

MAJOR GEORGE W. FOGG, SUPERINTENDENT.
GENERAL JAMES D. MORGAN, TREASURER.
CAPTAIN B. P. MCDANIEL, ADJUTANT.
CAPTAIN JAMES P. MOORMAN, QUARTERMASTER.
EDMUND B. MONTGOMERY, SURGEON.

EMILY W. LIPPENCOTT, MATRON.
TRUSTEES:
CAPTAIN WILLIAM STEINWEDELL, QUINCY, ILL.
COLONEL JAMES A. SEXTON, CHICAGO, ILL.
GENERAL LEWIS B. PARSONS, FLORA, ILL.

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois.

July 26th, 1895.

William F. Redburn, (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 (2) 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 61 years old, that he is 5 feet and 6 inches high; that he is of Light complexion, Blue eyes, and grey hair; that he was born in the town of Benton in the County of Franklin, Ill. on the 2^d day of May, 1834; that he has been (2) once enrolled in the U. S. A. service; in the war against Mexico, and late 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.	July 1, 1863	Dec 7, 1864	Pri	Co. "A" Regt. 48 th Ky	Exp ⁿ term of service
2d.	Princeton Ky	Bowling Green		Co. Regt 9 th Ill	
3d.	17	Ry		Co. Regt.	

That he now receives, on pension certificate number 486975, a pension of 12 dollars a month, payable the 4 day of next Oct, at the Des Moines 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 that above named; that his trade or occupation is that of a Farmer

That he has (4) no wife; that he has 3 children now living; ages, respectively, (5) 33, 27 & 24 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

J. M. Redburn, of JACKSONVILLE, County of MORGAN, State of ILLINOIS that, in case of his death, he desires all his personal effects to be sent to J. M. Redburn, JACKSONVILLE, at, 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.

That he is so far disabled by (7) Bronchitis. Or Diarrhoea. Rupture of left side. Cataracts of head.

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 26 day of July, 1895.

(8) W. H. Ramsey, Witness.

(9) William F. Redburn, Applicant.

of the town of JACKSONVILLE, Ill 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 F. Redburn*
Affiant.

Subscribed and sworn to before me, this *26* day of *July*, A. D. 189*5*. 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 *William F. Redburn*, 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. 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)

Philip Lee Combs
Matt Star Post-378
G. A. R.

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, *William F. Redburn*, as to his disability, and I now find that he has (14) *Bronchitis larynx* of the head & rupture of left side chronic deafness 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.

B. H. Skinner, M. D.

Subscribed and sworn to before me, this *26* day of *July*, A. D. 189*5*. And I certify that I am personally acquainted with said affiant, *B. H. Skinner 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 (15) NOTARY PUBLIC

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined *Wm. F. Redburn*, the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on *Tuesday* the *30th* day of *July*, 189*5*; and that I then found him to be of *sound mind*, and to be *incapable of earning his living by reason of his physical disability arising from* (17) *left inguinal hernia & chronic diarrhoea*

To *John Somerville*

Superintendent Witness my hand,

E. B. Montgomery M.D.
Home Hospital Surgeon.

Re-examined & condition found practically as before

ORDER ADMITTING APPLICANT.

Wm. H. Redburn

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 23 day of July, 1895.

GEORGE W. FOGG,
Superintendent.

HOW TO FILL APPLICATION BLANKS.

- | | |
|---|--|
| <ol style="list-style-type: none"> 0. Give full name of the Applicant. 1. Either "Mexico and the late Rebellion," or one of them. 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, <i>in his own words</i>, 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 <i>his</i> name. 10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court." | <ol style="list-style-type: none"> 11. Here Applicant will sign his <i>full name</i>, 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 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>. 16. Name and official title of Notary or Justice. 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>. |
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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.
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 now 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.

GEORGE W. FOGG,
Superintendent.

INVENTORY of the Effects of Wm J. Redburn No. 3168
 late a Co. 40 Reg't. 1st Inf. Vols., who died
 on the 1 day of Dec 1902 at Illinois Soldiers and Sailors Home.

