

HEADQUARTERS

# Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS.

*Richard Donaldson* *Jacksonville Illinois Aug 14 1903*  
 (9) 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) *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 *69* years old; that he is *5* feet and *9* inches high; that he is  
 of *light* complexion, *Blue* eyes, and *gray* hair; that he was born in the town of  
 \_\_\_\_\_ in the *Carroll Co* of *Ohio*, on the *27* day  
 of *July*, 1834 that he has been (2) \_\_\_\_\_ enrolled in the U. S. A. service; \_\_\_\_\_ in the war  
 against *Rebellion*, and \_\_\_\_\_ in the war or the late Rebellion; and that he has been (3) \_\_\_\_\_ honorably dis-  
 charged 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>Aug 12 1863</i> <i>Lawnstoner Kas</i>	<i>Mar 12 1865</i> <i>Fort Leavenworth Kas</i>	<i>P.</i>	<i>Co. A Regt. 15<sup>th</sup> Kas</i>	<i>Disability</i>
2d.				<i>Co. Regt.</i>	
3d.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *42495*, a pension of *12* dollars a month,  
 payable the *4<sup>th</sup>* day of next *Oct* at the *Chicago Ills* Pension Office.

That he owns property, real and personal, of the value of *nine 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 *Carpenter*

That he has (4) *4* wife; that he has *two* 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 *Trabush* 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  
*Henry C Donaldson*, of *Jacksonville*, County of *Morgan* State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Henry C Donaldson*  
 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) \_\_\_\_\_

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) *Phenation and ulcer on left limb*

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 cheer-  
 fully 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 *14<sup>th</sup>* day of *August* 1903

(9) *B B Gray*  
 Witness.

(8) *Richard. Donaldson*  
 Applicant.

STATE OF ILLINOIS,

COUNTY OF

*Morgan*

ss.

*Byron B Gray*

a <sup>(10)</sup> *Justice of the Peace*

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) *Richard Donaldson*  
Affiant.

Subscribed and sworn to before me, this *14<sup>th</sup>* day of *August*, A. D. 190*3*. Witness my hand and official seal.

L. S.

*Byron B Gray*  
*Justice of the Peace* (12) *Seal*

**CERTIFICATE OF IDENTIFICATION.**

I do hereby certify, upon honor, that I have personally known *Richard Donaldson* 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) *Byron B Gray*  
*Jacksonville Illinois*

**CERTIFICATE OF A LOCAL PHYSICIAN.**

I hereby depose and state that I have carefully examined the above named Applicant *Richard Donaldson* as to his disability, and I now find that he has (15) *an extensive Chronic Ulcer on left tibia, also Rheumatism in knee* 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.

*O. F. Brown*, M. D.

Subscribed and sworn to before me, this *14<sup>th</sup>* day of *August*, 190*3*. And I certify that I am personally acquainted with said affiant *O. F. Brown*, 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.

*Byron B Gray*  
*Justice of the Peace* (16)

**CERTIFICATE OF SOLDIERS HOME SURGEON.**

I hereby certify upon honor that I carefully and critically examined *Richard Donaldson* the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on *Monday* the *7* day of *Sept*, 190*3*; 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) *Various Ulcers of Left Leg. Various Ulcers + Chronic Arter Rheumatism*

Witness my hand *G. P. Chiles*  
*Asst. Home Hospital Surgeon.*

## ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., *Sept* 190 *3*

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>Richd Donaldson</i>	<i>6456</i>	<i>a</i>	<i>15</i>	<i>Kans</i>	<i>19</i>	<i>44495</i>	<i>J. M. Wright</i>
							<i>Richard Donaldson</i>

MARCH 12th 1906

Dear Sirs and I am returning  
Every mail

Please forgive me my

discharge and all

papers except 13

no 6456

I want to

~~to~~ Richard Gould  
son

236 Everingham Ter

Jacksonville

Fla



236 Everingham Ter  
Jacksonville Fla

Dear Sirs  
April 8. 1919

William Boldiers an  
Bailors from.

Dear Sirs.

We are the widow of  
Richard Boldiers would  
you please do me the  
favor too inquire among  
the old soldiers if any  
of them know him or  
if one of them enlisted  
in the A Reg 15 Kansas  
and if there are any please  
send me their names as  
I will be very much obliged  
Please ans—

Wm Helen Boldiers

236 Everingham Ter  
Jacksonville Fla.

# ILLINOIS SOLDIERS' AND SAILORS' HOME

## APPLICATION OF HUSBAND AND WIFE FOR ADMISSION.

Richard Donaldson of the town of Jacksonville  
 in the County of Morgan and State of  
Illinois an honorably discharged<sup>2</sup> Soldier  
 of the U. S. Army in the war against<sup>4</sup> Rebellion

and his wife \_\_\_\_\_ respectfully ask to be admitted as members of said Home.

