

# ILLINOIS SOLDIERS AND SAILORS HOME

## APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

STATE OF ILLINOIS }  
County of Adams } ss.

On this 17 day of April A. D., 1909, personally appeared before me, Salvin Osborn, who being duly sworn, upon oath says:—

1. My name is (1) Salvin Osborn, and my age is 70 years. I am 5 feet and 5 inches high. I am of light complexion, blue eyes and gray hair. I was born in the town of Wickmanickobury in the county of Madison, state of Illinois, on the 14 day of October 1838.

I have been enrolled in the U. S. A. service; ~~me in the war against (2)~~ and in the war of the late Rebellion. I have been (3) 2 times discharged from the service of the United States. The following is a true statement of the time and place of my enrollment and discharge from said service, and the cause of my discharge, and my rank at the respective date, is as follows:

No.	When and where enrolled	When and where discharged	Rank	Company and regiment	Cause of discharge
1st.	<u>February 17 1865</u>	<u>Sept 18 1865</u>		<u>Co. 17 Regt. Ill</u>	<u>Servia no longer</u>
2nd.		<u>Nashville Tenn.</u>		<u>Co. Regt.</u>	<u>required</u>
3rd.				<u>Co. Regt.</u>	

2. I now receive on pension certificate numbered 6747910, a pension of 15 dollars per month, payable the 4 day of next July, at the Chicago Pension Office.

L. B. C. 3. On the 23 day of August A. D. 1879, at Jacksonville in the county of Morgan, in the state of Illinois, I was lawfully married to Mrs. Mary Kate Lynch, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 7 children now living, ages respectively 46-44-42-40-23-21-14 years. My postoffice address is Jacksonville State of Illinois, my nearest railway station is same, on the Wabash

railway, in Morgan County, in said state. In case of illness or death I desire that notice be sent to William Osborn in the town of Jacksonville county of Morgan, state of Illinois.

The name and address of the person to whom all my personal effects shall be sent in case of death is, My son William Osborn, at Jacksonville in the county of Morgan state of Illinois. My trade or occupation is that of a rick team & tractor.

5. I am so far disabled by reason of age and infirmities as to be incapable of earning a living for myself.

rank at the respective date, is as follows:

No.	When and where enrolled	When and where discharged	Rank	Company and regiment	Cause of discharge
1st.	February 17 1862 Jacksonville	Sept 18 1865 Springfield Ill	Private	Co. 157 Regt. Ill	Service no longer
2nd.		Nashville Tenn.		Co. Regt.	required,
3rd.				Co. Regt.	

2. I now receive on pension certificate numbered 674 7910, a pension of 15 dollars per month, payable the 4 day of next July, at the Chicago Pension Office.

3. On the 23 day of August A. D. 1879, at Jacksonville in the county of Morgan, in the state of Illinois, I was lawfully married to Mrs Mary Elizabeth Lynch, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 7 children now living, ages respectively 46-44-42-40-23-21-14 years. My postoffice address is Jacksonville State of Illinois, my nearest railway station is same, on the Wabash

\_\_\_\_\_ railway, in Morgan County, in said state. In case of illness or death I desire that notice be sent to William Osborn <sup>my son</sup> in the town of Jacksonville, county of Morgan, state of Illinois.

The name and address of the person to whom all my personal effects shall be sent in case of death is, My son William Osborn at Jacksonville in the county of Morgan state of Illinois. My trade or occupation is that of a bricklayer & glazier.

5. I am so far disabled by reason of age and infirmity as to be incapable of earning a living for myself, and my said wife is without separate property or income sufficient to afford herself with a living, or which combined with my means will enable us to live in comfort; that I have not heretofore been a member of any Soldiers or Sailors Home, or other charitable institution, ~~except (5)~~ other than this.

6. That I desire to become a member of the Illinois Soldiers and Sailors Home, and my said wife Mary Osborn, desires to become a member of the home with me, and joins me in this application for membership therein. That I have at all times heretofore, supported and adhered to the government of the United States of America, and that I have not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion. That if we shall be admitted to be members of said Home, we 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 we will cheerfully do and perform any and all things that shall be required of us, by those in authority over us, and that we will promptly and willingly obey all lawful orders that we shall receive from any officer of the Home, so long as we shall remain members thereof.

IN TESTIMONY WHEREOF we have set our hands this 17 day of April, 1909.

L. B. Lockem  
Witness  
J. M. Olden

(6) Calvin Osborn  
Mary Osborn  
Applicants

CERTIFICATE OF IDENTIFICATION

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I do hereby certify, upon honor, that I have personally known.....

and....., the above applicants, for at least two years last past, and that to the best of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that as to the time of their residence in Illinois, or his service in an Illinois organization. And I further state that they have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at large and that they can safely be quartered with feeble and helpless men and women.

WITNESS my hand (8).....

(9).....

CERTIFICATE OF A LOCAL PHYSICIAN

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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 (10).....

.....  
to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

.....  
M. D.

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

(11).....

CERTIFICATE OF A SOLDIERS HOME SURGEON

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 (10)

to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

M. D.

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

(11)

### CERTIFICATE OF A SOLDIERS HOME SURGEON

I hereby certify upon honor that I have carefully and critically examined Calvin Osborn

, the above named applicant as to his mental and physical condition, at the hospital of this Institution, on the 17 day of April, 1909; and that I found him to be of a sound mind, and to be not capable of earning his living by reason of his physical disability arising from (12)

Valv. Heart Disease & Rheumatism His wife has  
a Crippled right hand.