ARTICLES.

VALUE.
Dolls. Cts.

HOW DISPOSED OF.

Satchel ⁵⁰ , Umbrella ⁵⁰ & Parrot ⁵⁰	1	25	
Lot of Plug Tobacco 3 Hops ³⁰ & Lemons ³⁰			20
Bank			25

4. 8. 02

We certify that the above Inventory is correct, and that we have, this _____ day
 of _____ 190____, 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.

Board of
 Appraisers.

INVENTORY of the Effects of

Wm J. Redburn

No. *3168*

late *A* Co. *40* Reg't *Ky. Infy* Vols., who died
on the *1st* day of *Dec* 190*2*, at Illinois Soldiers and Sailors Home.

ARTICLES.

VALUE.
Dolls. Cts. HOW DISPOSED OF.

<i>.50</i>	<i>.50</i>	<i>.50</i>	<i>.10</i>	
Overcoat, Suit, Trowsers - Pr Shoes				<i>1 60</i>
<i>.25</i>	<i>.10</i>	<i>.05</i>	<i>.10</i>	
Cap. Pr Shoes. 4 ^{1/2} Shd Kfs Belts Prk				<i>50</i>
	<i>.05</i>			
Hair Prk. Pr Scissors. Towel Coat				<i>05</i>
	<i>.15</i>	<i>.10</i>		
Tooth Prk Pr Spectacles Pipe Suncer.				<i>25</i>
	<i>.05</i>			
Whit Stone. Memorandum Prk				<i>05</i>
	<i>3.00</i>			
Watch & Chain				<i>3.10</i>

3.10
5.45
1.45
6.90

Received the above in good condition

We certify that the above Inventory is correct, and that we have, this *8* day
of *Dec* 190*2*, 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.

S. P. Mooney

J. E. Miller

Wm J. Redburn

Board of
Appraisers.

AMENDMENT TO AGREEMENT OF APRIL 7, 1947 between
Methodist Sunset Home and Mrs. Kate Gillilan,
both of Quincy, Illinois

Whereas, Mrs. Kate Gillilan, a boarder in Methodist Sunset Home, desires to be buried beside her father, Mr. William F. Redburn, in Sunset Cemetery, Illinois Soldiers' and Sailors' Home, Quincy, Illinois, and

Whereas, in a letter of August 21, 1948, Mr. James P. Nielson, former superintendent of Illinois Soldiers' and Sailors' Home stated that Mrs. Gillilan may be buried beside her father and that all expenses connected with her burial with the exception of the digging of the grave, must be paid by the recipient of her estate,

Methodist Sunset Home therefore agrees to provide Mrs. Gillilan with the Home's standard burial and to pay for the lowering of the casket at the said location. Also to pay for the marker to be erected at the head of the grave, which must conform with markers already placed at Sunset Cemetery as to color, size, structure, and inscription, not to cost over fifteen dollars (\$15.00).

This amendment is made in triplicate, a copy each for Methodist Sunset Home, Mrs. Kate Gillilan, and Illinois Soldiers' and Sailors' Home.

A. E. Markwood
(Supt. Ill. Soldiers'
and Sailors' Home)

Kate Gillilan
(Boarder MSH)

Methodist Sunset Home,

Norman B. Getty (President)

M. J. Koelsch

Robert H. Langerhaus

Lloyd H. Seitz

John H. Suckman
(Executive Committee)

Quincy, Illinois
January 5, 1950

CHARLES J. LOTZ, SUPERINTENDENT
MRS. CHARLES J. LOTZ, MATRON
TELEPHONE NO. 2636

Methodist Sunset Home

418 Washington Street
Quincy, Illinois

N. B. GETTY, PRESIDENT
R. C. CALDERWOOD, SECRETARY
M. T. KOELSCH, TREASURER

August 19, 1948

Mr. James P. Nielson,
Superintendent, Soldiers and Sailors Home,
Quincy, Illinois.

