

REGISTER NO. 8765-

ILLINOIS SOLDIERS AND SAILORS HOME
QUINCY, ILLINOIS.

Frank Sewall
Jacksonville Morgan Co Ills
Co. 18 Reg't Ill Vol Inf

Co. Reg't
Co. Reg't

CONTENTS.

Admission Paper /
Army Discharge /
Certificate of Service
Pension Certificate 276.157 Will /
Admitted Sept 30th 1909

Nov 1-26-11

April 24-1911 Died in Hospital
Effects Taken by Mary E Sewall
Quincy Ill - 7-31-11

X

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill.,

April 24

1901

TO THE ADJUTANT:

This is to Certify, That

Frank Sewall

Reg. No. *18765*

late of Co.

C. 18

Reg't,

Inf. Inf.

died in

of hospital aged 67

Cause of Death

Facial Erysipelas

Chas E. Quinn

Quinn Surgeon.

Illinois Soldiers and Sailors Home.

Quincy, Ill., April 14 190

To the Adjutant:

Frank Sewalt Co. G 18 Ill Inf Regt.

died in Hospital at 4:15 P M., aged 67 years.

Names and address of Relatives and Friends

Reg. No. 8795

L. J. Barnes Hospital Steward.

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., Sept 30th 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
Frank Sewalt		G	18 Ill		9	276.157	L. J. Lester
Frank ^{his} Sewalt							
Frank _{made}							

late G Co. 18 Reg't Ill. Inf. Vols., who died

on the 24 day of April 1911, at Illinois Soldiers and Sailors Home.

ARTICLES	VALUE		HOW DISPOSED OF.
	Dolls.	Cts.	
1 telescope		50	
1 coat		50	
2 vests		50	
1 chamois jacket		10	
1 overshirt		10	
1 undershirt		10	
1 pr. drawers		10	
1 pr. trousers		25	
1 pr. slippers		10	
1 razor		25	
1 shaving mug		05	
1 watch & chain		500	
		<u>7.55</u>	

We certify that the above Inventory is correct, and that we have, this 4 day of May 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:

J M Bolder
L Murphy

Board of Appraisers.

Superintendent.

Watch & chain received by me
 also find some contents
Mary E Sewalt

No. 8765

INVENTORY

OF THE EFFECTS OF

Frank Sewalt

LATE

G Co. 18 Reg't Ill. Inf.

WHO DIED ON THE

April 24, 1911. 19

AT

ILLINOIS SOLDIERS AND SAILORS HOME.

INVALID. 2

19975-

I, Frank Sewall, make oath that I am the identical person named in pension certificate No. 276157, dated Nov 3, 1891, 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 NINETY DOLLARS \$ 90 pension now due, at the rate of 30 dollars per month, from MARCH 4, 1911, to JUNE 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.
 Post office.
 State.

Pensioner's signature must be written here in full as name appears in the head of this voucher.
 If pensioner signs by mark or illegibly, two witnesses who write.

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.
 Post-office address.

(Seal must be above this line.)

2812-2816-2821-2823 o

(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.

\$ 90

From MARCH 4, 1911, To JUNE 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.
 Street and No. or R. F. D. route.
 Post office.
 State.

276157

19975-

Frank Sewalt
Name.

2

INVALID.

\$ 90

April 24-1911 Died in Hospital

Return this voucher for payment to

O. A. JANES,

U. S. Pension Agent,

DETROIT,

MICH.

S. S.

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.

In every case requiring the exhibition of the pension certificate and certification thereto, the officer should carefully compare it with the voucher. Vouchers may be executed in the United States before any officer authorized to administer oaths for general purposes or before any fourth-class postmaster of the United States; in foreign countries, before an ambassador, minister, or consul, or other consular officer of the United States, or before any civil officer of the country duly authorized to administer oaths, or to authenticate extra-judicial documents, and whose official character and signature shall be authenticated by the certificate of an ambassador, minister, or consul, or other consular officer of the United States. If the officer be required by law to have and use a seal to authenticate his official acts, it must be affixed to his jurat. In the case of officers in the United States not required by law to use a seal, a certificate of the proper officer as to their official character, signature, and term of office must be filed in this agency. One such certificate will suffice for the term of the officer. Fourth-class postmasters are required to use their mailing stamps as seals.

