

See "EXPLANATIONS and DIRECTIONS" on Third Page.

APPLICATION FOR ADMISSION

— TO THE —

Illinois Soldiers' and Sailors' Home

— AT QUINCY —

TRUSTEES.

DANIEL DUSTIN, Sycamore, DeKalb County, Ill.
L. T. DICKASON, Danville, Vermillion County, Ill.
J. G. ROWLAND, Quincy, Ill. /

OFFICERS.

C. E. LIPPINCOTT, Superintendent.
S. B. SHERER, Secretary and Acting Adjutant.
R. H. CARNAHAN, Quartermaster and Commissary.
JAMES D. MORGAN, Treasurer.

STATE OF Illinois
COUNTY OF Adams

On this 2nd day of August A. D. 1887, personally appeared before me

(1) Wm H. Harwood Co Clerk within and for the County and State aforesaid

(2) Thomas B. Stockton aged 46 years; height 5 feet 7 inches
complexion dark, eyes black, hair dark, a resident of (³) Jordanville

County of Morgan State of Illinois, who, being duly sworn, deposes and says, that he was born in

(4) Illinois and has been enlisted in the service of the United States

(5) once times during the (⁶) Civil war, and honorably discharged from each enlistment, as follows:

No. of Enlistments.	When Enlisted, With Rank.	Where Enlisted, Town and State.	Company and Regiment Mustered in.	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>March 10th 1862</u> <u>Private</u>	<u>Springfield Ill.</u>	<u>Co. K 33^d</u> <u>Regt Ill. Inf</u>	<u>Jan 21st 1864</u> <u>N. Orleans La</u> <u>Private</u>	<u>Disability</u>
2d.	<u>18</u>		<u>Co.</u> <u>Regt</u>	<u>18</u>	
3d.	<u>18</u>		<u>Co.</u> <u>Regt</u>	<u>18</u>	
4th.	<u>18</u>		<u>Co.</u> <u>Regt</u>	<u>18</u>	

That he is disabled as follows: (⁷) General disability; caused by chronic diarrhoea

and has been receiving Four Dollars per month Pension, on Certificate No. 231,925 payable at Chicago Ill. Agency, from Feb. 1st 1884, and being unable, on account of his disability, to earn his living by manual labor, desires admission to the Illinois Soldiers' and Sailors' Home.

The said applicant further swears, that he has not been engaged in, or aided or abetted the late rebellion in the United States; and that he has never been a member of either of the Branches of the National Home for Disabled Volunteer Soldiers. And said applicant further stipulates and agrees that he will abide by and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him, and obey all lawful orders of the Officers of the Home.

WITNESS,
Wm. Hazelwood
W. B. Head

(8) *Thomas B. Stockton*

Sworn to and subscribed before me the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to *Thomas B. Stockton* before he executed it.

(11) *Wm. Hazelwood*
Chas. C. Couch

CERTIFICATE OF IDENTIFICATION.

I HEREBY CERTIFY that I have every reason to believe, after an examination of his discharge papers, that _____ is the identical person described therein, and that the above declaration signed by him is true.

(9) _____

SURGEON'S CERTIFICATE.

I certify that I have carefully examined (2) *Thomas B. Stockton* Co. *72 33* Reg't *Ill. Infy* Volunteers, and that he is (10) _____ temporarily disabled for obtaining his subsistence by manual labor.

Date of Injury or Disease, _____ day *Summer* of 18 *62*

Place of *Helena* State of *Arkansas*

Character of Disability, *Diarrhoea*

Complications, _____

Present condition of Applicant, *He is in fair flesh, but is evidently lacking in strength. The heart is easily disturbed by slight exercise on walking up stairs the pulse rate rises to 130. Heart action steady but weak, sounds muffled.* _____, SURGEON.

Sworn to and subscribed before me, this *2* day of *Aug* A. D. 188 *7* and I hereby certify that the

said _____ is known to me as a Surgeon in actual practice, and reputable in his profession.

(11) _____

Occupation, Carpenter
 Married or Single, Widower
 [If a widower, so state.]
 Children under 16 years, None

NAME AND ADDRESS OF NEAREST RELATIVE,

Willie M. Stockton Daughter (9)
St. Clair Ill.
Co. Samuel Bingham

ORDER FOR ADMISSION.

August 2nd, 1887

The above application is hereby approved, and⁽²⁾

Thomas B. Stockton

K Co., 33rd Reg't. 1st Inf. Vol's, will be admitted to the Illinois Soldiers' and Sailors' Home at Quincy.

C. E. Sippincott
 Superintendent, Illinois Soldiers' and Sailors' Home.
B. B. Sherrill

EXPLANATIONS AND DIRECTIONS.

THE FIGURES IN THE BODY OF THIS APPLICATION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED IN FILLING THE BLANKS.