My Dear Superintendent Nielson: Some days ago one of our residents, Mrs. Kate Gilliland, visited at your Home. Her father is buried in the Home cemetery and she was told by the caretaker, or some employee of the Home that she could be buried beside her father without expense.

Since Methodist Sunset Home has a policy with reference to burials I am writing to inquire whether she was rightly informed. There would be no objection to her burial there - just so we know what may be expected in the event of her demise. The Home fully approves her request. Did the employee who spoke with her rightly interpret Soldiers and Sailors' Home policy?

Thank you kindly for this information.

Very cordially yours,

Chas. J. Lotz
Chas. J. Lotz, Supt.

Div 3 Row 9 Letter 3/68
Wm J. Redburn, father
shot beside father
Request not granted
by Sexton but told
to contact personnel
of Home. Has not
done so.

August 21, 1948

Mr. Chas. J. Lotz, Superintendent
Methodist Sunset Home
418 Washington Street
Quincy, Illinois

Dear Mr. Lotz:

In response to your letter of August 19, be advised that Mrs. Kate Gilliland may be buried beside her father in Sunset Cemetery at this Home. All expenses connected with her burial with the exception of the digging of the grave must be paid by the recipient of her estate.

Should Mrs. Gilliland wish to be buried next to her father, I suggest that she contact the Sexton of Sunset Cemetery and request that the space next to her father's grave be reserved for her.

Yours very truly,

James P. Nielson
Superintendent

JPN-av

CHARLES J. LOTZ, SUPERINTENDENT
MRS. CHARLES J. LOTZ, MATRON
TELEPHONE NO. 2636

Methodist Sunset Home



418 Washington Street
Quincy, Illinois

N. B. GETTY, PRESIDENT
R. C. CALDERWOOD, SECRETARY
M. T. KOELSCH, TREASURER

January 19, 1950

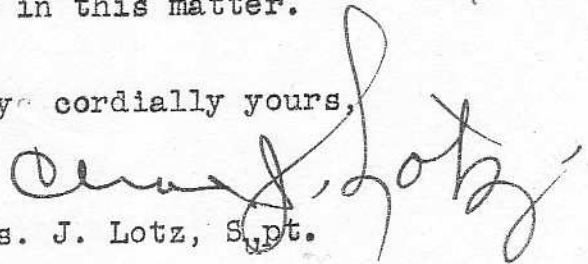
Commanding Officer,
Illinois Soldiers' and Sailors' Home,
Quincy, Illinois

My Dear Sir: I have now secured the signatures to the document regarding Mrs. Kate Gillilan's request to be buried by the side of her father, Mr. William F. Redburn.

Will you kindly sign the two copies and return one of them to me. You already signed the copy that I sent you previously. You may keep the original for your files after signing it.

Thank you for your kindly cooperation in this matter.

Very cordially yours,



Chas. J. Lotz, Supt.



Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill. Dec. 1, 1902

To the Adjutant:

This is to certify that Wm. F. Redburn Reg. No. 3168,

late of A Co. 40 Reg. Ky. Inf. Vol., died in Hospital. Age 68.

Cause of death Cerebral Hemorrhage

W. E. Chittenden, Asst Surgeon.

Register No. 3168

ILLINOIS SOLDIERS AND SAILORS HOME,
QUINCY, ILLINOIS.

Wm F Redburn

Jacksonville Ill
A Co. 48th Reg't Ky Inftry

Co. Reg't

Co. Reg't

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Certificate of Service, 1

Pension Certificate, 1 486 975

Discharged Oct 26-95

JUL 8 1898
NOV 20 1898

Disch'd O.R. On finding by
Readmitted by Supt

Dec 1 1902 Died in Hospital

Received 18

Admitted July 31st, 1895

JUL 27 1897 - R.A. by Supt

Div 3 - Row 9 - Letter D
Grave reserved for Kate Gillilan-daughter