The officer will also see that post-office addresses are correctly inserted in the proper spaces in the voucher, particularly the address to which the check is to be mailed. He will also give his own post-office address after his official title on face of voucher. The officer will be held strictly responsible for the correctness of his certificate of identity in every particular, pursuant to Act of July 7, 1898, which provides:

“That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in the aid of the prosecution of any claim for pension or bounty land, or payment thereof, purports to have been executed, who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years.”

All acts involved in the execution or correction of vouchers must be performed in the presence of the officiating officer, who must certify to the corrections over his own signature, on the face of the voucher in the space indicated.

	1. Signatures by mark should appear thus— his John X Doe mark.
	2. Street and number, P. O. box number, R. F. D. route, or “General Delivery” must appear in P. O. address in case of residence within carrier delivery. “General Delivery” address will be accepted in such case only if no other address as above is available.
	3. A married woman must sign her own Christian name, not that of her husband.
	4. Fourth-class postmasters only are authorized to officiate in the execution of vouchers. Deputy, acting, or assistant postmasters, or other postal employees, not qualified.
	5. Legible impression of postmarking stamp, showing same date as jurat, required. M. O. B. or R. F. D. stamps or additions to impression with pen or pencil will not be accepted.
	6. Postmaster must write “Fourth-class postmaster” after his signature.
	7. Jurat must be dated.

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

In the matter of the relationship of Frank Sewalt

, being first duly sworn according to law,
 deposes and says that he formerly resided at Jacksonville Illinois,
 that he is divorced 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.
Mary E Sewalt	Daughter	Arrowsville Ills
Frank Sewalt	son	Not known
George Sewalt	son	" "
John Sewalt	son	" "
Minnie Sewalt	Daughter	Minneapolis Minn

And further affiant saith not.

Frank Sewalt
 his
30th day of Sept

Subscribed and sworn to before me, this
 A. D. 1909.

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

Frank Sewalt, (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) the 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 65 years old; that he is 5 feet and 4 inches high; that he is of Fair complexion, Brown eyes, and Dark hair; that he was born in the town of New City in the State of New York, on the April day of 1844; that he has been (2) once enrolled in the U. S. A. service; in the war against the Rebellion, 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.	<u>Mar 2^d 1865 -</u>	<u>Dec 16th 1865 -</u>	<u>Pri</u>	<u>Co. 18 Regt. Ill Vol Inf</u>	<u>Under Circular #30725 Sept</u>
2nd.	<u>Jacksonville Ill</u>	<u>Pine Bluff Ark</u>		<u>Co. Regt.</u>	
3rd.				<u>Co. Regt.</u>	

That he now receives, on pension certificate number 276157, a pension of Thirty dollars a month, payable the 4th day of next December, at the Detroit Mich 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 5 children now living; ages, respectfully, (5) 23 to 35 years. That his postoffice address is St. Louis Quincy, State of Illinois; that his nearest railway station is Quincy, on the St. Louis and North West 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 Mary C Sewalt, of Arrowsville, County of Cass, 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) _____

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) Heart Trouble Rheumatism &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 30th day of Sept 1909.
 (9) C. W. Lester Witness. (8) Frank Sewalt Applicant.
make

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. 190...

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 _____, 190... 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 Frank Swall the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thursday the 30th day of September, 1909; 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) Rheumatism and Cardiac Asthma

Witness my hand. D. M. Sanders Home Hospital Surgeon.

Register No. 8765

Frank Sewalt

APPLICATION FOR ADMISSION

TO THE

ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION APPROVED BY

Superintendent.

Admission Granted _____, 190____