1. Name and Title of Magistrate.
2. Applicant's Name.
3. Post Office Address.
4. Town, County, State (or Nation).
5. State the number of times actually mustered into the service of the United States.
6. Give the name of the War⁽¹⁾ (1812, Mexican, or Civil).
7. Here state minutely the cause and nature of the disability; if by wounds state the nature of the wounds, and when and where received; if by disease, state the nature of disease, and when and where contracted.
8. Signature of Applicant. Two witnesses are required if he make his mark.
9. This Certificate must be signed by the Adjutant-General, or Surgeon-General of the State, or by the Mayor or City Clerk of the City, by a County Officer, or some other respectable and responsible citizen of the town in which the applicant resides.
10. If the Certificate of Examination is officially signed by a Surgeon-General of a State, or of a United States Examining Surgeon, or by a Surgeon designated for that purpose by the Superintendent of the Home, it need not be sworn to. One of the words "permanently" or "temporarily" in the certificate must be erased by the Surgeon.
11. Official Signature of Magistrate or Notary.

The soldier or sailor making this application, must forward to the Superintendent his Discharge, or a certified copy thereof from their last enlistment, and Pension Certificate, or receipt therefor, before his application is granted, which papers will be sent to the Home when the applicant is admitted, to be kept there, and returned to him when he is discharged. This rule is adopted to prevent the loss of such papers and certificates, and to hinder fraudulent practices.

After filling out this application and executing it as above directed, forward it with the other papers, to the Superintendent, whose name is printed on the first page of this sheet, giving post office address and nearest railroad station.

T. A. C.

[3-166 b.]

Division of
Certificate and Accounts. }

(NOTICE OF ISSUE.)

Department of the Interior,

PENSION OFFICE,

— *March 30* —, 1883.

Sir

Inclosed herewith is a Certificate, No. 231,925

for Orig. pension, this day issued in your favor.

The Pension Agent at Chicago, upon whose rolls your name is to be inscribed, will forward to you properly prepared vouchers, and, when these shall have been duly executed and returned to him, will transmit directly to your address a check for the pension then due.

The attorney's fee, if any, will not be paid by the Pension Agent.

Very respectfully,

Wm. Dudley
Commissioner.

Thomas B. Stockton,
Liter,

Ills.

[REVISED STATUTES, SEC. 5485.]

* * * Any agent or attorney, or any other person, instrumental in prosecuting any claim for pension or bounty land, who shall directly or indirectly contract for, demand, or receive, or retain any greater compensation for his service or instrumentality in prosecuting a claim for pension or bounty land than is provided in the title pertaining to pensions, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a high misdemeanor, and, upon conviction thereof, shall for every such offense be fined not exceeding five hundred dollars or imprisonment at hard labor not exceeding two years, or both, at the discretion of the court.

[ACT OF JUNE 20, 1878.]

It shall be unlawful for any attorney, agent, or other person to demand or receive for his services in a pension case a greater sum than ten dollars. No fee contract shall hereafter be filed with the Commissioner of Pensions in any case. In pending cases in which a fee contract has heretofore been filed, if the pension shall be allowed, the Commissioner of Pensions shall approve the same as to the amount of the fee to be paid at the amount specified in the contract. Sections forty-seven hundred and sixty-eight, forty-seven hundred and sixty-nine, and forty-seven hundred and eighty-six of the Revised Statutes shall not apply to any case or claim hereafter filed, nor to any pending claim in which the claimant has not been represented by an agent or attorney prior to the passage of this act.

Sec. 2. Section forty-seven hundred and eighty-five of the Revised Statutes is hereby repealed.

[10726-50 M.]

INVENTORY of the Effects of Thomas B. Stockton No. 443
 late K Co. 33 Reg't Ill. Inf. Vols., who died
 on the 26 day of December 1907, at Illinois Soldiers and Sailors Home.

ARTICLES	VALUE		HOW DISPOSED OF.
	Dolls.	Cts.	
1 telescope	25		
1 valise	25		
1 coat	100		
1 vest	15		
1 pair trousers	25		
4 shirts	40		
2 undershirts	20		
4 drawers	40		
2 caps.	10		
8 hdkfs.	10		
3 pair shoes	30		
1 pair rubbers	10		
bx containing tin snips	10		
1 hair brush	00		
1 electric belt		00	
7 collars		25	
3 pair spectacles		20	
1 watch & chain		00	
1 overcoat		00	
1 bx cigars		00	5.55

Exhibited to Mrs. Miller 7th Nov 03
 Alameda 24
 11-10-08

We certify that the above Inventory is correct, and that we have, this 8 day of Jan 1908, 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. Elder
 J. B. Hawson

Board of Appraisers.

Neosho, Missouri,
May 2, 1939.

Soldiers Home,
Quincy, Illinois.

Gentlemen:

Will you please advise me regarding your records for Thomas Benton Stockton, who died at the home on December 26, 1907.

I wish to obtain the names of his parents, also the names of his grandparents, together with the dates of their birth and death, also place of birth.

Thanking you in advance for any courtesy shown me in this instance, I am,

Respectfully,

(Mrs) Zelia Koelfenders.

