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HEADQUARTERS

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS.

October 14 1903

Robert Johnson, (9) of the town of Capan, in the County of Morgan and State of Illinois, formerly a Soldier of the United States of America, in the war against (1) the Late 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 63 years old; that he is 6 feet and 1 inches high; that he is of Ruddy complexion, Blue eyes, and Gray hair; that he was born in the town of Near Manchester in the State of Illinois, on the 20 day of October, 1840 that he has been (2) once enrolled in the U. S. A. service; in the war against Rebel, and in the war or 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.	August 6 1862 Manchester Ill	July 12 1865 Mobile Ala	Private	Co. 9/ Regt. Ill	Close of war
2d.				Co. Regt.	
3d.		35 mo		Co. Regt.	

That he now receives, on pension certificate number 842203, a pension of Twelve dollars a month, payable the 11 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 Attorney.

That he has (4) no wife; that he has no children now living; ages, respectively, (5) years. That his postoffice address is Capan, State of Illinois; that his nearest railway station is Capan, on the CB & Q. 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 John Dickens, of Capan, County of Morgan, State of Ill; that, in case of his death, he desires all his personal effects to be sent to John Dickens, at Capan 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) No other.

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) General debility - Injury from broken ribs 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 any 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 14 day of October 1903. (9) Joseph N. Shahan Witness. (8) Robert Johnson Applicant.

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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 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) \_\_\_\_\_, Affiant.

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

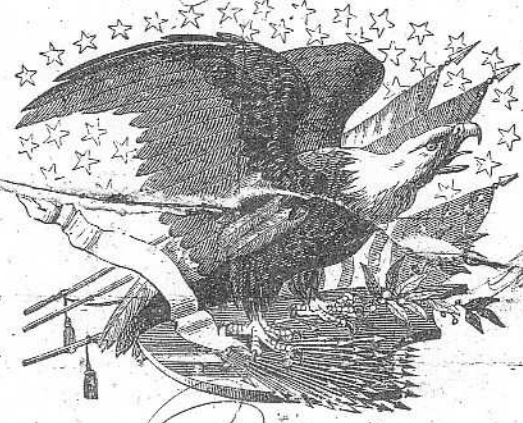
I hereby certify upon honor that I carefully and critically examined \_\_\_\_\_ the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_, 1903; and that I then found him to be of \_\_\_\_\_ sound mind, and to be capable of earning his living by reason of his physical disability arising from (17) \_\_\_\_\_

*Robert Johnson*  
*Wednesday*  
*14th* day of *October*, 1903; 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) *chronic rheumatism*  
*Suffered a fractured rib recently. Says he was treated by Dr. Wharton of Jacksonville.*

Witness my hand *D. M. London* Home Hospital Surgeon.

whom it may *Little* Concern

*Family*



*Discharged* Dec. 27 1862

*March 27 or April 1862*

*Paid July 27 1865*

Know ye, That *Robert Johnson*  
*Private* of Captain *C. J. Pearce's*  
Company, (G.) 9th Regiment of *Missouri* Infantry  
VOLUNTEERS who was enrolled on the *sixth* 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 *19th* day of *July*, 1865, at *Mobile*  
*Alabama* by reason of *Gen. Order 64 Vol. 20 Mil. Dir. West Miss. May 30 1865*



(No objection to his being re-enlisted is known to exist.)\*

Said *Robert Johnson* was born in *Scott County*  
in the State of *Missouri*, is *22* years of age;  
*6* feet — inches high, *Fair* complexion, *Blue* eyes,  
*Light* hair, and by occupation, when enrolled, a *Farmer*

Given at *Mobile Ala.* this *Twelfth* day of  
*July* 1865

*A R Wood*

*Comd'g Lt Col M 8th Dir 18th Ab*  
Commanding the Reg't

\* 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.]

*Chas J. Reader*  
*Capt. Conroy Company*

*1907*  
*1862*  
*45*  
*22*

Jacksonville Ill

Aug 11 - 1920

Mr John Woodard Sargent

I will write a few  
lines in regard to my  
Transportation Card  
as I was going up town  
to see about the ticket.

I lost the Transportation  
Card so I am asking  
you to send me a  
discharge. I am much  
better than when I came  
over here I want to know  
if your medicine did  
you any good I am  
not taking mine as  
I am Doctoring with



a Dr here and I am  
so much better but  
not so heavy as I was.  
Write and let me  
know how you are  
and all the boys.

Who is the preacher?

Tell all hello for me

Yours Respectfully

Robt Johnson

500 West Morton Ave

Jacksonville Ill

# Illinois Soldiers' and Sailors' Home

Quincy, Ill., Jan

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To the Adjutant:

Robert Johnson Co. G 91 Ill Inf Regt.

died in Hospital at 2<sup>15</sup> A.M., aged 83 years.

Names and addresses of Relatives and Friends Mrs Acta Morrow (neé)  
Jacksonville Ill 851 Goultrie Av

Reg No. 6497

Gail L Webb Hospital Steward

(18516-1M-4-19)

## Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. Jan 30 1924

To the Adjutant:

THIS IS TO CERTIFY, That Robert Johnson Reg. No. 6497

late of Co. H Reg't 91 Ill Inf

died in Hospital 82 Cause of death Broncho Pneumonia

R. H. Jacobs  
Surgeon

## ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., October 1903

*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.
<u>Robert Johnson</u>	<u>6497</u>	<u>G</u>	<u>91</u>	<u>Ill</u>	<u>Inf</u>	<u>842203</u> <u>Robert Johnson</u> <u>mark</u>	<u>Joseph M. Shaha</u>

**SIX MONTHS AFTER DATE**  
**ILLINOIS SOLDIERS & SAILORS HOME**

QUINCY, ILL., Aug 12 1920

Robert Johnson

Co. 991 Reg't Ill Inf Register No. 6497 Cot. 3

is hereby \_\_\_\_\_ honorably DISCHARGED from this Home by

reason of His O.R. on Eur

W. H. Spencer

ADJUTANT

John Blundie

SUPERINTENDENT

**NO READMISSION UNTIL**  
<sup>Three</sup> ~~SIX~~ **MONTHS AFTER DATE**

**ILLINOIS SOLDIERS & SAILORS HOME**

QUINCY, ILL., May 10 1918

Robert Johnson

Co. 91 Reg't Ill Inf Register No. 6497 Cot. N

is hereby \_\_\_\_\_ honorably DISCHARGED from this Home by

reason of Our Request

W. H. Spencer

ADJUTANT

John Blundie

SUPERINTENDENT

DUPLICATE

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *Robert Johnson* Reg. No. *6497* Co. *A* Regt. *91* *Ill* State

BAKER-VAWTER CO. MANUFACTURERS CHICAGO-INDYORE

MONTH	DATE		Cot No.	PERSON TO BE NOTIFIED IN CASE OF DEATH.	P. O. ADDRESS	RELATIONSHIP	REMARKS
	DAY	YEAR					
<i>Jun</i>	<i>30</i>	<i>14</i>					

## COTTAGE INVENTORY

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

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

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

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

## HOSPITAL RECORD



HOSPITAL INVENTORY

1 Suit case & contents \$ 80  
1 Gold watch w chain 18 80 cash  
1 Bundle

Rec'd  
4/26/24  
Altie Moore.

I hereby certify that the above is a true and correct inventory of the personal effects of Paul Johnson Deceased.

Paul Johnson Hospital Steward

Approved: \_\_\_\_\_ Adjutant