

# HEADQUARTERS

## Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

DEC 28 1905

*William Wines* (0) of the town of *Jacksonville*, in the County of \_\_\_\_\_, and State of *Illinois*, formerly a Soldier of the United States of America, in the war \_\_\_\_\_ against (1) \_\_\_\_\_, 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 *56* years old; that he is *5* feet and *8* inches high; that he is of *dark* complexion, *blue* eyes, and *dark* hair; that he was born in the town of \_\_\_\_\_ in the *Scott* of *Illinois*, on the *16* day of *Sept*, 18*48*; that he has been (2) *1* 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) *1* 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.	<i>July 25, 1865</i>	<i>Sept 16, 1865</i>	Pvt	<i>E Co. 14 Regt. Ills Inf</i>	<i>Must. Out</i>
2nd.				Co. Regt.	
3rd.		(6)		Co. Regt.	

That he now receives, on pension certificate number *956,338*, a pension of *6* dollars a month, payable the *4* day of next *July*, at the *Superior* Pension Office.

That he owns property, real and personal, of the value of *none* 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 *5* children now living; ages, respectfully, (5) *21, 28, 26, 24, 18* years. That his postoffice address is \_\_\_\_\_, State of Illinois; that his nearest railway station is \_\_\_\_\_, on the \_\_\_\_\_ Railway, in \_\_\_\_\_ County, in \_\_\_\_\_ State; that the name and address of the person to whom he desires notice of his illness or death shall be given, is \_\_\_\_\_, of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_; that, in case of his death, he desires all his personal effects to be sent to \_\_\_\_\_, 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) *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) *neuritis*

\_\_\_\_\_ 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 *28* day of *Dec*, 190*5*.

(9) *J. Dawson* Witness. *William Wines* Applicant.

STATE OF ILLINOIS

County of Adams } SS

I, P. Lawson, a (10) M. D.

of the town of Quincy, 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) William Moore, Affiant.

Subscribed and sworn to before me, this 28 day of Dec, A. D. 1905

Witness my hand and official seal.

[L. S.] P. Lawson M. D. (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 1905. 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 28 day of Dec, 1905; and that I found him to be of a sound mind, and to be

incapable of earning his living by reason of his physical disability arising from (17) Rheumatism & Ulceration Rectum.

Witness my hand C. E. Cole, and Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said William Mues, 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 25 day of Dec, 1902.

A. W. Boncventre  
Superintendent.

HOW TO FILL APPLICATION BLANKS.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>0. Give full name of the Applicant.</li> <li>1. Either "Mexico, the late Rebellion, or Spain."</li> <li>2. Here say once, twice, or three times.</li> <li>3. Here say once, twice, or three times.</li> <li>4. Here say a wife or no wife.</li> <li>5. Here give their ages, from youngest to oldest.</li> <li>6. Here give the name of any Home or other Institution of which he has been a member.</li> <li>7. Here state, <i>in his own words</i>, what it is that ails or disables him.</li> <li>8. Here Applicant will sign his full name, or make his mark.</li> <li>9. Here the witness will sign his name.</li> <li>10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."</li> <li>11. Here Applicant will sign his full name, or make his mark.</li> </ul> | <ul style="list-style-type: none"> <li>12. Signature and title of Justice or Notary.</li> <li>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.</li> <li>14. Here write official title.</li> <li>15. The physician here will state tersely, but fully, as far as he can learn, <i>every</i> cause or disorder that tends in any degree to render the Applicant <i>incapable of earning his own living</i>.</li> <li>16. Name and official title of Notary or Justice.</li> <li>17. Here state <i>minutely</i> what disorder, ailment, disease, or cause, it is that, in your judgment, <i>disables the Applicant and renders him incapable of earning his own living</i>.</li> </ul> |
|---|--|

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 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.



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

In the matter of the relationship of William Morris

, being first duly sworn according to law,  
 deposes and says that he formerly resided at Quincy Ill,

that he is \_\_\_\_\_ 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.
<u>Weldon Morris</u>	<u>Son</u>	<u>Quincy Ill</u>
<u>Fannie Mullin</u>	<u>Daughter</u>	<u>Canton Mo</u>
<u>Ada Morris</u>	<u>"</u>	<u>Quincy Ill</u>
<u>Emerson Morris</u>	<u>Son</u>	<u>Canton Mo</u>
<u>Alma Morris</u>	<u>Daughter</u>	<u>Quincy Ill</u>

And further affiant saith not.

Subscribed and sworn to before me, this \_\_\_\_\_

A. D. 1905.

William Morris  
28 day of Dec  
O. J. Lawson  
J.P.

NOTICE OF ISSUE

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

Washington, D. C. *April 3, 1913*

*Commandant*

*Soldiers Home*

*Quincy, Ill.*

*Sir*

You are hereby notified that a certificate, No. *226338*  
for *Reissue* pension has this day been issued in favor of

*William Mines*

and that the pension is payable by the pension agent at *Disbursing Clerk, Bureau of Pensions*

who will also pay to *No fee*

Rate of pension	\$ <i>13<sup>50</sup></i>	per month from	<i>May 31, 1912</i>
"	"	"	" <i>September 16, 1914</i>
"	"	"	" <i>September 16, 1918</i>
"	"	"	" <i>September 16, 1923.</i>

*Topeka,*

Very respectfully,

Owing to the abolishment of the Pension Agencies and the transfer of their records to this Bureau, this certificate may not be mailed to the pensioner for 10 days.