P. S. Perhaps I should state that Thomas Benton Stockton was my grand-mothers half brother. I am trying to trace the lineage back to the ancestor who might have served in the Revolutionary war.

May 5, 1939.

Mrs. Cleia Woolfenden,
340 S. Wood st.,
Weosho, Mo.

Re: Stockton, Thos. Benton.
Reg. #443.

Dear Mrs. Stockton:

With reference to your letter of May 2, we regret to advise that the records in this case fail to show names of grandparents together with the dates of their births, deaths, etc.

Our records show that Mr. Stockman was first admitted to this Home August 2, 1887 and that he died in the hospital here December 26, 1907. He was buried in the Home cemetery. At the time of his death his personal papers were sent to Mrs. Nellie M. Boas, Alexandria, Illinois. Her relationship to the veteran is not shown.

Very truly yours,

Kenneth A. Elmore,
Managing Officer.

ATM/m

Copy

SHORT WILL.

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

IN THE NAME OF GOD, AMEN.

I, Thomas D. Stockton 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 Execut or hereinafter 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 Mrs Nellie M. Boaz, Alexandria, Morgan Co
Ill

Lastly, I make, constitute and appoint Wm Tomwille, Supt or his
successor in office to be Execut or 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 7th
day of June in the year of our Lord One Thousand Nine Hundred 1914

Signed) Thomas D Stockton [SEAL]

This instrument was, on the day of the date thereof, signed, published and declared by the said testator Thomas D Stockton to be his last Will and Testament, in the presence of us, who at his request have subscribed our names hereto as witnesses in his presence, and in the presence of each other.

Signed) B. J. Lawson

(Signed) J. E. Wenzel

WORTHLESS IF EXECUTED BEFORE JANUARY 4th, 1908
3-1000.

UNLESS THE INSTRUCTIONS ON FACE AND BACK OF THIS VOUCHER ARE SPECIFICALLY FOLLOWED, THE VOUCHER WILL BE RETURNED FOR CORRECTION.

A ROLL NO. 31825

INVALID.

A

Be it known, That Thomas B Stockton do solemnly swear that I am the identical person named in pension certificate No. 231925 dated the 30 day of Aug 92, in my possession and now exhibited; that I served as a P in Company K 83 Regiment, Volunteers; that my name is inscribed on the rolls of the CHICAGO Agency, at the rate of 12 dollars per month

† Describe here any former payments covering the same period, by rates and periods.

That I have not been employed or paid in the Army, Navy, or Marine Corps of the United States from the (1) 4th day of OCTOBER,

1907, to the present time; that I am entitled to the pension described in this voucher; that I have not forfeited my right, title, or interest therein; and that my post-office address is No. _____ Street, City or Town of _____ County of _____ State of _____

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

(Pensioner's signature.)

_____ (Signatures must be written letter for letter as it is written in the pension certificate.)

OFFICER MUST MAKE THE CONTENTS OF THE AFFIDAVIT FULLY KNOWN TO THE PENSIONER BEFORE SIGNING OR SWEARING.

THE PENSION CERTIFICATE MUST BE EXHIBITED TO THE MAGISTRATE WHEN THIS VOUCHER IS EXECUTED.

State of _____, County of _____, ss:

Subscribed and sworn to before me this _____ day of _____, 1908, 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, and that he signed the following duplicate receipts in my presence.

(Magistrate's signature.) _____

(The magistrate must certify to any erasures or alterations.)

(Official character.) _____

OFFICER'S SEAL HERE.

(P. O. address.) _____

ORIGINAL	\$ 36 (ASS'T TREASURER, CHICAGO) JANUARY 1908.
	Received of CHARLES BENT. , U. S. Pension Agent at CHICAGO, ILL.
	THIRTY-SIX _____ dollars by check No. _____
	dated _____, 190 _____, being for 3 months' and _____ days' pension due me
	on pension certificate above described, from the 4th day of OCTOBER , 190 7 , to the
	4th day of JANUARY , 190 8 , for which I have signed duplicate receipts.
	(Witness who can write.) _____
	_____ (Sign name as above.)

THE PENSIONER WILL SIGN THESE RECEIPTS IN THE PRESENCE OF THE MAGISTRATE.

DUPLICATE	\$ 36 (ASS'T TREASURER, CHICAGO) JANUARY 1908.
	Received of CHARLES BENT. , U. S. Pension Agent at CHICAGO, ILL.
	THIRTY-SIX _____ dollars by check No. _____
	dated _____, 190 _____, being for 3 months' and _____ days' pension due me
	on pension certificate above described, from the 4th day of OCTOBER , 190 7 , to the
	4th day of JANUARY , 190 8 , for which I have signed duplicate receipts.
	(Witness who can write.) _____
	_____ (Sign name as above.)

P. O. ADDRESS OF PENSIONER MUST APPEAR ON FACE AND BACK OF VOUCHER.