

Illinois Soldiers' and Sailors' Home

Quincy, Ill., Oct. 23 - 1919

To the Adjutant:

Mary E Slaughter Co. _____ Regt. _____

died in Hospital at 11 P. M., aged 90 years.

Names and addresses of Relatives and Friends Charles Slaughter (Son)
Penna, Ill.

Reg No. 202

Gail Switzer Hospital Steward
11

(18516-1M-4-19)

Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. Oct 24 - 1919

To the Adjutant:

THIS IS TO CERTIFY, That Mary E Slaughter Reg. No. 207

late of Co. _____ Reg't _____

died in Hospital Act 91 Cause of death General arteriosclerosis
R.A. Jacobs
Surgeon

(copy)
SHORT WILL.

ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL.

IN THE NAME OF GOD, AMEN.

I, Silas B. Slaughter of Illinois Soldiers' and Sailors' Home in the County of Adams and State of Illinois, being of sound mind and memory, and considering the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish and declare, this to be my last, **Will and Testament.**

First. I order and direct that my Executor or hereafter named, pay all my just debts and funeral expenses as soon after my decease as conveniently may be.

Second. After the payment of such funeral expenses and debts, I give, devise and bequeath all worldly goods of which I may die possessed, to

Mary E. Slaughter

Murrayville

Illinois

Lastly, I make, constitute and appoint Wm Somerville or his Successors in office to be Executor of this my last Will and Testament, hereby revoking all former Wills by me made.

In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the 22nd day of Nov in the year of our Lord One Thousand Nine Hundred and nine

(Signed) Silas B. Slaughter ^{his} mark [SEAL]

This instrument was, on the day of the date thereof, signed, published and declared by the said testator Silas B. Slaughter to be his last Will and Testa-

ment, in the presence of us, who at his last request have subscribed our names hereto as witnesses in his presence, and in the presence of each other.

(Signed) E. M. Saxon

(Signed) S. Murphy

Filed in Suppl. Aug. 9, 1913.

Silva S. Slaughter.

WILL OF

(copy)

ILLINOIS SOLDIERS AND SAILORS HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

STATE OF ILLINOIS } ss.
 County of Adams

On this 11th day of November A. D., 1909, personally appeared before me, Silas S. Slaughter, who being duly sworn, upon oath says:—

1. My name is (1) Silas S. Slaughter, and my age is, 81 years. I am 5 feet and 11 inches high. I am of dark complexion, grey eyes and grey hair. I was born in the town of Louiseville in the county of Jefferson, state of Indy., on the 11th day of Aug. 1828

I have been enrolled in the U. S. A. service; _____ in the war against (2) _____, and in the war of the late Rebellion. I have been (3) 1 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>Aug. 13/1862</u> <u>Jacksonville</u>	<u>June 6 1865</u> <u>Quincy Ill.</u>	<u>Musician</u>	<u>Co. F Regt. 101</u>	<u>Surgeons certificate of disability</u>
2nd.				Co. Regt.	
3rd.	<u>6</u>	<u>34 7/20</u>		Co. Regt.	

2. I now receive on pension certificate numbered 74588, a pension of 20 dollars per month, payable the 4 day of next Jan. 1910, at the Chicago Pension Office.

3. On the 3 day of Dec. A. D. 1857, at Murrayville in the county of Morgan, in the state of Illinois, I was lawfully married to Mary A. Beaugh, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 1 children now living, ages respectively 50 years. My postoffice address is Murrayville State of Illinois, my nearest railway station is Murrayville on the B & O railway, in Morgan County, in said state. In case of illness or death I desire that notice be sent to John Thompson in the town of Murrayville, county of Morgan, state of Illinois

1st.	Aug 13/1862 Jacksonville Ill	June 6 1865 Quincy Ill	Musician	Co. F Regt. 101	Surgeons certificate of disability
2nd.				Co. Regt.	
3rd.	6	34 7/100		Co. Regt.	

2. I now receive on pension certificate numbered 74 588, a pension of 20 dollars per month, payable the 4 day of next Jan 1810, at the Chicago Pension Office.

