expired several days ago
& had forgotten about it. Such
I intended to get it returned
if it could be. Although I can't
say now at what time I would
wish to return to the Home. Perhaps
never. So under the circumstances
if you wish to return the Pencilcase
all right. If not please send me
my Discharge Paper from the
U. S. Service and oblige

Fraternally

W. D. Daves

Reg No 75-34

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., January 29 1909

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 Certificates	WITNESS
Robert W. Davis	7534	G	105	Ill	Inf	453070	L. B. Lockwood