

See "EXPLANATIONS and DIRECTIONS" on Third Page.

# APPLICATION FOR ADMISSION

—TO THE—

## Illinois Soldiers' and Sailors' Home

—AT QUINCY—

### TRUSTEES.

DANIEL DUSTIN, Sycamore, DeKalb County, Ill.  
L. T. DICKASON, Danville, Vermillion County, Ill.  
THOMAS W. MACFALL, Quincy, Adams County, Ill.

### OFFICERS.

J. G. ROWLAND, Superintendent.  
S. B. SHERER, Secretary and Adjutant.  
R. H. CARNAHAN, Quartermaster and Commissary.  
R. W. McMAHAN, Surgeon.  
JAMES D. MORGAN, Treasurer.

STATE OF Illinois  
COUNTY OF Scott } ss.

On this 12th day of October A. D. 1889, personally appeared before me

(1) J. Henson Curcino Clerk within and for the County and State aforesaid,

(2) William H. Henderson aged 56 years; height 5 feet 10 inches, complexion light, eyes Blue, hair Gray a resident of (3) Lynwood

County of Morgan State of Illinois, who, being duly sworn, deposes and says, that he was born in

(4) Present - Canada West and has been enlisted in the service of the United States

(5) One times (during the (6) late Rebellion

war, and honorably discharged from each enlistment, as follows:

No. of Enlistments.	When Enlisted, With Rank.	Where Enlisted, Town and State.	Company and Regiment Mustered in.	Date and Place of Discharge, with Rank,	Cause of Discharge.
1st.	<u>Aug 6 1862</u> <u>Private</u>	<u>Perry</u> <u>County Ill</u>	<u>Co. F 9th</u> <u>Regt Illid</u>	<u>Aug 1865</u> <u>Springfield</u>	<u>New order 96</u>
2d.	18		Co. _____ Regt. _____	18	
3d.	18		Co. _____ Regt. _____	18	
4th.	18		Co. _____ Regt. _____	18	

That he is disabled as follows: (7) Disease of Eyes & Rheumatism

and has been receiving Eight Dollars per month Pension, on Certificate No. 402018 payable at Chicago Ill Agency, from July 7th 1889, and being unable, on account of his disability, to earn his living by manual labor, desires admission to the Illinois Soldiers' and Sailors' Home.

The said applicant further swears, that he has not been engaged in, or aided or abetted the late rebellion in the United States; and that he was not a member of any Soldiers' or Sailors' Home June 15, 1887; and further, that he has been a *bona fide* resident of the State of Illinois for the last two years past. And said applicant further stipulates and agrees that he will abide by and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him, and obey all lawful orders of the Officers of the Home.

WITNESS,

*J. A. Dyer*  
*H. B. Kelley*

(8) *W. H. Henderson*  
 Post Office Address, *Lynnville* Ill.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to *W. H. Henderson* before he executed it.

(11) *John G. Johnson*  
*Lieutenant Colonel*

**CERTIFICATE OF IDENTIFICATION.**

(9) The following Certificate must be signed by the Mayor or City Clerk of the city, or by a County Officer, or by a Justice of the Peace, and attested by an official seal.

I HEREBY CERTIFY that I know the above named *W. H. Henderson* and that I believe the declaration signed by him to be true.  
 (9) *B. S. Bradley*  
*County Clerk*

**SURGEON'S CERTIFICATE.**

I certify that I have carefully examined (2) *William H. Henderson*  
 Co. *1st Reg't Ill vols* Volunteers, and that he is (10) ~~permanently~~ temporarily disabled for obtaining his subsistence by manual labor.  
 Date of Injury or Disease, *Last year attack Oct* day *2<sup>nd</sup>* 188*9*  
 Place of *Linnville Morgan Co* State of *Illinois*  
 Character of Disability, *Rheumatism in both knees & left hip & ankle*  
 Complications, \_\_\_\_\_  
 Present condition of Applicant, *Is unable to walk without assistance of cane or other assistance, left knee swollen & painful*

*State of Illinois*  
*Morgan County*  
 Sworn to and subscribed before me, this *15<sup>th</sup>* day of *October* A. D. 188*9*, and I hereby certify that the said *E. L. Herriott* is known to me as a Surgeon in actual practice and reputable in his profession.

(10) *E. L. Herriott*, SURGEON.  
 (11) *John C. Williams*  
*County Clerk*

Occupation, Labourer } NAME AND ADDRESS OF NEAREST RELATIVE,  
 Married or Single, Married } Susan Henderson  
 [If a widower, so state.] }  
 Children under 16 years, none } Lynnville Morgantown

**ORDER FOR ADMISSION.**

The above application is ~~hereby~~ <sup>readmitted</sup> approved, and (2) William H. Henderson, 1896.  
D Co., 99 Reg't 1st Vols., will be admitted to the Illinois Soldiers' and Sailors' Home at Quincy.  
W. H. Wood  
 Superintendent Illinois Soldiers' and Sailors' Home.

