

Register No. *6473*

JOINT APPLICATION FOR
ADMISSION

TO THE

ILLINOIS SOLDIERS and SAILORS HOME

of *Arthur D. Fisher*
and wife *Johanna*

Application approved by

Supt.

Admission granted 19.....

*Given for wife and
Sept 1908*

ILLINOIS SOLDIERS AND SAILORS HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

STATE OF ILLINOIS }
County of Adams } ss.

On this 28th day of August A. D., 1908, personally appeared before me, Anton Defratius, who being duly sworn, upon oath says:—

1. My name is (1) Anton Defratius, and my age is 69 years. I am 5 feet and 7 inches high. I am of dark complexion, brown eyes and gray hair. I was born in the town of Island of Madeira in the county of _____, state of _____, on the 8 day of Sept 1838.

I have been enrolled in the U. S. A. service; _____ in the war against (2) late 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.	<u>Camp Butler</u> <u>May 2, 1864</u>	<u>Camp Butler</u> <u>Sept 24, 1864</u>	<u>P</u>	<u>Co. B Regt. 133</u>	<u>Company mustered out</u>
2nd.				<u>Co. Regt.</u>	
3rd.				<u>Co. Regt.</u>	

2. I now receive on pension certificate numbered _____, a pension of 17 dollars per month, payable the 4 day of next October, at the Chicago Pension Office.

3. On the 21 day of December A. D. 1860, at Jacksonville in the county of Morgan, in the state of Illinois I was lawfully married to Johanna Defratius, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 3 children now living, ages respectively 37, 31, 25 years. My postoffice address is Jacksonville State of Illinois, my nearest railway station Jacksonville, on the Wabash railway in Morgan County, in said state. In case of illness or death I desire that notice be _____

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.	Bank Butler May 2, 1864	Bank Butler Sept 24, 1864	P	Co. B Regt. 133	Company mustered out
2nd.				Co. Regt.	
3rd.				Co. Regt.	

2. I now receive on pension certificate numbered _____, a pension of 17 dollars per month, payable the 4 day of next October, at the Chicago Pension Office.

3. On the 21 day of December A. D. 1860, at Jacksonville in the county of Morgan, in the state of Illinois I was lawfully married to Johanna Defrater, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 3 children now living, ages respectively 31, 31, 25 years. My postoffice address is Jacksonville State of Illinois, my nearest railway station is Jacksonville, on the Wabash railway in Morgan County, in said state. In case of illness or death I desire that notice be sent to Fred Defrater Jacksonville, in the county of Morgan, state of Illinois

The name and address of the person to whom all my personal effects shall be sent in case of death is, Fred Defrater Jacksonville, in the county of Morgan state of Illinois. My trade or occupation is that of a laborer.

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) this one.

6. That I desire to become a member of the Illinois Soldiers and Sailors Home, and my said wife Johanna Defrater, 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 28 day of August, 1908.

(7) J. S. Merrill
Witness

(6) Anton Defrater
Johanna Defrater
Applicants

CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known Antone Defrater and Johanna Defrater, 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) James Merrill
County Clerk

(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

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 Anton Depratius and Wife, the above named applicant as to his mental and physical condition, at the hospital of this Institution, on the 3rd day of September, 1908; 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 (12) _____

Husband is a member of the Home
Wife: Rheumatism
Husband's age 64 yrs Wife's age 68 yrs

Witness my hand D. M. Lundon
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

HOW TO FILL APPLICATION BLANKS

1. Give the full name of the applicant.
2. Either "Mexico, the late Rebellion or Spain".
3. Here say once, twice or three times.
4. Here give childrens' ages, from youngest to oldest.
5. Here give name of any home or institution of which he has been a member.
6. Here applicants will sign their full names, or make their mark.
7. Here the witness will sign his name.
8. To be made and signed by any Judge or 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.
9. Here write official title.
10. 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*.
11. Name and official title of Notary or Justice.
12. 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 more than two 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*.
9. Clothing for female members must be furnished by themselves or their husbands, and the Superintendent will hold back all pension money belonging to the husband until the wife is properly clothed, and can use pensioner's money for the purpose of clothing the wife, when pensioner neglects or refuses to do so himself.

