

HEADQUARTERS
Illinois Soldiers and Sailors Home,
 QUINCY, ILLINOIS.

October 17 1903

Squire Diverse (1) 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 56 years old; that he is 5 feet and 8 inches high; that he is of Dark complexion, Dark eyes, and Gray hair; that he was born in the town of Franklin County, the State of Virginia, on the _____ day of _____, 1847; that he has been (2) once enrolled in the U. S. A. service; _____ in the war against the late rebellion, 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.	Dec 25, 1865 St Louis Mo	Carondelet Mo Sept 15-1866	P	Co. B Regt. 56	End of Service
2d.				Co. Regt.	
3d.				Co. Regt.	

That he now receives, on pension certificate number 557396, 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 five 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 no children now living; ages, respectively, (5) _____ 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

Rees Diverse, of Jacksonville, County of Morgan, State of Illinois; that, in case of his death he desires all his personal effects to be sent to Rees Diverse, 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) no _____

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) injury to left testicle and all of muscle and plex _____

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 1903

(9) J. M. Merrill Witness. Squire Diverse Applicant.

STATE OF ILLINOIS, }
COUNTY OF Morgan } ss. I, 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) Squire Womersley Affiant.
Subscribed and sworn to before me, this 17th day of October, 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 Squire Womersley 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) Albert W. Amery
(14) Justice of the Peace.

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant Squire Womersley as to his disability, and I now find that he has (15) Paralysis of the Left Arm & Satisfied Testes (Left) 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.

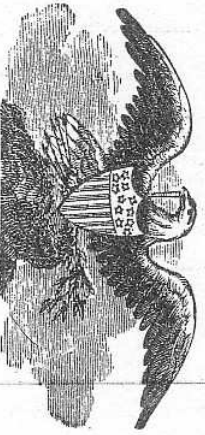
Wm. H. New, M. D.
Subscribed and sworn to before me, this 17th day of October, 1903. And I certify that I am personally acquainted with said affiant A. H. Kennelton, and that I know him to be a physician in active practice, and in good repute, as an honest man and a capable physician, in the community 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 Squire Womersley the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Wed. the 27th day of Oct., 1903; 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) Hemorrhoids

Witness my hand B. E. Ehrle
asst. Home Hospital Surgeon.

CERTIFICATE OF SERVICE



To all Whom it May Concern:

Claim No. 185,600 for past ^{claim} ~~claim~~
 pay by awarding allowances on ^{basis} ~~basis~~
 also approved May 1905 ^{and} ~~and~~
 by ^{the} ~~the~~
 3-14

This is to Certify, that Samuel Divers, who was enrolled on the 25th day of December, one thousand eight hundred eighty three, to serve three years, was discharged on the 15th day of September, 1886 by Master out of company at Camden No 1, while holding the grade of Private in Co B, 56 Regiment of U. S. Colored Troops, and serving honorably in the military service of the United States.

This certificate is given upon evidence that the original discharge has been lost or destroyed, and in all cases upon the condition imposed by the Act of Congress approved March 8, 1878, that it "shall not be accepted as a voucher for the payment of any claim against the United States for pay, bounty, or other allowance, or as evidence in any other case."

Given at the Department of War, Washington, D. C., this twenty third day of October, A. D. 1889. By authority of the Secretary of War.

[Signature]
 Captain W. D. A.

410014

No. 554,396

Increase _____



BUREAU OF PENSIONS

It is hereby certified That, in conformity with the laws of the

United States _____ Squire Divers _____

who was, a Private, Co. I, 56th Regiment, United States Colored Infantry

_____ is entitled to a pension at the rate of

_____ Twenty-four dollars per month from November 15, 1915 _____

_____ and Thirty dollars per month from November 15, 1920. _____

_____ dollars per month from _____

Given at the Department of the Interior, this

fourteenth day of December

one thousand, nine hundred, and fifteen

and of the Independence of the United States

of America the one hundred and fortieth.

Miss A. Law

Secretary of the Interior.

Countersigned

Im... ..

Commissioner of Pensions.

Former payments covering any portion of the same time to be deducted.

Illinois Soldiers' and Sailors' Home.

Quincy, Ill., Feb. 19 1928

To the Adjutant:

Squire Divers Co. I 56 - U.S. Inf. Regt.

died in Hospital at 6:45 P. M., aged 89 years.

Names and address of Relatives and Friends Mrs E. Mitchell (Per request)
800 N 8th Quincy Ill - 200 W King - Son-in-law - Chicago Ill
4445 Grand Ave

Reg. No. 6514 Gail Webb Hospital Steward.

KFS
BOARD OF REVIEW

3-642
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

LET OF MAY 1 1929
Washington

Jan. 23, 1926.

JAN 29 1926

Claim for Increase pension has been allowed in favor of
Squires Divers,
Certificate No. 554,396 Rate of Pension, \$ 72 per month from Dec. 17, 1925.

6514
4

Attorney's fee ~~00000000000000000000~~ none.

Superintendent,
Soldiers & Sailors Home,
Quincy, Ill.

Winfield Scott

WINFIELD SCOTT
Commissioner.

GOVERNMENT PRINTING OFFICE

6-6973

(15)

DISCHARGE.

DANVILLE BRANCH, NATIONAL HOME FOR D. V. S.

JUL 13 1927

Squire Divers, Late I Co.,
56 Regt., U. S. Col. Inf.
admitted, May 24, 1927 is discharged
on account of at request

N. H. D. V. S., Danville Br. 6-6-27-1000

W. H. ... Governor.

Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. Feb. 19. 1928

To the Adjutant:

THIS IS TO CERTIFY, That Squire Diners Reg. No. 514
 late of Co. D. 56. U.S. Inf. Reg't _____
 died in Hospital Age 8080 Cause of death Pyelo. Infection.
E. Ellis, M.D.
Surgeon

(81495-500-1-28)

Illinois Soldiers' and Sailors' Home

Soldiers Home Hospital, Ill., Feb. 21 1928

To the Farm Supt: Ady

514

The Funeral of Squire Diners D 56 U.S. Inf.

will take place at 2 P.M. Feb 23. 28

Spencer H. Lee

Gail Webber

Hospital Steward

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.
<u>Squire Diners</u>	<u>6514</u>	<u>D</u>	<u>56</u>	<u>U.S.</u>	<u>C.I.</u>	<u>554396</u>	<u>Joe N. Shahan</u>
							<u>Squire Diners</u>

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *James Brown* Reg. No. *574* Co. *D* Regt. *1st U.S. Army* State

BAKER-VANTER CO. MANUFACTURERS CHICAGO-INDYANAPOLIS

MONTH	DATE		PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
	DAY	YEAR				
<i>Feb</i>	<i>19</i>	<i>1925</i>				<i>15</i>
COTTAGE INVENTORY						
HOSPITAL RECORD						

Sergeant, Cottage No. _____

Received the above described personal effects of _____

Registry No. _____

Hospital Steward _____

HOSPITAL INVENTORY

~~1~~ ~~Sept 1900~~ - contents
Handy + contents
H.S. Bunkley, Owner
H.S. + Bunkley
Borden + Sherman Bunkley

Delmar State Bank of Delmar
by J. H. Cushman

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

[Signature]

Hospital Steward

Approved:

_____ Adjutant