

OFFICERS:
 MAJOR GEORGE W. FEGG, SUPERINTENDENT.
 GENERAL JAMES D. MORGAN, TREASURER.
 CAPTAIN B. DANIEL, ADJUTANT.
 CAPTAIN JAMES P. MOORMAN, QUARTERMASTER.
 EDMUND B. MONTGOMERY, SURGEON.

J. FRED DUNLAP,

EDWARD W. GOODENOUGH, ASS'T SURGEON.
 EMILY W. LIPPENCOTT, MATRON.

TRUSTEES:
 CAPTAIN WILLIAM STEINWEDDELL, QUINCY, ILL.
 COLONEL JAMES A. SEXTON, CHICAGO, ILL.
 GENERAL LEWIS B. PARSONS, FLORA, ILL.

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois.

NOV 18 1894, 1894.

Geo M Goodwin, (°) of the Town of Jacksonvill, in the County of Morgan, and State of Ill, 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 42 years old, that he is 5 feet and 10 inches high; that he is of light complexion, blue eyes, and grey hair; that he was born in the town of Englewood in the State of Ill, on the 31 day of Dec, 18 52; that he has been⁽²⁾ 1 enrolled in the U. S. A. service; in the war against Mexico, and in the war of the late Rebellion; and that he has been⁽³⁾ 1 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 of 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.	June 13 1861	Oct 16. 62		Co. Regt.	Disability
2d.	Pontiac Ill	St Louis Mo	P	Co. 70 Regt. 1st Div	
3d.				Co. Regt.	

That he now receives, on pension certificate number _____, a pension of _____ dollars a month, payable the _____ day of next _____, at the _____ 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 that above named; that his trade or occupation is that of a Broommaker

That he has⁽⁴⁾ 10 wife; that he has 3 children now living; ages, respectively, 17, 11, & 3 years. That his postoffice address is Jacksonvill, State of Illinois; that his nearest railway station is Jacksonvill, 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 Geo W P Goodwin, of Van Curen Borello, County of Washington, State of Kentucky; that, in case of his death, he desires all his personal effects to be sent to them, at _____, County of _____, State of _____.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the⁽⁵⁾ _____

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.

That he is so far disabled by⁽⁷⁾ See Certificate other Side

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 17 day of Nov, 1894.

(°) J. Fred Dunlap, Witness.

(8) Geo. M. Goodwin, Applicant.

STATE OF ILLINOIS,
COUNTY OF Adair

} SS. I, James Deuel, a (10) Min

of the town of Osage, 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) Geo W Goodwin
Affiant.

Subscribed and sworn to before me, this 17 day of Nov, A. D. 1895. Witness my hand and official seal.

L. S.

James Deuel (12) Min

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*. 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....., A. D. 189..... 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, as an honest man and a capable physician, in the community and among his fellow physicians where he lives.

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

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined..... Geo. M. Goodwin the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Monday the 18th day of November, 1895; and that I then found him to be of..... sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17)..... drunkenness and debility, age 72.

Witness my hand E. B. Montgomery, Home Hospital Surgeon.

Reexamined April 10th 1899 His disability remains the same E. B. Montgomery acting Surgeon

ORDER ADMITTING APPLICANT.

Geo W Goodwin

The application of the said 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 applicant has shown himself to be lawfully entitled to admission to the Home,—it is hereby ordered that he be now duly admitted as a member thereof, this 18 day of Nov, 1895.

GEORGE W. FOGG,
Superintendent.

W. H. ...

HOW TO FILL APPLICATION BLANKS.

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| <ol style="list-style-type: none"> 0. Give full name of the Applicant. 1. Either "Mexico and the late Rebellion," or one of them. 2. Here say once, twice, or three times. 3. Here say once, twice, or three times. 4. Here say a wife, or no wife. 5. Here give their ages, from youngest to oldest. 6. Here give the name of any Home or other Institution of which he has been a member. 7. Here state, <i>in his own words</i>, what it is that ails or disables him. 8. Here Applicant will sign his full name, or make his mark. 9. Here the witness will sign <i>his</i> name. 10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court." | <ol style="list-style-type: none"> 11. Here Applicant will sign his <i>full name</i>, or make his mark. 12. Signature and title of the Justice or Notary. 13. To be made and signed by any Judge of any county or state court, by any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or Adjutant or Commander of any G. A. R. Post. 14. Here write official title. 15. The physician will here state tersely, but fully, as far as he can learn, <i>every</i> cause or disorder that tends in any degree to render the Applicant <i>incapable of earning his own living</i>. 16. Name and official title of Notary or Justice. 17. Here state <i>minutely</i> what disorder, ailment, disease, or cause, it is that, in your judgment, <i>disables the Applicant and renders him incapable of earning his own living</i>. |
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SPECIAL INFORMATION FOR APPLICANT.

