

REGISTER No. 5256

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS.

Joseph Miller
Jacksonville Ill
Private Co. A 8th Reg't N.Y. Cav

Co. Reg't

Co. Reg't

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Admitted Jan 18th 1902

May 17 1904 Disch^d on furl

July 1st 1904 Re admitted

Nov 24 1906 Dis^d Dis^d

Jan 16 1907 Re admitted

Died in Hospital Aug 13 1907

#2479 Interred

Josephus Miller

Priv Co. I. 8th N.Y. Cav.

Aug 21st 1917

Div 6.

Row 14.

Letter C. George W. Effers

Quincy, Ill., Aug 19 1917

To the Adjutant:

Josephus Miller I Co. 8. N.Y. Cav. Regt.

died in Hospital at 9:30 M., aged 82 years.

Names and address of Relatives and Friends Lillian Orzech, daughter
Quincy Ill. 9th Ave 1516 N. 3rd

Reg. No. 5256 W. Conner Hospital Steward.

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill., Aug 19 1917

TO THE ADJUTANT:

This is to Certify, That Josephus Miller Reg. No. 5256
late of Co. D 8 Reg't. N.Y. Cav.

died in Hospital Oct 82 Cause of Death Chronic Bronchitis
R.H. Jacobs Surgeon.

Illinois Soldiers and Sailors Home.

Adjutant Soldiers Home Hospital, Ill., Aug. 20 1917

~~To the Farm Supt:~~

The Funeral of Josephus Miller

will take place at 2 P.M. Tuesday Aug. 21

at Lippencott Hall W. Conner Hospital Steward.

PROVOST COURT.

HEADQUARTERS
ILLINOIS S. AND S. HOME,
QUINCY, ILLINOIS.

Nov 23 1906

Accusation against Josephus Miller

Register No. 5-286 Cottage No. _____

Charge 1st Absent without leave

Specifications: That He left the Dairy

without permission at 9.30 A.M. this date
and at this 6 P.M. is still absent

Charge 2nd _____

Specifications: That _____

Returned from duty at 4.30
hours during the night of Nov
23d Sgt. Sparks

J. N. Misegadis ²⁵ Serg't Provost Guard.

Plea to Charge 1st Guilty Finding Guilty

Plea to Charge 2nd _____ Finding _____

Penalty Five days work without pay
to pass Dec. if W. Conville
Supt

WITNESSES FOR

5286
Joseph Miller
"Daisy"
Kott 25

WITNESSES AGAINST

Serjt Alvin Stokes
John Lunn

SHORT WILL.

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

IN THE NAME OF GOD, AMEN.

I, Joseph Miller 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 hereafter 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
Mary Miller
Adams, Ill

Lastly, I make, constitute and appoint William Souville, Secy, or 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 16 day of July in the year of our Lord One Thousand Nine Hundred Seven

(Signed) Joseph Miller [SEAL]

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

(Signed) B.F. Dawson
J.E. Winger

IN THE NAME OF GOD, AMEN.

Illinois Soldiers and Sailors Home, Quincy, Ill.

I, Josephus Miller Soldiers & Sailors Home, Quincy 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 my worldly effects of whatever kind I may die possessed to my son John Miller

Lastly, I make, constitute and appoint Mr. Semerall Supt. or his successor in office on his personal bond 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 1st day of June in the year of our Lord, One Thousand ~~Eight~~ Min Hundred and

Josephus Miller 

This instrument was, on the day of the date thereof, signed, published and declared by the said testator Josephus Miller 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.

B. F. Harrison
J. E. Knight

Will of

Josephus Miller

— HEADQUARTERS —
Illinois Soldiers and Sailors Home,
QUINCY, ILLINOIS.

June 6th 1900

Josephus Miller (1) of the Town of JACKSONVILLE, in the County of MORGAN; and State of ILLINOIS, 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 66 years old; that he is 5 feet and 7 inches high; that he is of light complexion, hazel eyes, and dark hair; that he was born in the town of _____ in the _____ County of Portage Ohio on the 10th day of Dec 1834; that he has been (2) once enrolled in the U. S. A. service; _____ in the war against Rebellion, 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 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.	April 11, 1865	June 27, 1865		Co. "I" Regt. 8 th NY Cav	
2d.	Buffalo NY	Alexandria Va	Sergt.	Co. Regt.	Loss of man.
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 50 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 Farmer

That he has (4) no wife; that he has 9 children now living; ages, respectively, (5) all over 16 yrs years. That his postoffice address is JACKSONVILLE, State of Illinois, that his nearest railway station is JACKSONVILLE, 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 John Miller of JACKSONVILLE, County of MORGAN, State of ILLINOIS, that, in case of his death, he desires all his personal effects to be sent to John Miller at JACKSONVILLE, 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) 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) Disease of eyes, kidneys and back

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 6th day of June 1900

(8) W. J. Morrison
 Witness.

(9) Josephus Miller
 Applicant.

STATE OF ILLINOIS,

COUNTY OF MORGAN. } ss.

I, J. L. Simms, a (10) Notary Public

of the town of JACKSONVILLE, 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.

Subscribed and sworn to before me, this 6th day of June, A. D. 1900. Witness my hand and official seal. L. S. J. L. Simms (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Josephus Miller 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) Samuel Stewart (14) City Clerk

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, Josephus Miller, as to his disability, and I now find that he has (15) no affection of the spine the result of an injury of the back 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.

Subscribed and sworn to before me, this 6th day of June, 1900. And I certify that I am personally acquainted with said affiant B. C. Campbell M.D. 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. J. L. Simms Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Josephus Miller the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Monday the 6th day of June, 1900, and that I then found him to be of sound mind, and to be unable of earning his living by reason of his physical disability arising from (17) Rheumatism

Witness my hand, J. Golden Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

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.....day of....., 1.....

Superintendent.

HOW TO FILL APPLICATION BLANKS.

0. Give full name of the Applicant.
1. Either "Mexico, the late Rebellion, or Spain."
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, *in his own words*, 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 *his* name.
10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."
11. Here Applicant will sign his *full name*, 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 here will state tersely, but fully, as far as he can learn, *every* cause or disorder that tends in any degree to render the Applicant *incapable of earning his own living*.
16. Name and official title of Notary or Justice.
17. Here state *minutely* what disorder, ailment, disease, or cause, it is that, in your judgment, *disables the Applicant and renders him incapable of earning his own living*.

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 otherwise, *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 found 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, the late Rebellion, or the Spanish War.*
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, or served in an Illinois organization.*
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 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.*

Superintendent.

MAY 17 1960

Register No.

.....

APPLICATION FOR ADMISSION
— TO THE —
Illinois Soldiers and Sailors Home

Application Approved by

.....

Superintendent.

Admission Granted, I

Handwritten notes and numbers on the right side of the page, including a vertical line and numbers such as 71, 11, 63, 9, 11, 69, 119.