

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

..... January 10th 1913.
 Ammon B. C. Gillebrand, (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 de-
 clares and states the facts to be that he is now 69 years old; that he is 5 feet and 10 inches high; that he is
 of Slight complexion, Blue eyes, and Gray hair; that he was born in the town of
 Jacksonville in the State of Ohio, on the 27th day
 of June, 1844; that he has been (2) once enrolled in the U. S. A. service; once in the
 war against the Rebellion; 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.	Jacksonville Ill. August - 1864	Camp Stanton, Ohio June 11, 1865	Private	Co D. 115 Regt Ill Inf	Bank Order.
2nd.				Co. Regt.	
3rd.		(3k)		Co. Regt.	

That he now receives, on pension certificate number 252121, a pension of \$12.00 dollars a month,
 payable the 10th day of next March, at the Washington 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 Carpenter.

That he has (4) no wife; that he has no children now living; ages, respectfully, (5)
 years. That his postoffice address is Quincy, State of Illinois; that his nearest railway station
 is Quincy, on the C. & O. 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 Mrs. Mattie G. G. Quincy, of Adams County, State
 of Illinois; that, in case of his death, he desires all his personal effects to be sent to Same party
 at Quincy, Adams County, State of Illinois.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, except-
 ing 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) Defective Eyesight.

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 10th day of January, 1913.

(9) Robert E. Farnham
 Witness.

(8) Ammon B. C. Gillebrand
 Applicant.

STATE OF ILLINOIS

County of } ss 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 A. B. C. Gilliland the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Wed the 1st day of Jan, 1913; 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 (17) defective vision (Cataract &) & Age.

Witness my hand..... O. E. Kelly, asst Home Hospital Surgeon.

To all whom it may Concern



Know ye, That Amos B. Gilliland a
Private of Captain James A. Rutherford's
Company, (D.) 45th Regiment of Illinois Infantry
VOLUNTEERS who was enrolled on the fourteenth day of August
one thousand eight hundred and Sixty-two to serve three years or
during the war, is hereby **Discharged** from the service of the United States,
this Eleventh day of June, 1865, at Camp Hart
Tennessee by reason of Instructions received from War Department
^{May 27th 1865-}
(No objection to his being re-enlisted is known to exist.)*

Said Amos B. Gilliland was born in Chillicothe
in the State of Ohio, was seventeen years of age,
five feet 10 inches high, light complexion, Blue eyes,
Light hair, and by occupation, when enrolled, a Farmer

Given at Camp Hart Tenn this Eleventh day of
June 1865



W. Nicholas Capt

57th Ohio and A.C.M.
Commanding the Regt. 1st Div 4th A.C.

* This sentence will be erased should there be anything in the conduct or physical condition of the soldier rendering him unfit for the Army

[A. G. O. No. 99.]

James A. Rutherford Capt
Comd'g Co

Illinois Soldiers' and Sailors' Home

Quincy, Ill., Jan 5 1924

To the Adjutant:

Amos C Gilliland Co. I 115 Ill Inf Regt.

died in Hospital at 5¹⁰ P.M., aged 79 years.

Names and addresses of Relatives and Friends Edw. Gilliland son

Chapin, Ill

Reg No. 9944

Gail Webber Hospital Steward

(18516-1M-4-19)

Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. Jan 5 1923

To the Adjutant:

THIS IS TO CERTIFY, That Amos C Gilliland Reg. No. 9944

late of Co. I 115 Ill Inf Reg't

died in Hospital, Jan 5 23. Cause of death Cancer of spine + jaw left side

J. L. Davenport Surgeon

DO NOT DETACH FROM DECLARATION.

RECEIPT for declaration under the act of May 11, 1912, based upon service in Company "D" 115 Regiment

Ill Inf Vol

Pension Certificate No. 383231

J. L. DAVENPORT,
Commissioner of Pensions.

Fill in the above spaces with the information called for, and plainly write the name and full post-office address of the claimant on the following lines.

Amos B. C. Gilliland
1325 North 4th St
Quincy Ill.

State

WRITE NOTHING IN THIS SPACE.



ILLINOIS SOLDIERS & SAILORS HOME

SIX REG. QUINCY, ILL.

June 4 1913

W. B. ...

Co. *1* Reg't *115* Register No. *9944* Co. *15*

is hereby honorably DISCHARGED from this Home by

reason of *Order Required until*

L. Murphy
ADJUTANT

John ...
SUPERVISOR

DISCHARGE UNTIL
DATE

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7

ORIGINAL

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *Annex E* *William Reg. No. 9944 Co. D* *Regt. 115* *Ill State*

Date			Col. No.
Month	Day	Year	
<i>Jan</i>	<i>5</i>	<i>1924</i>	

Person to Be Notified in Case of Death	P. O. ADDRESS	RELATIONSHIP	REMARKS
COTTAGE INVENTORY			
Received the above described personal effects of _____ Sergeant, Cottage No. _____			
Registry No. _____ Hospital Steward _____			
HOSPITAL RECORD			

HOSPITAL INVENTORY

2 Suit cases.

E Carl White
Undertaker.

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

Amie C. Gililand Deceased.

Gauts Wether Hospital Steward

Approved:

Adjutant.

Jackson