

# APPLICATION FOR ADMISSION — TO THE — ILLINOIS SOLDIERS AND SAILORS HOME, AT QUINCY.

**TRUSTEES.**

WILLIAM STEINWEDELL, Pres., Quincy, Ill.  
LEWIS B. PARSONS, Flora, Ill.  
JAMES A. SEXTON, Chicago, Ill.



**OFFICERS.**

GEORGE W. FOGG, Superintendent.  
JAMES S. MORGAN, Treasurer.

Before filling in the blanks read carefully the explanations and directions on the margin, and extracts from the rules on third page.

Army Discharge, or Certificates of Service, or Pension Certificate, must be sent with this application and all the directions carefully complied with, or the application will be returned, and much delay result.

**DIRECTIONS.** STATE OF Illinois  
Fill all the blank spaces carefully. COUNTY OF Cass } ss.  
On this 21<sup>st</sup> day of October A. D. 1893, before me  
Charles Lee a Notary Public within and for the County and State aforesaid,  
[Name and Title of Magistrate.]  
personally appeared Mont H Longfellow aged 54 years, height 5 feet 10  
[Name of Applicant.]  
inches, complexion dark, eyes Hazel, hair brown, a resident of Meredosia  
County of Morgan State of Illinois, who being duly sworn, deposes and says, that he was born in  
Fogwell County Illinois and has been enlisted in the service of the United States  
One times during the war of 1861 and 1865  
war; and was honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

No. of Enlistments.	When Enlisted, With Rank.	When Enlisted—Town and State.	Company and Regiment Mustered in	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>Oct 13 1864</u> <u>Private</u>	<u>Oct 13 1864</u> <u>Rock-Selma</u> <u>Illinois</u>	<u>Co. 2<sup>nd</sup></u> <u>Regt. U.S. Inf. 5<sup>th</sup> Kas. Pri</u>	<u>Nov. 7 1865</u> <u>St. Louis, Mo.</u> <u>Kas. Pri</u>	<u>Telegraphic instructions from War Dept dated Oct 27 '65</u>
2d.	..... 18	.....	Co..... Regt.....	..... 18	.....
3d.	..... 18	.....	Co..... Regt.....	..... 18	.....

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

Here the applicant should state, in his own way, what his disability is.

That he is disabled as follows: injury to chest and lumbar  
neuralgia of right side

If no pension is received, so state.

and has been receiving \$ 8 00 Dollars per month, pension, on Certificate No 850235  
payable at Chicago Agency, from ..... 18.....

The applicant further states that he has no property nor means of support, and being unable on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The applicant must sign this, and swear to the statement.

The said applicant further swears that he has not been engaged in, or aided, or abetted, the late Rebellion in the United States; and further that he has been a bona fide resident of the State of Illinois for the last two years. 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:

Have two witnesses sign and fill all the blanks carefully

*C. Lee*

*John Husted*

*William H Longfellow*

Nearest R. R. Station *Mercedia* On what R. R. *Trabush*  
Post-office Address *Mercedia* Ill.

To be sworn to before an officer having a seal, or a J. P.

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 *Wm H Longfellow* before he executed it

[Name of Magistrate.] *Henry P. [unclear]*

Read? *yes* Write? *yes*

Occupation *Farmer*

NAME AND ADDRESS OF NEAREST RELATIVE.

Married or Single *Single*  
[If a widower, so state.]

*Martha Luzader* (Relation) *Sister*

Fill all these blanks carefully.

Children under 16 years *none*

(Address) *Beardstown, Cass Co. Ill.*

CERTIFICATE OF IDENTIFICATION.

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, a Mayor or City Clerk, or by a County officer, or by a Justice of the Peace, and attested by seal.)

This is very important. Have it signed as directed.

I HEREBY CERTIFY that I have known the above named *Wm H Longfellow* for the last two years past, and that I believe the declaration signed by him to be true, and I further state that he is not mentally afflicted so as to require a special attendant, and can safely be quartered in a sleeping room with others.

*C. Pilger*  
(Give Official Title) *City Clerk*

LOCAL PHYSICIAN'S CERTIFICATE.

This is to be filled out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.

I certify that I have carefully examined *Wm H Longfellow*  
Company *D. Co* Regiment *U.S. Inf. 2d* Volunteers, and that he is disabled as follows.

Character of Disability *Injury to chest & lungs. Neuralgia of right side*

Complications \_\_\_\_\_

Present Condition of Applicant *Emaciated.*

If signed by U. S. Examining Surgeon this need not be sworn to.

I further certify that said Applicant is sane, and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

*Chas. Bellman* SURGEON.  
*Surgeon Co. Am. Cav. Regt.*

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ A. D. 189\_\_\_\_, and I hereby certify that the said \_\_\_\_\_ is known to me as a Surgeon in actual practice and reputable in his profession.

ORDER FOR ADMISSION.

The above application is hereby approved, and *William H Longfellow*  
*2d* Co. *2d* Reg't *U.S. Inf.* Vols., will be admitted to the Illinois Soldiers and Sailors Home at Quincy.

*George W. Fogg*  
Superintendent Illinois Soldiers and Sailors Home.





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Mrs. HENRY W. [unclear],  
844 West College Ave., Jacksonville, Ill.



Apr. 9. 1934

Veteran's Home . . . Seeley  
Quincy Ill.

Dear Sir: Will you please send me  
any record you have of William  
Long fellow, pensioned. Aint War  
Veteran?

Thanking you for

a prompt reply I remain.

Very sincerely—  
Glady's R. McPherson  
Mrs Wm. Wallace M. Pherson  
6726 HONORE ST.  
Chicago.

April 11, 1934.

Mrs. William Wallace McPherson,  
6726 Honore Street,  
Chicago, Illinois.

Dear Madam:

In reply to your letter of April 9th be advised that our records show that William H. Longfellow, who served as a Private in Co. I, 2d U. S. Inf., from October 13, 1864 to November 7, 1865 was first admitted to this institution November 27, 1893. At that time he was a resident of Meredosia, Morgan County, Illinois, and he resided here during various period until September 4, 1911 when he was discharged from the Home at his own request. The records further show that his pension certificate was No. 850,235. In November 1910 he gave as his living relatives, a niece, Mrs. B. R. Vonarx, Beardstown, Illinois. Our records fail to show any date of death.

If this veteran has died and you can supply the name of the place and date of death we will appreciate it as it will enable us to complete the records.

Trusting this is the information desired, I am

Very truly yours,

Kenneth A. Elmore,  
Managing Officer.

AWM\*IF

Illinois Soldiers & Sailors' Home.

Surgeon's Office, Nov. 27 1893

To His Excellency

I have carefully examined  
Wm H. Longfellow  
late Co. I 2<sup>nd</sup> U.S. Inf  
late Co. Reg't

and find him disabled by congestion  
of liver and gastric and  
intestinal indigestion result-  
ing in rapid loss of flesh  
and strength. His dis-  
ability is sufficient to  
entitle him to admission  
to the Home.

E. B. Montgomery  
Surgeon

Admitted: -  
George M. Hogg,  
Supt.

Illinois Soldiers & Sailors' Home.

Surgeon's Office, Dec 8<sup>th</sup> 1897

To the Superintendent:

I have carefully examined  
Wm H. Longfellow  
late Co. I 2<sup>nd</sup> U.S. Inf  
late Co. Reg't

and find him disabled by slight  
injury to right side  
by G.S.W. and alleged  
Rheumatism

R. H. Jones  
Surgeon