READ THIS CAREFULLY. For it will *avail you nothing*, when you come before the Superintendent for examination on the facts alleged by you in your application, to say you are ignorant of what is here and herein plainly and explicitly set forth for your information:

1. Have some capable person, *who writes a fair hand*, fill all the blanks in your application.
2. Have every blank in the application properly filled, and every Certificate, except that of the Surgeon of the Home, duly made and signed, and every jurat duly executed, signed and sealed by the Clerk, Notary or Justice of the Peace making the same.
3. Send your application, so prepared, by mail or otheswise, *with your last discharge and all your pension papers*, to the Superintendent of the Home.
4. On his receipt of your application, and your last discharge, and all your pension papers, all in due form, transportation will be sent you, and you will be ordered to report at the Home for *examination by the Home Surgeon as to your disability*, and for examination by the Superintendent *as to the allegations of fact made by you in your application for admission*.
5. If *all your statements are found to be true*, and the Surgeon finds you to be *so far disabled as to render you incapable of earning your own living*, you will then be admitted to the Home, and not otherwise.
6. If, for *any reason*, you are found *not to be eligible* for admission, *you will not be admitted to the Home*.
7. If you fail to be admitted, no transportation to your home will be furnished you. *Therefore, you should bring sufficient money to pay your return fare*.
8. When permitted to leave the Home on Furlough, or on Pass of two or more days duration, *you will be required to wear your citizen's clothing. You will not be allowed to wear Home or State clothing, when so absent*.

TO BE ELIGIBLE FOR ADMISSION.

1. The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, or in the late Rebellion.
2. That you shall have been honorably discharged from that service.
3. That you shall have lived and resided, CONTINUOUSLY and in good faith, FOR THE LAST TWO YEARS, in the State of Illinois.
4. That you shall have been rendered INCAPABLE OF EARNING YOUR OWN LIVING, AND SHALL NOW BE INCAPABLE OF EARNING YOUR OWN LIVING, through the exigencies of your military service, by reason of old age, or by means of some other PRESENT DISABILITY.
5. That you shall now have NO PROPERTY OR OTHER SUFFICIENT MEANS OF LIVING.
6. That you shall be of sane mind; that you shall not be in need of an attendant; that you shall be capable of ministering to your own personal wants; that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE that would render your residence in the Home DANGEROUS to others; that you may SAFELY be quartered with men who are feeble and incapable of self-defence.
7. NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARED FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.

GEORGE W. FOGG,
Superintendent.

W. H. ...

STATE OF ILLINOIS.

Adjutant General's Office,
Springfield, Nov 5 1865

It is hereby Certified, That it appears from the Records of this Office, that
George W. Goodwin enlisted on the 13th day of June 1861
at Joliet, Illinois, and was mustered into the service of the United States as a
Private in Company "D", 20th Regiment, Illinois Infantry
for the period of 3 years on the thirtieth day of June 1861,
Discharged October 16, 1862, of disability.

His residence at date of enlistment is stated as Pontiac, Ill.
This Certificate is issued at the request of John F. Sumbaki, Acting Capt.

of and of Robert Quincy, Ill.
Signed Onward H.
Adjutant General of Illinois.

To all whom it may Concern:



Know Ye, That George M. Goodwin
late Private D Co. 20 Regiment Illinois Inf

a member of THE NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS, who was
admitted on the 16th day of October, one
thousand nine hundred and , is hereby

Honorably Discharged

by reason of his own request

No objection to his readmission is known to exist any Branch
except Pacific

Said George M. Goodwin was born in Pennsylvania
is 84 years of age 5 feet 9 inches high, Dark
complexion, Dark eyes, Gray hair, , and by occupation when
admitted a Labourer

Pensioner at \$ 20.00 per month. Certificate No. 963, 294

Given at Danville Branch, National Home D. V. S.,

this 23^d day of July, 19 08

Governor.