*[Signature]*  
Commissioner. *[Signature]*

The act of July 4, 1884, provides that the fee for the prosecution of a pension claim shall be \$10 only, unless a larger fee, not exceeding \$25, is agreed upon under a special written contract. The fee will be paid to the attorney, or other person entitled thereto, by the pension agent out of the pension allowed. Should the attorney or other person demand or receive for his services any greater compensation, he would subject himself to the penalties provided in the statute, as follows:

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall, for every such offense, be fined not exceeding \$500, or imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

To all whom it may Concern.



Know ye, That William Woods Private of Captain C. N. Brandages Company, (E<sup>o</sup>) 1<sup>st</sup> Regiment of Illinois Infantry VOLUNTEERS who was enrolled on the Twenty fifth day of February one thousand eight hundred and forty five to serve One year or during the war, is hereby **Discharged** from the service of the United States, this Seventh day of September, 1865, at Fort Leavenworth, Kas by reason of S. O. No. 26, dated Sept 5<sup>th</sup> 1865 (No objection to his being re-enlisted is known to exist.)

Said William Woods was born in Illinois in the State of Illinois, is Twenty years of age, Six feet Eight inches high, Fair complexion, Blue eyes, Black hair, and by occupation, when enrolled, a Farmer.

Given at St. Louis this Seventh day of September 1865.

W. D. Merritt  
 Capt. U.S. Army  
 Commanding the Regt.

\* This sentence will be erased should there be anything in the interest or physical condition of the soldier rendering him unfit for the Army.

[A. G. O. No. 98.]

C. N. Brandages

Capt. U.S. Army



ACT OF MAY 11, 1912.

No. 726338

9-695

# UNITED STATES OF AMERICA

Russell

DEPARTMENT

OF THE INTERIOR



## BUREAU OF PENSIONS

Former payments covering any portion of the same time to be deducted.

It is hereby certified That, in conformity with the laws of the United States William Nines who was a Private, Co. C, 14<sup>th</sup> Regiment, Illinois Infantry

is entitled to a pension at the rate of Thirteen and one half dollars per month, to commence May 31, 1912. Fifteen and one half dollars per month from September 16, 1914. Nineteen dollars per month from September 16, 1918, and Twenty two and one half dollars per month from September 16, 1923. 726338

Given at the Department of the Interior this Third day of April one thousand nine hundred and thirteen and of the Independence of the United States of America, the one hundred and thirty seventh.

Frank Taylor  
Secretary of the Interior

Countersigned, J. L. Davenport

Commissioner of Pensions  
[Signature]

# ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., November 14, 1908

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 Mines	73628	E	14	Ill	Inf <sup>7</sup>	726338	L. B. Corbett

Group 2. TO BE SECURELY ATTACHED TO THE PENSION CERTIFICATE. M. H.

Inv. Ctf. 726338  
 DEPARTMENT OF THE INTERIOR  
 Bureau of Pensions,  
 Washington, D. C.

Soldier William Mines

Pursuant to the Act of Congress approved by the President, June 10, 1918, amending the Act of May 11, 1912, the pension in the above described case is increased to \$30 per month, commencing June 10, 1918, and further increased to \$32 per month, commencing Sept. 16, 1920 the date of attaining the age of 72 years.

*G. M. Seligman*

Commissioner of Pensions.

*William H. Taft*

Secretary of the Interior.



# Illinois Soldiers' and Sailors' Home

Quincy, Ill., Sept 13 - 1922

To the Adjutant:

Mrs O Mines Co. E 14 Ill Inf Regt.

died in Hospital at 11 A.M., aged 73 years.

Names and addresses of Relatives and Friends Theo. Mines (son)  
Harrisbal, Mo

Reg No. 7362

Gail Webber Hospital Steward



(18516-1M-4-19)

## Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. Sept 13 1922

To the Adjutant:

THIS IS TO CERTIFY, That Wm D. Mines Reg. No. \_\_\_\_\_

late of Co. E Reg't 14th Ill. Inf.

died in Hosp. Cause of death Cerebral Hemorrhage  
(Rt Side Lesion)

W.A. Sime  
Surgeon

## Illinois Soldiers' and Sailors' Home

Soldiers Home Hospital, Ill. Sept 13 - 1922

To the ~~Farm Supt~~ Adj. 7362

The Funeral of Mrs O. Mines E 14 - Ill Inf

will take place at 10 AM Sept 15, 1922

Gail Webber Hospital Steward.

DUPLICATE

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *William Minus*

Reg. No. *7362* Co. *B* Regt. *14 Ill Inf* State *Illinois*

BAKER-VAWTER CO. MANUFACTURERS CHICAGO-HOLYOKE

DATE			Cot No.	PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
MONTH	DAY	YEAR					

## COTTAGE INVENTORY

*1 Bundle and contents*

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

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

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

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

## HOSPITAL RECORD

HOSPITAL INVENTORY

Theodore Mines  
RR 3

Hannibal  
Mo.

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

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

Approved:

J. D. Marks Adjutant