

# HEADQUARTERS

## Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

Nov. 7<sup>th</sup> 1912

James F. Gaines, (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) 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 75 years old; that he is 5 feet and 6 inches high; that he is of Sallow complexion, Gray eyes, and Gray hair; that he was born in the town of Sandvickburg in the State of Kentucky, on the 16<sup>th</sup> day of December, 1837; that he has been (2) once 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) 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.	Sabanon Ky Aug. 7 - 1864	Birmingham Ky Sept 11 <sup>th</sup> 1863	Priv	Co. 9 Regt. Ky. Cav	Gen. Order
2nd.				Co. Regt.	
3rd.	(13 next)			Co. Regt.	

That he now receives, on pension certificate number 61940, a pension of 15 dollars a month, payable the 1<sup>st</sup> day of next Jan. 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 Farmer.

That he has (4) no wife; that he has 7 children now living; ages, respectfully, (5) 19, 16, 14, 11, 9, 7, 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 Mrs. Sibley Munns, of Jacksonville, County of Morgan, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to Same party Mrs. S. Munns, 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) Paraly.

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 7<sup>th</sup> day of November 1912.

(9) Robert S. Farris, Witness.

(8) James F. Gaines, Applicant.

STATE OF ILLINOIS

SS

County of..... I,....., a (10).....

of the town of..... in and for said County, do hereby certify that the above named applicant, to me personally and well known to be 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)..... Affiant.

Subscribed and sworn to before me, this..... day of....., A. D. 191.....

Witness my hand and official seal.

[L. S.] .....(12).....

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....., as to his disability, and I now find that he has (15).....

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.

....., M. D.

Subscribed and sworn to before me, this..... day of..... 191..... 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.

.....(16).....

CERTIFICATE OF A SOLDIERS' HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined James F. Gaines the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thursday the 7 day of November, 1912; and that I found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Paralysis Agetarus

Assign Hospital

Witness my hand

J. M. Landon

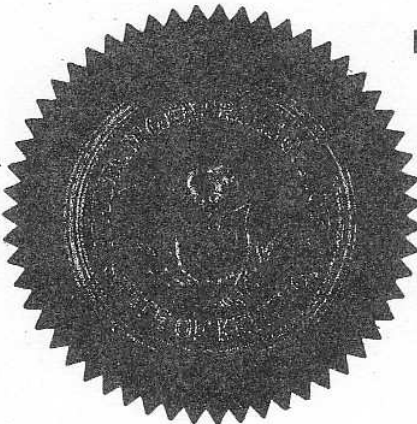
Home Hospital Surgeon.

Headquarters Kentucky Volunteers,

ADJUTANT GENERAL'S OFFICE,

FRANKFORT, September 25, 1889

I HEREBY CERTIFY That it appears from the Official Muster - roll  
Rolls on file in this office, that James F. Gaines  
was enrolled on the 7<sup>th</sup> day of August, 1862, and  
mustered into service on the 22<sup>nd</sup> day of, August  
1862 a Private in Company "L", Smith  
Regiment Kentucky Cavalry Volunteers, to  
serve one year. It further appears from said Rolls that he  
was Mustered out of service with his Company  
September 11<sup>th</sup> 1863. at Eminence Kentucky.



In Testimony Whereof, I have hereunto set my hand

and affixed my official Seal, this 25<sup>th</sup>

day of September, 1889.

J. S. Anderson  
Asst. Adjutant General of Kentucky.

13439 S. Ann St.,

Blue Island, Illinois.

April 24, 1951.

Old Soldiers' Home,  
Quincy, Illinois.

Gentlemen:

My father, a veteran of the Civil War, died in the Quincy home in 1917 at the age of 77 years.

I am about to apply for my pension from the Railroad and they demand a birth certificate or certified record of my birth. This I am unable to give them because I was born in Jacksonville, Illinois, on October 1st, 1887 and at that time no records were kept either by the church or the municipality.

I am advised that in my fathers records, either at the Quincy home or in Washington (wherever they may be kept) there is a record of his children and their birth dates.