7007

INVALID. 1

I, George M Goodwin, make oath that I am the identical person named in pension certificate No. 96 3294, dated 14 May 907 in my possession and now exhibited; that I performed the service upon which said certificate was issued; that I have not been employed or paid in the Army, Navy, or Marine Corps of the United States during any part of the period for which pension is therein provided or is now due thereon; that I am entitled to and hereby make claim for payment of SIXTY DOLLARS \$60 pension now due, at the rate of 20 dollars per month, from OCTOBER 4, 1908, to JANUARY 4, 1909,

and that my post-office address to which I desire the check in payment mailed is as follows:

Street and No. or R. F. D. route.
 Post office.
 State.

Pensioner's signature must be written here in full as name appears in the head of this voucher.

If pensioner signs by mark or illegibly, two witnesses who write.

State of _____, County of _____, ss:

Subscribed and sworn to before me this _____ day of _____, 1909, and I certify that the pensioner, above named, *has this day exhibited to me his pension certificate*, above described, and was fully identified as the pensioner named therein.

[L. S.]

Magistrate's signature.
 Official character.
 Post-office address. 2480-2476-2482-2485-2495-2524

(Seal must be above this line.)

(If any erasures or alterations appear on this voucher, the magistrate must certify above his signature to the jurat that they were made before its execution.)

3-1000.

\$ 60

From OCTOBER 4, 1908, To JANUARY 4, 1909.

PAYMENT WILL NOT BE MADE ON THIS VOUCHER IF EXECUTED BEFORE THE DATE LAST GIVEN.
 PENSIONER'S NAME MUST BE SIGNED HERE AND POST-OFFICE ADDRESS GIVEN AS ABOVE.

Name.
 Street and No. or R. F. D. route.
 Post office.
 State.

96 3294.

Hospital Illinois Soldiers' and Sailors' Home.

Quincy, Ill. Dec 7 1908

TO THE ADJUTANT:

This is to Certify, That Geo. M. Goodwin Reg. No. 3333

late of Co. S. 20 Reg't Ill. Inf.

died in Hospital age 76 Cause of death Tuberculosis pulm.

Thos. Stuart, M.D. Surgeon.

Illinois Soldiers and Sailors Home.

Quincy, Ill. Dec 6 1908

To the Adjutant:

Geo M Goodwin Co 10 20 Ill Inf Regt.

died in Hospital at S A M., aged 84 years.

Names and address of Relatives and Friends

Reg. No 3333

L S Barnes Hospital Steward.

Illinois Soldiers & Sailors Home.

Surgeon's Office, Aug 19th 1898

To the Superintendent:

I have carefully examined

Geo W Goodwin

late Co. D 20th Reg't Mcduffy

late Co. Reg't

and find him disabled by

Debility of age

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RH Jones
Surgeon

Copy

SHORT WILL.

ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL.

IN THE NAME OF GOD, AMEN.

I, George M. Goodwin of Illinois Soldiers' and Sailors' Home, in the County of Adams and State of Illinois, being of sound mind and memory, and considering the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish and declare, this to be my last Will and Testament.

First. I order and direct that my Executor hereinafter named, pay all my just debts and funeral expenses as soon after my decease as conveniently may be.

Second. After the payment of such funeral expenses and debts, I give, devise and bequeath all worldly goods of which I may die possessed,

to my daughter Mrs J W Morrow 225 Superior St
Cleveland
Ohio

Lastly, I make, constitute and appoint W Somerville Supt of his
Successor in office to be Executor of this my last Will and Testament, hereby revoking all former Wills by me made.

In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the 22 day of August in the year of our Lord One Thousand Nine Hundred eight

(Signed) George M ^{his} Goodwin [SEAL]
_{mark}

This instrument was, on the day of the date thereof, signed, published and declared by the said testator G M Goodwin to be his last Will and Testament, in the presence of us, who at his request have subscribed our names hereto as witnesses in his presence, and in the presence of each other.

(Signed) B F Lawson
(Signed) J O Wrigley