3. On the 3 day of Dec, A. D. 1857, at Murrayville in the county of Morgan, in the state of Illinois, I was lawfully married to Mary E. Slaughter, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) ~~1~~ children now living, ages respectively 50 years. My postoffice address is Murrayville State of Illinois, my nearest railway station is Murrayville on the B & A railway, in Morgan County, in said state. In case of illness or death I desire that notice be sent to J. E. Thompson in the town of Murrayville, 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, Charles Slaughter, at Murrayville, in the county of Morgan state of Illinois. My trade or occupation is that of a retired farmer.

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).....

6. That I desire to become a member of the Illinois Soldiers and Sailors Home, and my said wife Mary E. Slaughter, 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 11th day of November, 1909.

(7) J. E. Thompson
Witness
Kenyon Edg M.D.

(6) Silas Stark G. Slaughter
Mary E. Stark Slaughter
Applicants

CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known Silas S. Slaughter and Mary S. Slaughter, 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) J. E. Thompson
Murrayville Ill
(9) Notary Public

CERTIFICATE OF A LOCAL PHYSICIAN

I hereby depose and state that I have carefully examined the above named applicants Silas S. Slaughter & Mary S. Slaughter, as to his ^{her} disability, and I now find that ~~he~~ ^{they} have (10) Small disability with other complications to such an extent as to prevent ~~him~~ ^{them} from earning a living for ~~himself~~ ^{themselves} 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.

Subscribed and sworn to before me, this 11th day of November A. D., 1908. And I certify

that I am personally acquainted with said affiant J. Kenyon Elder, 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) J. E. Thompson
Notary Public

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., NOV 22 1909 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
<i>Silas ^{his} Slaughter man</i>		<i>F</i>	<i>101</i>	<i>Ill</i>	<i>21</i>	<i>74.588</i>	<i>B A Gester</i>

Illinois Soldiers and Sailors Home.

Quincy, Ill., Aug 9 1918

To the Adjutant:

Silas G Slaughter Co F 101 Ill Inf Regt.

died in Hospital at 9 A M., aged 84 years.

Names and address of Relatives and Friends

Reg. No. 8884

C S Barnes Hospital Steward.

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill., Aug. 9. 1913

TO THE ADJUTANT:

This is to Certify, That Silas G. Slaughter Reg. No. 8884

late of Co. F. 101 Reg't, Ill. Inf.

died in Hosp. Age 84. Cause of Death Fatty degeneration of
heart

C. S. Barnes

Surgeon.

REGISTER NO. 8884

ILLINOIS SOLDIERS AND SAILORS HOME

X QUINCY, ILLINOIS.

Wife
Mary E. Slough
202
Warrayville Morgan Co. Ill.
F Co. 101 Reg't Ill Vol Inf

Co. Reg't

Co. Reg't

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Admission Paper /

Army Discharge /

Certificate of Service

Pension Certificate 74588 Will /

Admitted Nov-22 1909

May 23-1911 Dropped on full

March-18-1912 R.A.

Died in Hosp. Aug 9, 1913.

Wife died in Hosp Oct 23, 1919.

Officer's Certificate to Disability of Soldier.

State of Illinois

County of Morgan

I, Geo W Hamlin do hereby certify that I ~~am~~ was Captain of
 Company B of the 1014 Regiment of Illinois Volunteers, and am
 acquainted with Silas G Slaughter who was a member of my Company, and as I
 am informed is an applicant for an Invalid Pension. That the said Silas G Slaughter
 was mustered into service on or about the Second day of September 1862, and
 discharged for disability about the Sixth day of June 1865, having become
 disabled from doing duty as a soldier from on or about the _____ day of _____ 186____,
 while in the service of the United States and in the line of his duty as a soldier, in the manner and at the
 place as follows:

Sworn to before me, and subscribed in my presence by _____
 this _____ day of _____
 A. D. 1865, and I certify that said _____
 _____ is personally known to me to be the person he represents
 himself to be.