I should like very much to have a photostatic or certified copy of this record which would show my birth in order to give proof of my age to the Railroad Company.

Would you kindly advise if it is possible to obtain this information from the home at Quincy and if not, where shall I write to obtain this information.

Your assistance in this matter would be greatly appreciated and should there be any charge for this record, I shall be glad to reimburse you.

Yours very truly,

*John M. Gaines*  
John M. Gaines

P. S. My father's name was James F. Gaines

*John M. Gaines*



April 26, 1951

Mr. John H. Gaines  
13439 S. Ann St.  
Blue Island, Illinois.

Dear Sir:

We are in receipt of your letter of the 24th instant, relative to your father's file in this office. Be advised that there are no records of any children's names or births in his file. It so states that he had seven (7) children ranging from 18 years up, no names or birth dates.

We are very sorry that we cannot furnish you the information you desire.

Yours very truly,

Jack Bessling, Adjutant.

JBB/p

May 24, 1968

Mrs. Ruth Park  
3014 McNair Ave.  
St. Louis 18, Missouri

Dear Mrs. Park:

In reply to your letter of May 22nd, James F. Gaines was enrolled on the 7th day of August 1862 and mustered into service on August 22, 1862. He served as a Pvt. in Company L., 9th Regiment Kentucky Cavalry and was discharged at Eminence, Kentucky September 11, 1863.

Mr. Gaines was born December 16, 1837 at Lawrenceburg, Kentucky. We do not know the date of his death since he was discharged from this facility as insane on March 27, 1916 and transferred to the State Hospital at Jacksonville, Illinois.

He was first admitted to our Home November 7, 1912 from Jacksonville, Ill.

Yours truly,

James A. Schapers  
Superintendent

By: D.F.H. Steinbeck  
Adjutant

DFHS:rh



St Louis Mo  
May 22. 61

Old Soldiers Home

Princy Bell, 9907

Wentlemen—

Can you give me some information on an old soldier, James F. Haines who was in your Hospital around 1910 or 1916 etc, his home was in Jacksonville, <sup>Ill</sup> and I heard he died in 1916.

Would you know where he enlisted? and, was he a private, Corporal, etc.? and what company?

If I can get all this story, I will send to Washington D.C. and try to get

his Service Record if he had one.  
And let me know as soon as possible,  
Thanks a lot.  
I remain

Mrs Ruth Park  
3014 Mc Miller  
St Louis 18  
Mo

No. 614910  
James H. Gaines  
29 Ky. Cav.

3-389

See Civil War Division J.B.A.

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

WASHINGTON, D. C., March 24, 1916

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

Mr. James H. Gaines  
Soldiers Home  
Quincy Ills (C.H.) 29 Ky Cav.

G. M. Saenger

Commissioner.

FOLD HERE.

No. 1. Date and place of birth? Answer. ....

The name of organizations in which you served? Answer. ....

No. 2. What was your post office at enlistment? Answer. ....

No. 3. State your wife's full name and her maiden name. Answer. ....

No. 4. When, where, and by whom were you married? Answer. ....

No. 5. Is there any official or church record of your marriage? .....

If so, where? Answer. ....

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her

death or divorce. If there was more than one previous marriage, let your answer include all former wives. Answer. ....

FOLD HERE.

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage,

and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your

answer include all former husbands. Answer. ....

No. 8. Are you living with your wife? Answer. .... If there has been a separation

give date of same. Answer. ....



No. 2. What was your post office at enlistment? *Answer.* .....

No. 3. State your wife's full name and her maiden name. *Answer.* .....

No. 4. When, where, and by whom were you married? *Answer.* .....

No. 5. Is there any official or church record of your marriage? .....

If so, where? *Answer.* .....

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. *Answer.* .....

FOLD HERE

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any military or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. *Answer.* .....

No. 8. Are you living with your wife? *Answer.* ..... If there has been a separation give date of same. *Answer.* .....

No. 9. State the names and dates of birth of all your children, living or dead. *Answer.* .....

FOLD HERE

Date .....

(Signature) .....