

REGISTER NO.

8991

10

ILLINOIS SOLDIERS AND SAILORS HOME
QUINCY, ILLINOIS.

William L Miller
Jacksonville Morgan Co Ills
Reg't 106 Ill Vol Inf

Co. Reg't

Co. Reg't

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640.507 Will /

Admitted

Mar 9

1960

Disced Jan May 26th 1913

Pr. a. Feb. 19th 1915.

Dis. O. Pr. Sept. 9. 1916.

R. A. Mar 12 1917

Died in Hosp. March 19. 1920

2729

William L. Miller

Co. 106 - 1st Inf.

Was buried in Co. 5

Row 8 1/2 Section 1

Mar 23-1920

Age 80

Ed. O'Brien

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., Mar 9 1920

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 Certificates	WITNESS
William L Miller	8991	D	106	Ill	35-	640.507	B H Lester

Illinois Soldiers' and Sailors' Home

Soldiers Home Hospital, Ill., Mar. 22 19120

To the Farm Supt: Adj.

The Funeral of Wm L Miller Co D, 106 Ill Inf

will take place at 1 P.M. March 23^d, 1920

Gail Webber, Hospital Steward

Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. March 20 - 1920

To the Adjutant:

THIS IS TO CERTIFY, That Wm L. Miller Reg. No. 8991
late of Co. D. Reg't 106 Ill Inf.

died in Hospital Act 50. Cause of death Facial Erysipelas
R. H. Jacobs.
Surgeon

Illinois Soldiers' and Sailors' Home

Quincy, Ill., March 19 - 1920

To the Adjutant:

Wm L. Miller Co. D 106 Ill Inf Regt.

died in Hospital at 7³⁰ P.M., aged 50 years.

Names and addresses of Relatives and Friends Mrs Maggie Mattingly (Aster)
Webster St near 9th Jacksonville, Ill

Reg No. 8991

Gail J. Webb Hospital Steward

STATE OF ILLINOIS, }
COUNTY OF ADAMS. } ss.

In the matter of the relationship of William L Miller

_____, being first duly sworn according to law,
deposes and says that he formerly resided at Jacksonville Illinois,
that he is single married, that his wife, _____
resides at _____, and that the names, relationship and
residences of all, and the relations only, of affiant who would be his heirs in the event of his death,
at this time, are as follows, to-wit:

NAMES.	RELATIONSHIP.	RESIDENCE.
/		

And further affiant saith not.

Subscribed and sworn to before me, this

William L Miller
9th day of March

A. D. 1910

H. Lester
JP

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *Wm L. Miller* Reg. No. *8991* Co. *D* Regt. *106* *Ill* *Ill* State.

Month	Date		Col. No.	Person to Be Notified in Case of Death	P. O. ADDRESS	RELATIONSHIP	REMARKS
	Day	Year					
<i>Mar</i>	<i>19</i>	<i>1920</i>					

COTTAGE INVENTORY

*1 Hand Bag contents
1 Bundle*

to sister, Ill

Sergeant, Cottage No. *19*

Received the above described personal effects of _____

Registry No. _____

Hospital Steward

HOSPITAL RECORD

HOSPITAL INVENTORY

*1 Case
1 Watch & chain with buckle*

\$17.29 in Bank

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

Wm L. Miller Deceased.

Gail J. Weber Hospital Steward

Approved:

W. H. Spencer Adjutant.

*shipped Mar 29, 1920
morgant material*

17 27 21/20
8991

Jacksonville, Fla
Mar 26, 20.

Supt of Home:-

Dear Sir:-

In regard to the
Telegram received pertaining to
the death of Wm L. Miller 106
regiment Ill. Infantry volunteer
I wish to say I am the only living
sister of the man. I was very
much shocked at the receipt
of the Telegram.

Please send to me his cloth-
ing and such articles as I can
use. His suit cases also.

The rest of his stuff you could
sell and send me the money
also if he has any money in
the bank please draw it out
and send it to me.

If you auction of his things that
will release the rooms he has
rented. I am past 83 yrs old
so could not come over there
at the time of his death.

Yours Truly
Margaret Mattingly
(over)

Margaret Matingly
439 Webster Ave

Jacksonville,
Ill.

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

March 9 1910

William L Miller (0) 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 70 years old; that he is 5 feet and 8 inches high; that he is of Dark complexion, Blue eyes, and Sandy hair; that he was born in the town of Springfield in the State of Ohio, on the 12th day of November 1839; that he has been (2) times 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.	Not Pulaski	Pine Bluff Ark	Pri	Co. 106 Regt. 2nd Inf	Ex of Service
2nd.	Aug 1st 1862	July 17-1865		Co. Regt.	
3rd.		(3rd)		Co. Regt.	

That he now receives, on pension certificate number 640507, a pension of Fifteen dollars a month, payable the 4th day of next May, at the Topeka Kan 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 Carpenter.

That he has (4) no wife; that he has no children now living; ages, respectfully, (5) years. That his postoffice address is 638 Home Quincey, State of Illinois; that his nearest railway station is Quincey, on the B & O Wabash Railway, in Adams 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 Maggie Mattingly, of Jacksonville, County of Morgan, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to same, at County of State of.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) Leavenworth Kansas.

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) Nervous Trouble &c

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 9th day of March 1910

(9) W. L. Lester Witness.

(8) William L. Miller Applicant.

STATE OF ILLINOIS

SS

County of 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. 19....

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 19.... 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 the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on the day of 1911; 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)

Bronchitis of General Debility. Hearing very defective

Assign Hospital Witness my hand Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said....., together with the said several certificates, signatures, and jurates, 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....., 19....

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 Justice or Notary.
13. To be made and signed by any Judge or 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 that 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 Public 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 the 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-defense.
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.

Register No. _____

APPLICATION FOR ADMISSION
TO THE
ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION APPROVED BY

Superintendent.

Admission Granted _____, 19____
