

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

Myron St. Lamb....., (0) of the town of Chapin..... July 26th 1915...
 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
 declares and states the facts to be that he is now 79 years old; that he is 5 feet and 9 inches high; that he is
 of Straight complexion, Gray eyes, and Gray hair; that he was born in the town of
 Wayne Co. in the State of New York, on the 1st day
 of October, 1836.; that he has been (2) once enrolled in the U. S. A. service;..... in the
 war against....., 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.	Sept. 2, 1864 Bathel, Ind.	June 7, 1865 Washington, D.C.	Capt	Co. E, 101 Regt Ill. Inf	Close of War
2nd.				Co. Regt.	
3rd.				Co. Regt.	

That he now receives, on pension certificate number 211,947, a pension of \$10.00 dollars a month,
 payable the 1st day of next October, 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 Pension Attorney

That he has (4) a wife; that he has no children now living; ages, respectfully, (5)
 years. That his postoffice address is Chapin, State of Illinois; that his nearest railway station
 is Chapin, on the C. & 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 Julia Lamb, of Chapin, County of Morgan, State
 of Illinois; that, in case of his death, he desires all his personal effects to be sent to his wife
 Julia Lamb, at Chapin, County of Morgan, State of Illinois.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, ex-
 cepting 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) Rupture, defective vision and Old age

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 26th day of July 1915...
 (9) Robert E. Farr Witness.
 (8) Myron St. Lamb Applicant.

STATE OF ILLINOIS

SS

County of a (10).....

to 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 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..... Myron H. Lamb the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on..... Sunday the..... 25..... day of..... July....., 1915.; and that I found him to be of. ..sound mind, and to be ..capable of earning his living by reason of his physical disability arising from (17).....

Old age

Witness my hand.....

Res. Jacobs. Home Hospital Surgeon.

Chapin, Ill., Oct. 9, 1912.

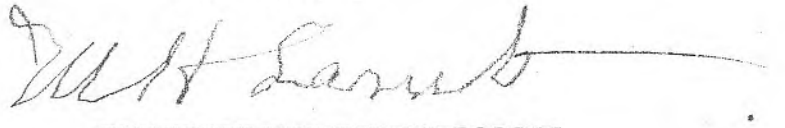
Dear Colonel and Comrade:-

Herewith I hand you my application for admission for myself and wife to the Home and hope you may be able to admit us, by the last of this month. Possibly in time for the Thanksgiving Dinner, for which I will cheerfully return thanks.

I trust with this fine weather, you have been enable to have two or three of those cottages remodeled, so that we may be located to-gether. If you have time, Colonel, drop me a few lines giving me the outlook.

Will bring the other papers necessary, with me when I come.

Fraternally your's,
in F C & L



Dict HOW

RECEIVED

MAR 10 1913

Chapin Illinois

March 7th 1913

Col J. L. Anderson

Auft. Ill. S. S. House

Dear Col.

The foreman of my wife's relatives this past winter and her poor health has prevented our coming to the home. I therefore write you to ask if we can come over later perhaps sometime in May. also to ask if I can retain the transportation until we decide to come? as I notice it is unlimited.

Very respy

W. H. Lewis

P.S. if the above is OK please return my pen and other papers as I may need them in a former letter you stated I could when ready.

Received by Mrs. Lewis returned 10-10-13

Chapin, Ill. Nov. 27, 1912.

Dear Col. & Comrade :-

Yours of November 25th received. I certainly have something to return thanks for - but it will take me 5 or 6 days to close up my affairs here. I note what you say regarding baggage "and will take due notice thereof and govern myself accordingly." I shall try to reach Quincy the last of next week - Dec. 5th or 6th - Will drop you a card the day before I leave here.

M.H. Lamb, Late Capt. Co. E "

101 Ill. Inf.

Dictated.

Later -

My first application was sent in with my pension etc - duly executed signed by L. Smith, M.D. before H. P. McKinney, N.P.

Yours

M.H. L.

Later

I can add that the
County Clerks sight
became defective at
the date mentioned
as several errors
wer detected 23 years
ago and he being
rather an intemperate
man became almost
totally blind -

Hastely yours

M. H. L.

Dictated

Chapin Ill.
Dec. 6 - 1912.

Dear Sir:-

Illness of one or
two friends of my wife
and her in this position
also will prevent our
coming over next week
But I will be there
about next Thurs.
I deem it my duty
to in form off this
so you may not retain
the room intended for
us. Very Hastily Yours
M. N. Lamb.

Illinois Soldiers and Sailors Home.

Quincy, Ill., Aug 7 1915

To the Adjutant:

M A Lamb Co. E 101 Ill Inf Regt.

died in Hospital at 7 P M., aged 78 years.

Names and address of Relatives and Friends

Reg. No. 10662

S Barnes Hospital Steward.

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill., Aug 12 - 1915

TO THE ADJUTANT:

This is to Certify, That M. H. Lamb Reg. No. 10662

late of Co. E (Capt.) 101 Reg't, Ill. Inf.

died in Hospital - Age 78. Cause of Death Enteritis

R. H. Jacobs

Surgeon.

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of Myron H. Lamb

Reg. No. 10662 Co. B Regt. 101 Ill. Inf. State

BAKER-VANTER CO. MANUFACTURERS CHICAGO-HOLYOKE

DATE			Cot No.	PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
MONTH	DAY	YEAR					
7	25	15	Hos.	Mrs. M. H. Lamb	Chapin, Ill.	Wife.	

COTTAGE INVENTORY

B. S. Barnes Sergeant, Cottage No. *H*

Received the above described personal effects of *Myron H. Lamb*

Registry No. *10662*

B. S. Barnes Hospital Steward

HOSPITAL RECORD

Died 7:25 P. M. ~~Aug.~~ 11, 1915.

HOSPITAL INVENTORY

Received personal effects, consisting of 1 telescope,
1 suit case and watch & chain.

H. V. R. Meyer
Friend.

I hereby certify that the above is a true and correct inventory of the personal
effects of Myron H. Lamb Deceased.

Approved:

G. S. Barnes Hospital Steward

_____ Adjutant