Witness my hand

J. E. Kelly  
asst. Home Hospital Surgeon

### ORDER ADMITTING APPLICANT

The application of the said and 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 applicants have shown themselves to be lawfully entitled to admission to the Home, it is hereby ordered that he is now duly admitted as a member thereof, this day of 19

Superintendent

# Illinois Soldiers and Sailors Home, QUINCY, ILLINOIS.

1890.

Calvin Osborn, (9) 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) late 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 5 inches high; that he is of light complexion, dark eyes, and gray hair; that he was born in the town of Mechanicsburg in the State of Ohio, on the 14 day of Oct, 1835; that he has been (2) once enrolled in the U. S. A. service;.....in the war ~~against Mexico 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.	<u>Feb. 17<sup>th</sup> 1865</u>	<u>Sept-18<sup>th</sup> 1865</u>	<u>Pvt</u>	<u>Co. K Regt. 154, Ill</u>	<u>ex term of service</u>
2d.	<u>Jacksonville</u>	<u>Springfield</u>		<u>Co. Regt.</u>	
3d.	<u>Ill</u>	<u>(?) Ill</u>		<u>Co. Regt.</u>	

That he now receives, on pension certificate number 647910, a pension of twelve dollars a month payable the 14<sup>th</sup> day of next April, at the Chicago 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 Laborer.

That he has (4) 2 wife; that he has 6 children now living; ages, respectively, (5) 35, 34, 30, 26, 18, 7 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 Mary Osborn, of JACKSONVILLE, County of MORGAN, State of ILLINOIS; that, in case of his death, he desires all his personal effects to be sent to Mary Osborn, 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) Rheumatism and disease of rectum.

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 14<sup>th</sup> day of Jan, 1890  
(9) A. B. Lewis, Witness. (5) Calvin Osborn, 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.

W. B. Lewis (11) Calvin Osborn

Affiant.

Subscribed and sworn to before me, this 14<sup>th</sup> day of Jan, A. D. 181901 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 Calvin Osborn 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) Charles A. Harris

County Judge  
of Morgan County, Illinois

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, Calvin Osborne, as to his disability, and I now find that he has (15) Rheumatism and disease of rectum 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.

H. C. Campbell, M. D.

Subscribed and sworn to before me, this 14 day of January, 181901. And I certify that I am personally acquainted with said affiant, H. C. Campbell, 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 (16) Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Calvin Osborn the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Friday the 18<sup>th</sup> day of January 1901; and that I then found him to be of sound mind, and to be capable of earning his living by reason of his physical disability arising from (17) Rheumatism and Hemorrhoids

Witness my hand

J. L. Golden

Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said Calvin Osborn, 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 18<sup>th</sup> day of January 1901, 1801.

W. H. [Signature]

Superintendent.

HOW TO FILL APPLICATION BLANKS.

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|--|--|
| <ul style="list-style-type: none"> <li>0. Give full name of the Applicant.</li> <li>1. Either "Mexico or the late Rebellion."</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 <i>his</i> name.</li> <li>10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."</li> </ul> | <ul style="list-style-type: none"> <li>11. Here Applicant will sign his <i>full name</i>, or make his mark.</li> <li>12. Signature and title of the Justice or Notary.</li> <li>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.</li> <li>14. Here write official title.</li> <li>15. The physician will here 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> |
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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 finds 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, or in the late Rebellion.*
- 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.

STATE OF ILLINOIS, } ss.  
 COUNTY OF ADAMS.

In the matter of the relationship of Calvin Osborn  
Co "K" 154 Ill Infantry, being first duly sworn according to law,  
 deposes and says that he formerly resided at Jacksonville Illinois,  
 that he is ~~now~~ married, that his wife Mary Osborn  
 resides at Union East Home Quincy Ill., 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>Gone Canade</u>	<u>Daughter</u>	<u>Springfield Ill</u>
<u>Louise McDowell</u>	<u>Do</u>	<u>Quincy Ill</u>
<u>William Osborn</u>	<u>Son</u>	<u>Springfield -</u>
<u>Wilson Osborn</u>	<u>Do</u>	<u>Jacksonville Ill</u>
<u>Gertrude Osborn</u>	<u>Do</u>	<u>Quincy Ill</u>
<u>Olliver Manning</u>	<u>Daughter (widow)</u>	<u>Spicey Ill</u>
<u>Rosa List</u>	<u>do</u>	<u>Lebanon Mo.</u>

And further affiant saith not.

Subscribed and sworn to before me, this

Calvin Osborn  
Seventeenth day of April  
L. B. Lockman

A. D. 1909.



# Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill., 12-22- 1913

TO THE ADJUTANT:

This is to Certify, That Calvin Osborn Reg. No. 5451  
 late of Co. K 154 Reg't, Ill. Inf.  
 died in Hospital Cause of Death Valvular Heart disease  
age 75 R. H. Jarbo.  
Surgeon.

# Illinois Soldiers and Sailors Home.

Quincy, Ill., Nov 22 1908

To the Adjutant:

Bernie Osborn Co. K 154 Ill Inf Regt.  
 died in Hospital at 8:28 A.M., aged 75 years.  
 Names and address of Relatives and Friends

Reg. No. 5451

L. S. Barnes Hospital Steward.

# ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., April 17 1909

*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
<u>Calvin Osborn</u> <u>J. M. Elder</u>	<u>5451</u>	<u>K</u>	<u>154</u>	<u>Ill</u>	<u>Inf</u>	<u>647910</u>	<u>L. S. Barnes</u>