To enable the authorities to pass on their eligibility, the said Richard Donaldson

declares the following statements to be true and correct: that his personal description is as follows: age 76 yrs.; height 5 ft. 9 inches; complexion Light; eyes blue; hair gray.

That he was born in the County County of Carroll, State of Ohio, on the 27 day of July, 1834;

that he has been<sup>6</sup> once enrolled; and<sup>7</sup> once honorably discharged from the U. S. service as follows, to-wit:

s	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge
1st.	<u>Aug. 12 - 1863</u> <u>Shawneetown Kans</u>	<u>March 6 - 1865</u> <u>Leavenworth, Kans</u>	<u>Pr.</u>	<u>Co. A Regt. 15 Kans</u>	<u>Disability</u>
2nd.				<u>Co. Regt.</u>	
3rd.		<u>(18)</u>		<u>Co. Regt.</u>	

said Richard Donaldson further avers that he and his said wife Nancy C Donaldson, (who is now of the age of fifty years or older), were lawfully married prior to the first day of January, A. D. 1890; and that he has ever since been living with her and supported her as his lawful wife.

That he is now a bona fide resident of the State of Illinois and has continuously lived in the said state for the last two consecutive years; or, that he has served in an Illinois organization.

That he now receives, on pension certificate number 42495, a pension of 20 dollars a month, payable the 4 day of next July, at the Chicago Pension Office.

That he owns property, real or personal, of the value of about \$800<sup>00</sup> 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

State of Ohio, on the 27 day of July, 1834;  
 that he has been once enrolled \_\_\_\_\_; and once honorably discharged  
 from the U. S. service as follows, to wit:

s	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge
1st.	<u>Aug. 12 - 1863</u> <u>Shawneetown Kans</u>	<u>March 6 - 1865</u> <u>Leavenworth, Kans</u>	<u>Pr.</u>	<u>Co. A Regt. 15 Kans</u>	<u>Disability</u>
2nd.				<u>Co. Regt.</u>	
3rd.		<u>(18)</u>		<u>Co. Regt.</u>	

said Richard Donaldson further avers that he and his said wife  
Nancy E Donaldson, (who is now of the age of fifty years or older),  
 were lawfully married prior to the first day of January, A. D. 1890; and that he has ever since been living with her and  
 supported her as his lawful wife.

That he is now a bona fide resident of the State of Illinois and has continuously lived in the said state for the last  
 two consecutive years; or, that he has served in an Illinois organization.

That he now receives, on pension certificate number 42495, a pension of 20 dollars a month,  
 payable the 4 day of next July, at the Chicago Pension Office.

That he owns property, real or personal, of the value of about \$800<sup>00</sup> 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 a wife; that he has no children now living; ages, respectively, \_\_\_\_\_

years. That his postoffice address is 915 74 Quincy, State of Illinois; that his nearest railway station  
 is Quincy Ill, on the 6 B & Q Railway, in Adams 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  
Riley Smith, of Jacksonville, County of Adams, State

of \_\_\_\_\_; that, in case of his death, he desires all his personal effects to be sent to my wife  
 \_\_\_\_\_, at 915 74 County of Adams, State of Illinois

That he has not heretofore been a member of any Soldiers', Sailors' Home or Institution, excepting the  
None

That he is so far disabled by (7) Rheumatism

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.

That if he and his said wife Nancy E Donaldson shall be admitted to be members of the said  
 Home, he does hereby obligate himself that should his said wife so request, he will deposit with the Superintendent so much  
 of his said pension money as the Superintendent may deem necessary for the purpose of clothing said wife.\* And he and  
 his said wife do hereby jointly promise that they will in all things and in every respect, comply with and conform to the  
 rules and regulations now in force, or that shall hereafter be made for the government and discipline of the Home, and they  
 further obligate themselves and promise that they will cheerfully obey all orders they may receive from any officer of the  
 Home, so long as they shall remain members thereof.

In testimony whereof they have hereunto set their hands this 8 day  
 of July, 1911.  
Fred E. Adler Witness.  
Richard Donaldson  
Nancy E Donaldson Applicants.

\* See Sec. 3b. of act approved May 13, 1903, under caption of "Soldiers' and Sailors' Home," Chapter 23 Hurd's Revised Statutes of Illinois.

## Certificate of Identification

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I do hereby certify, upon honor, that I have personally known \_\_\_\_\_

and \_\_\_\_\_, 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) \_\_\_\_\_

(9) \_\_\_\_\_

## Certificate of a Local Physician

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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

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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

I hereby certify upon honor that I have carefully and critically examined Richard Donaldson  
and Wife, the above named applicant as to his mental and physical condition, at the hospital of this  
Institution, on the 5 day of June, 1911; and that I found him to be of \_\_\_\_\_ sound mind, and to be  
\_\_\_\_\_ capable of earning his living by reason of physical disability arising from (12) Chronic Varicose  
Ulcer Left Leg and Rheumatism  
Wife suffered with Neuralgia and Rheumatism

Witness my hand D. McLaundon  
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