

HEADQUARTERS  
**Illinois Soldiers and Sailors Home,**  
 QUINCY, ILLINOIS.

*William J. Gibbons*, *January 23<sup>d</sup>* 190*5*  
 (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) *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 *62* years old; that he is *5* feet and *4* inches high; that he is  
 of *Dark* complexion, *Dark* eyes, and *gray* hair; that he was born in the town of  
*Jacksonville* in the State of *Illinois*, on the *23* day  
 of *Sept*, 18*42*; that he has been (2) *once* 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) *once* 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 dates thereof namely:

No.	When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
1st.	<i>May 27 '62 Jacksonville Ill</i>	<i>July 13 '62 Alton</i>	<i>Pvt</i>	<i>A Co. 68 Regt. Ill Infy</i>	
2d.	<i>trans to 70<sup>th</sup> Ill Infy</i>	<i>Oct 23 '62 Alton</i>	<i>Pvt</i>	<i>E Co. 70 Regt. "</i>	<i>Ex term service</i>
3d.	<i>Nov 30 '64 Jacksonville</i>	<i>July 13 1865</i>	<i>Pvt</i>	<i>K Co. 50 Regt. Ill Infy</i>	<i>Ex term service</i>

That he now receives, on pension certificate number *528021*, a pension of *10* dollars a month,  
 payable the *4* day of next *April* at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *nothing* 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 *one* children now living; ages, respectively, (5) *37*  
 years. That his postoffice address is *139 E. Walcott 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  
*Susan Gibbons* of *Jacksonville* County of *Morgan* State of  
*Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Susan Gibbons*  
*139 Walcott St. 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) *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) *heart trouble, genl debility*

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 *23<sup>d</sup>* day of *January* 190*5*

(9) *J. L. Simms* Witness. (8) *William J. Gibbons* Applicant.  
 1905

STATE OF ILLINOIS, }  
COUNTY OF MORGAN, } ss.

I, J. L. Simms, 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) William J. Gibbons, Affiant.

Subscribed and sworn to before me, this 23<sup>d</sup> day of January, A. D. 1905. Witness my hand and official seal.

L. S.

J. L. Simms (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known William J. Gibbons 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) Arthur J. Hayden, Jacksonville Illinois, D. W. Circuit Clerk

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant William J. Gibbons as to his disability, and I now find that he has (15) Rheumatism Hypertrophy of heart and senile debility 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.

C. C. Cochran, M. D.

Subscribed and sworn to before me, this 23<sup>rd</sup> day of January, 1905. And I certify that I am personally acquainted with said affiant B. B. Bachman, 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.

J. L. Simms (16) Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined William J. Gibbons the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thursday the 26<sup>th</sup> day of January, 1905; and that I then found him to be of sound mind, and to be capable of earning his living by reason of his physical disability arising from (17) Left Inguinal Hernia and Hydrocele right side Rheumatism and general debility Cardiac Asthma

Witness my hand R. M. London Home Hospital Surgeon.

STATE OF ILLINOIS, }  
COUNTY OF ADAMS. } ss.

In the matter of the relationship of Wm. T. Gibbons

, being first duly sworn according to law,  
deposes and says that he formerly resided at Jacksonville Ill.,  
that he is now married, that his wife, Susann Gibbons  
resides at Jacksonville Ill., and that the names, relationship and  
residences of all, and the relations only, of affiant who would be his heirs in the event of his death,  
at this time, are as follows, to-wit:

NAMES.	RELATIONSHIP.	RESIDENCE.
<u>Hattie Darrow</u>	<u>Daughter</u>	<u>O. Fallon Ill.</u>

And further affiant saith not.

William T. Gibbons

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_  
A. D. 190....

SCOTT & SCOTT  
LAWYERS  
404 SECURITY BUILDING  
DAVENPORT, IOWA

7015  
3/29/20

March 27, 1920.

Supt. Soldiers' Home,  
Quincy,  
Ill.

Dear Sir:-

I am filing application for Pension for the widow of Wm. T. Gibbons who died in your Institution on or about February, 26, 1920.

Have you in your possession, his original Pension Certificate, and if you have same, could I have it for the purpose of filing with her application for Pension.? If I cannot have it, are you the proper officer to give me a certified copy of same?

Awaiting your answer, beg leave to remain,

Yours very respectfully,

*George W. Scott*

GWS:R.

631  
**Illinois Soldiers' and Sailors' Home**

Quincy, Ill., Feb 26 - 1920

To the Adjutant:

Wm Gibbons Co. X 50 Ill. Inf. Regt.

died in Hospital at 8:00 P.M., aged 77 years. 1522 W 4th St

Names and addresses of Relatives and Friends Earl Hunter (Step-son)

Davenport, Ia - Wife in Home

Reg No. 7015 Gail Switzer Hospital Steward

11

(18516-1M-4-19)

**Hospital Illinois Soldiers' and Sailors' Home**

Quincy, Ill. Feb 28 1920

To the Adjutant:

THIS IS TO CERTIFY, That Wm Gibbons Reg. No. 7015

late of Co. X Reg't 50 Ill. Inf.

died in Hospital Oct 77 Cause of death General arteriosclerosis

R. H. Jacobo

Surgeon

**Illinois Soldiers and Sailors Home**

Soldiers Home Hospital, Ill., Feb 28 - 1920

TO THE FARM SUPT: Adj. 7015

The funeral of Wm Gibbons Co. X 50 Ill. Inf

will take place at 1 P.M. Feb 28-1920

Gail Switzer

Hospital Steward.

# ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill. January 26<sup>th</sup> 190<sup>5</sup>

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.
Wm. P. Gibson	7015	K	50	Ill.	Inf.	528021	C. J. Wickham x Wm. J. Gilbert

# ILLINOIS SOLDIERS AND SAILORS HOME

## APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

STATE OF ILLINOIS } ss.  
 County of Adams

On this 28 day of Aug, A. D., 1929, personally appeared before me,  
William P Gibbons, who being duly sworn, upon oath says:—

1. My name is (1) William P Gibbons, and my age is 67 years. I am 5 feet  
 and 4 inches high. I am of Dark complexion, Dark eyes and Gray hair. I was born in the town of Jacksonville  
 in the county of Morgan, state of Illinois, on the 23 day of Sept 1842

I have been enrolled in the U. S. A. service; \_\_\_\_\_ in the war against (2) \_\_\_\_\_, and in the war of the  
 late Rebellion. I have been (3) \_\_\_\_\_ times discharged from the service of the United States. The following is a true state-  
 ment 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.				Co. Regt.	
2nd.				Co. Regt.	
3rd.				Co. Regt.	

2. I now receive on pension certificate numbered \_\_\_\_\_, a pension of \_\_\_\_\_ dollars  
 per month, payable the \_\_\_\_\_ day of next \_\_\_\_\_, at the \_\_\_\_\_ Pension Office.

3. On the 23 day of Dec, A. D. 1847, at Jacksonville in the county of  
Morgan, in the state of Illinois, I was lawfully married to Susan  
Amities, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 1 children now living, ages respectively 42 years. My postoffice address is \_\_\_\_\_  
 \_\_\_\_\_ State of Illinois, my nearest railway station is \_\_\_\_\_, on the \_\_\_\_\_  
 \_\_\_\_\_ railway, in \_\_\_\_\_ County, in said state. In case of illness or death I desire that notice be  
 sent to \_\_\_\_\_, in the town of \_\_\_\_\_, county of \_\_\_\_\_, state of \_\_\_\_\_

The name and address of the person to whom all my personal effects shall be sent in case of death is,

I have been enrolled in the U. S. A. service; \_\_\_\_\_ in the war against (2) \_\_\_\_\_, and in the war of the late Rebellion. I have been (3) \_\_\_\_\_ 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.				Co. Regt.	
2nd.				Co. Regt.	
3rd.				Co. Regt.	

2. I now receive on pension certificate numbered \_\_\_\_\_, a pension of \_\_\_\_\_ dollars per month, payable the \_\_\_\_\_ day of next \_\_\_\_\_, at the \_\_\_\_\_ Pension Office.

3. On the 23 day of Dec A. D. 1887, at Jacksonville in the county of Morgan, in the state of Illinois, I was lawfully married to Susan Hunter, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 1 children now living, ages respectively 42 years. My postoffice address is \_\_\_\_\_ State of Illinois, my nearest railway station is \_\_\_\_\_, on the \_\_\_\_\_ railway, in \_\_\_\_\_ County, in said state. In case of illness or death I desire that notice be sent to \_\_\_\_\_, in the town of \_\_\_\_\_, county of \_\_\_\_\_, state of \_\_\_\_\_.

The name and address of the person to whom all my personal effects shall be sent in case of death is, \_\_\_\_\_, at \_\_\_\_\_, in the county of \_\_\_\_\_ state of \_\_\_\_\_.

My trade or occupation is that of a \_\_\_\_\_.

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) \_\_\_\_\_.

6. That I desire to become a member of the Illinois Soldiers and Sailors Home, and my said wife Susan Gibbons, 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 Aug, 1909.

(7) \_\_\_\_\_  
Witness

(6) Wm. S. Gibbons  
Susan Gibbons  
Applicants



CERTIFICATE OF IDENTIFICATION

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

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 William J  
Gibbons, the above named applicant as to his mental and physical condition, at the hospital of this  
Institution, on the 28 day of Aug, 1909; and that I found him to be of a sound mind, and to be  
in capable of earning his living by reason of his physical disability arising from (12).....

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

I hereby certify upon honor that I have carefully and critically examined William J Gibbons, the above named applicant as to his mental and physical condition, at the hospital of this Institution, on the 28 day of Aug, 1929; and that I found him to be of a sound mind, and to be incapable of earning his living by reason of his physical disability arising from (12)

Amputation of Left Inguinal Hernia  
His wife has nervous debility.

Witness my hand.....

C. E. Telle and  
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