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*, 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 or women who are feeble and incapable of self defense.
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

Copy

SHORT WILL.

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

IN THE NAME OF GOD, AMEN.

I, Auton Depratus 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 Executor 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 son Fred Depratus Jacksonville Ill

Lastly, I make, constitute and appoint Jm Somerville Sept or his successor in office to be Executor 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 9th day of Sept in the year of our Lord One Thousand Nine Hundred 1917

Signed Auton Depratus [SEAL]

This instrument was, on the day of the date thereof, signed, published and declared by the said testator Auton Depratus 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.

Signed B. J. Larson
Signed J. E. ...

Register No. 6473

Antone DeFratis

APPLICATION FOR ADMISSION

— TO THE —

Illinois Soldiers & Sailors Home

Application Approved by

.....
Superintendent.

Admission Granted....., 190.....

*Trans. sent - 9-14-03
Jacksonville - Quincy*

HEADQUARTERS

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS.

Autonio Defratue 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 *65* years old; that he is *5* feet and *7* inches high; that he is of *Dark* complexion, *Brown* eyes, and *Gray* hair; that he was born in the town of *Maderia* in the *Portugal* of *September*, 1837 that he has been (2) *once* enrolled in the U. S. A. service; *in the war against the late rebellion* and *once* 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>May 2nd 1864 Springfield Ill</i>	<i>Sept 24 1864 Springfield Ill</i>	<i>P</i>	<i>Co. B Regt. 133</i>	<i>Expiration of term of service</i>
2d.				Co. Regt.	
3d.				Co. Regt.	

That he now receives, on pension certificate number *364128*, a pension of *seventeen* dollars a month, payable the *4th* day of next *October*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *Six 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) *a* wife; that he has *3* children now living; ages, respectively, (5) *34, 25, and 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 *Fred Defratue*, of *Jacksonville*, County of *Morgan*, State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Fred Defratue*, 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) *Jacksonville Soldiers and Sailors Home*.

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) *piles, rheumatism and diarrhoea* 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 *September* 190*3*

(9) *J. Messill* Witness. (8) *Autonio Defratue* Applicant.

STATE OF ILLINOIS,

COUNTY OF Morgan } ss. Chas B Graff, a (10) County Clerk

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) Antonio DeFratis Affiant.

Subscribed and sworn to before me, this 12th day of September, A. D. 1903. Witness my hand and official seal.

L. S.

Chas B Graff (12) County Clerk

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Antonio DeFratis 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 A. Bosans (14) County Judge

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant Antonio DeFratis as to his disability, and I now find that he has (15) rectal hemorrhoids very large protruding all around anus. Rheumatism of right shoulder, arm & elbow - also right hip & leg extending to knee & ankle 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.

E. L. Herritt, M. D.

Subscribed and sworn to before me, this 12th day of September, 1903. And I certify that I am personally acquainted with said affiant Ed Herritt, 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.

Chas B Graff (16) County Clerk

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Antonio DeFratis the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Friday the 18th day of Sept., 1903; and that I then found him to be of a sound mind, and to be capable of earning his living by reason of his physical disability arising from (17) Hemorrhoids, Chronic Rheumatism & Chronic Diarrhoea

Witness my hand E. L. Herritt amb 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.....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.

Cottage No.

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., Sept 18 1905

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.
Antonio Depratus	6473	B	133	Ill	20 y	364128	Joseph P. Sheehan Antonio Depratus son

Illinois Soldiers and Sailors Home.

Quincy, Ill., Dec 31 1905

To the Adjutant:

Antone Depratus

Co.

Regt.

died in Hospital at 3:00 P M., aged 41 years.

Names and address of Relatives and Friends

Reg. No. 6473

C. S. Barnes

Hospital Steward.

