

2568 Entered
John Smith

to J. 152nd Land Eng.

July 15~~th~~ 1918 -

Over 7 Rows 1 Letters X

George D. E. Glass

REGISTER NO. 10039.
ILLINOIS SOLDIERS' AND SAILORS' HOME
QUINCY, ILLINOIS

John Smith
Married Morgan
B-1 Co. 2nd 150th Regt. Ind. Inf.

Co. _____ Reg't _____

Co. _____ Reg't _____

CONTENTS:

Admission Paper _____

Army Discharge _____

Certificate of Service _____

Pension Certificate # 1785.680 Will _____

Admitted July 25th 1916

Died in Hospital July 12, 1918

Illinois Soldiers' and Sailors' Home

Quincy, Ill., July 12 1918

To the Adjutant:

John Smith I. Co. 152 Ind. Inf. Regt.
died in Hospital at P. M., aged 74 years.

Names and addresses of Relatives and Friends Sarah Debelano (Sister)
111 Pleasant Ave. Trumbull Co Niles, Ohio.

Reg No. _____ E. Scott Hospital Steward

11

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill., July 12 1918

TO THE ADJUTANT:

This is to Certify, That John Smith Reg. No. 10937
late of Co. A - 152 Reg't. Ind. Inf.
died in Hospital Det 74 Cause of Death Acute Intestinal Obstruction

R. H. Jacobs

Surgeon.

Illinois Soldiers and Sailors Home

adjutant
Soldiers Home Hospital, Ill., July 13 1918

TO THE ~~FARM~~ SUPT:

The funeral of John Smith
will take place at 8 A.M. Mon July 13th
Home Chapel E. Scott Hospital Steward.

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

..... *John Smith* (0) of the town of *Maradonia* 1916...
 County of... *Morgan*... and State of... *Illinois*....., formerly a Soldier of the United States
 of America, in the war..... against (1) *of 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 *27* years old; that he is *5* feet and *11* inches high; that he is
 of... *Dark* complexion... *Gray* eyes, and *Gray* hair: that he was born in the town of
 *Kent*..... in the State... of... *Ohio*....., on the... *6th*..... day
 of... *July*....., 18*61*...; that he has been (2) *once* 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) *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. | <i>Feb. 16. 1865. Springfield Ind</i> | <i>May 15. 1865 Indianapolis Ind</i> | <i>PSX</i> | <i>Co. 15th Regt Ind Inf</i> | <i>Exp. of Term</i> |
| 2nd. | | | | <i>Co. Regt.</i> | |
| 3rd. | | <i>(3)</i> | | <i>Co. Regt.</i> | |

That he now receives on pension certificate number... *735.680*..., a pension of... *18*... dollars a month,
 payable the... *1st*... day of next... *October*....., at the... *Washington*... Pension Office.

That he owns property, real and personal, of the value of... *1500*... 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) *no*... wife; that he has... *2* 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... *C. & O.*..... 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... *Mrs Sarah Delano*....., of... *Wiles*....., County of... *Drum Bull*....., State
 of... *Ohio*.....; that, in case of his death, he desires all his personal effects to be sent to... *Sister*.....
Mrs Sarah Delano, at... *Wiles*..... County of... *Drum Bull*....., State of... *Ohio*.....

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, ex-
 cepting the (6)..... *Military Home Danville Ill.*.....

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)... *Partial Paralysis*.....

 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... *July*..... 1916..

(9) *Robert S. Farn*.....
 Witness.

(8) *John Smith*.....
 Applicant.

STATE OF ILLINOIS

County of

SS

....., a (10)

to the town of, in and for said County, do hereby certify that the above named applicant, to me personally and well known to be 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. 191

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 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.....191..... 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....., 191.....; and that I found him to be of a sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17).....

Soft Brain Plagia + Cerebral Softening.

Witness my hand.....

Home Hospital Surgeon.

ORDER ADMITTING APPLICANT

The application of the said....., together with the said several certificates, signatures, and jurates, 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.....day of....., 191....

Superintendent.

HOW TO FILL APPLICATION BLANKS

0. Give full name of the Applicant.
1. Either "Mexico, the late Rebellion, or Spain.
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, *in his own words*, 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 *his* name.
10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."
11. Here Applicant will sign his *full name*, or make his mark.
12. Signature and title of Justice or Notary.
13. To be made and signed by any Judge or 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 here will state tersely, but fully, as far as he can learn, *every* cause or disorder that tends in any degree to render the Applicant *incapable of earning his own living*.
16. Name and official title of Notary or Justice.
17. Here state *minutely* what disorder, ailment, disease, or cause, it is that, in your judgment, *disables the Applicant and renders him incapable of earning his own living*.

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 that 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 the 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 found 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, the late Rebellion, or the Spanish war.*
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-defense.*
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.

Executive Department Indiana

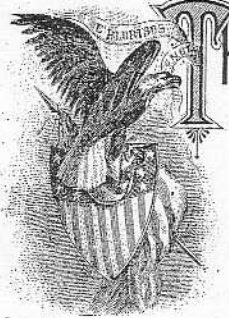


ADJUTANT GENERALS OFFICE

INDIANAPOLIS,

JUL 15 1907

19



This Certifies, That the official records (of which I am the lawful custodian) on file in this office show that John Smith

joined for duty and was
enrolled as a Private of Company D, 152
Regiment Indiana Volunteers, at Springfield on
the 11 day of February 1865, by J. M. Albright
and that he was duly mustered into the Military
Service of the United States at Kendallville on the 16
day of February 1865, for the term of One years, by
Capt Iddings Mustering Officer
Age 19

(Indianapolis, Ind.,)

Mustered out May 25, 1865

This Certificate is given as official evidence of enlistment, service and
Muster out of John Smith of
Company D 152 Regiment Indiana Volunteers.

Witness my hand and official seal.

Orall Perry

Adjutant General Indiana.

John Smith

Co. D 152nd Ind. Vols

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of

John Smith

Reg. No. 10939 Co. 2 Regt. 15-2

State *Ill. Ind.*

BAKER-WINTER CO. MANUFACTURERS CHICAGO-HOUSTON

| DATE | | | Got No. | PERSON TO BE NOTIFIED IN CASE OF DEATH | P. O. ADDRESS | RELATIONSHIP | REMARKS |
|-------|-----|------|---------|--|---------------|--------------|---------|
| MONTH | DAY | YEAR | | | | | |

July 12 1918 H.

COTTAGE INVENTORY

Received the above described personal effects of _____

Sergeant, Cottage No. _____

Registry No. _____

Hospital Steward _____

HOSPITAL RECORD

HOSPITAL INVENTORY

1 wheel chair.

~~Myrtle at my home~~

I hereby certify that the above is a true and correct inventory of the personal effects of John Smith Deceased

E. Scott Hospital Steward

Approved:

Adjutant