**EXPLANATIONS AND DIRECTIONS.**

THE FIGURES IN THE BODY OF THIS APPLICATION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED IN FILLING THE BLANKS.

1. Name and Title of Magistrate.
2. Applicant's Name.
3. Post Office Address.
4. Town, County, State (or Nation).
5. State the number of times actually mustered into the service of the United States.
6. Give the name of the War, (Mexican, or Civil).
7. *Here state minutely the cause and nature of the disability; if by wounds, state the nature of the wounds, and when and where received; if by disease, state the nature of disease, and when and where contracted.*
8. Signature of Applicant and Post Office Address. Two witnesses are required if he makes his mark.
9. This Certificate must be signed by the Mayor or City Clerk of the City, by a County Officer, or Justice of the Peace of the Town in which the applicant resides. No application will be approved until this direction has been complied with.
10. If the Certificate of Examination is officially signed by a Surgeon-General of a State, or by a United States Examining Surgeon, or by a Surgeon designated for that purpose by the Superintendent of the Home, it need not be sworn to. One of the words "permanently" or "temporarily" in the Certificate must be erased by the Surgeon.
11. Official Signature of Magistrate or Notary.

*The soldier or sailor making this application, must forward to the Superintendent his Discharge, or a certified copy thereof from their last enlistment, and Pension Certificate, before his application will be approved. These papers will be retained by the Superintendent, and returned to the member when he is discharged. This rule is adopted to prevent the loss of such papers and certificates, and to hinder fraudulent practices.*

After filling out this application and executing it as above directed, forward it, with the other papers, to the Superintendent, whose name is printed on the first page of this sheet.

Winchester Ills Feb 14-90

Command Lott

Sir Please send me a  
Furlow to Restroom at will fore I  
am laid up with the Rheumatism at  
Present am not able to get about  
My Pass will be out by the time you  
get this My No 1379 if there should  
any Maile come fore me Please  
forward it to Winchester Ills and  
Oblige yours Truly F to V S  
W H Henderson

Em  
Em Em  
Em Em Emmal

Officers & Sailors

Surgeon's Office 255 11. 1889.

The Superintendent:  
I have carefully examined  
W H. Henderson  
of Co. 7th Regt Ill. Inf  
of Co. \_\_\_\_\_ Reg't

and find him disabled by dis-  
ease of eyes + rheu-  
matism. Right  
knee + ankle some-  
what swollen.  
The disability en-  
titled him to ad-  
mission to the home.  
Eyes apparently weak,  
not inflamed.

R W M. M. M. M.  
Surgeon



### Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. June 2<sup>nd</sup> 1919

To the Adjutant:

THIS IS TO CERTIFY, That Wm H Henderson Reg. No. 1359

late of Co. F. 99 Reg't Ill Inf

died in ward F. Cause of death General Arterio Sclerosis

June 2<sup>nd</sup> 1919 - 8 a.m.

A. F. Burnham

Surgeon

### Illinois Soldiers' and Sailors' Home

Soldiers Home Hospital, Ill. June 3<sup>rd</sup> 1919

To the ~~Funeral~~ Sept 1359

The Funeral of Wm H Henderson F 99 Ill Inf

will take place at 1 P.M. June 4<sup>th</sup> 1919

Gail S Webster

Hospital Steward

### Illinois Soldiers and Sailors Home.

Quincy, Ill. June 2<sup>nd</sup> 1919

To the Adjutant:

Wm H Henderson Co. F 99 Ill Inf Reg't

died in Hospital at 8 A.M., aged 89 years.

Names and address of Relatives and Friends Frank A Henderson

Hendrickson, Netro

Reg. No. 1359  
1379

Gail S Webster Hospital Steward.

DUPLICATE

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *Wm H Anderson* Reg. No. *1379* Co. *7* Regt. *99 Ill Cav* State

Date			Cot. No.	Person to Be Notified in Case of Death	P. O. ADDRESS	RELATIONSHIP	REMARKS
Month	Day	Year					
<i>June</i>	<i>2</i>	<i>1919</i>					

## COTTAGE INVENTORY

Sergeant, Cottage No. \_\_\_\_\_

Received the above described personal effects of \_\_\_\_\_

Registry No. \_\_\_\_\_

Hospital Steward \_\_\_\_\_

## HOSPITAL RECORD

Received, June 4, 1919,  
Effects as inventor of heron  
by gift of  
Wm. Henderson,  
son of her at law

HOSPITAL INVENTORY

1 Bundle and Contents  
1 Gold watch and Chain with fastener  
Cash \$ 2<sup>60</sup> in Bank

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

Wm. H. Henderson Deceased.

Gail J. Webb Hospital Steward

Approved:

W. H. Spencer Adjutant.