

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

John Palmer (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) *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 *69* years old; that he is *5* feet and *8* inches high; that he is of *Dark* complexion, *Gray* eyes, and *Gray* hair; that he was born in the town of *Mount Vernon* in the *State of* *Ireland*, on the *-----* day of *-----*, *1841*; that he has been (2) *-----* 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) *-----* 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 10 1865</i>	<i>July 12 1865</i>	<i>P</i>	<i>Co. H 34 Regt. Ill. Inf.</i>	<i>Expiration of term</i>
2nd.	<i>Jacksonville Ill</i>	<i>Louisville Ky</i>		<i>Co. Regt.</i>	
3rd.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *1161307*, a pension of *12⁰⁰* dollars a month, payable the *4th* day of next *January*, 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 *Farmer*.

That he has (4) *-----* wife; that he has *-----* children now living; ages, respectfully, (5) *-----* years. That his postoffice address is *Quincy*, State of *Illinois*; that his nearest railway station is *Quincy*, on the *O & N* 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 *J. S. & S. Horn*, of *Quincy*, County of *Adams*, State of *Ill.*; that, in case of his death, he desires all his personal effects to be sent to *Sept. at J. S. & S. Horn*, at *Quincy* County of *Adams*, State of *Ill.*

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

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) *Mental Disorder*

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 *25th* day of *Nov* 19 *10*.

(9) *Charles O. Jones* Witness.

(8) *John Palmer* Applicant.

STATE OF ILLINOIS }

County of } SS 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 1914; 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).....

Applicant - has delusions and his mental condition is such that he really needs Asylum care

Witness my hand
Home Hospital Surgeon.

United States of America

State of



Illinois

ADJUTANT GENERAL'S OFFICE

Springfield, November 23, 1910.

It is Hereby Certified, That it appears from the Records of this Office, that

John Palmer,

*Enlisted on the 9th day of March 1865,----- at Jacksonville, Illinois,-----
and was mustered into the service of the United States as a ---Substitute Re-Cruit,-----
in Company K, 34th----- Regiment, Illinois Volunteer Infantry,-----
for the period of -----Three years,----- on the 10th day of March 1865.-----*

Age, 24: Height, 5ft. 3in.: Hair, Dark: Eyes, Gray: Complexion, Dark:
Occupation, Farmer: Native, Ireland.

Mustered out, July 12, 1865.

Substitute for Geo. B. Mc Lane.

His residence at date of enlistment is stated as Phillips Creek, Illinois.

*This Certificate is issued at the request of Wm Somerville, Supt.,
Soldiers' Home,
Quincy, Illinois.*

Frank S. Dickson,
The Adjutant General of Illinois.
Chief of Staff.

INVENTORY of the Effects of John Palmer No. 9328
 late K Co. 34 Reg't Ill. Inf. Vols., who died
 on the 17 day of Jan. 1911, at Illinois Soldiers and Sailors Home.

ARTICLES	VALUE		HOW DISPOSED OF.
	Dolls.	Cts.	
1 valise		10	
1 suit clothes		150	
1 hat		25	
		<u>185</u>	

We certify that the above Inventory is correct, and that we have, this 18th day of Jan 1911, carefully examined each of the articles therein named, and have written opposite each our estimate of its value, and what disposition should, in our opinion, be made of it.

APPROVED:

 Superintendent.

J. M. Blair
L. Murphy

Board of
 Appraisers.

INVALID. 2

16778-13

JOHN PALMER

I, _____, make oath that I am the identical person named in pension certificate No. 1161307, dated 2-JUL-1910, in my possession and now exhibited; that I performed the service upon which said certificate was issued; that I have not been employed or paid in the Army, Navy, or Marine Corps of the United States during any part of the period for which pension is therein provided or is now due thereon; that I am entitled to and hereby make claim for payment of THIRTY-SIX DOLLARS \$36 pension now due, at the rate of 12 dollars per month, from JANUARY 4, 1911. to APRIL 4, 1911.

and that my post-office address to which I desire the check in payment mailed is as follows:

Street and No. or R. F. D. route.

Pensioner's signature must be written here in full as name appears in the head of this voucher.

Post office.

If pensioner signs by mark or illegibly, two witnesses who write.

State.

State of _____, County of _____, ss:

Subscribed and sworn to before me this _____ day of _____, 1911, and I certify that the pensioner, above named, *has this day exhibited to me his pension certificate*, above described, and was fully identified as the pensioner named therein.

[L. S.]

Magistrate's signature.

Official character.

(Seal must be above this line.)

Post-office address.

2680-2681-2682-2683-2684-2685

(If any erasures or alterations appear on this voucher, the magistrate must certify above his signature to the jurat that they were made before its execution.)

3-1000.

\$ **36**

1161307

From JANUARY 4, 1911, To APRIL 4, 1911.

PAYMENT WILL NOT BE MADE ON THIS VOUCHER IF EXECUTED BEFORE THE DATE LAST GIVEN.
PENSIONER'S NAME MUST BE SIGNED HERE AND POST-OFFICE ADDRESS GIVEN AS ABOVE.

Name.

JB

Street and No. or R. F. D. route.

Post office.

State.

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill. Jan 17 1901

TO THE ADJUTANT:

This is to Certify, That John Palmer Reg. No. 9328
 late of Co. K 34 Reg't. See Inf
 died in Hosp. age 69 Cause of Death Cerebral Hemorrhage
J B Knox
 Surgeon.

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., _____ 19____

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>John Palmer</u>	<u>9328</u>	<u>K</u>	<u>34</u>	<u>Ill</u>	<u>4</u>	<u>1161304</u>	<u>Charles O Jones</u>

Illinois Soldiers and Sailors Home.

Quincy, Ill. Jan 17 1901

To the Adjutant:

John Palmer Co. K 34 Ill Inf Regt.
 died in Hospital at 1:20 P.M., aged 69 years.
 Names and address of Relatives and Friends none

Reg. No. 9328

C Barnes Hospital Steward.