

HEADQUARTERS

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS

NOV 4 - 1909

190

Allen A. Thomas, (0) of the town of Chapin, in the County of MORGAN, and State of ILLINOIS, formerly a Soldier of the United States of America, in the war against (1) 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 74 years old; that he is 5 feet and 10 1/2 inches high; that he is of fair complexion, blue eyes, and brn hair; that he was born in the town of _____ in the County of Columbiana O, on the 25 day of Oct, 1835; that he has been (2) 1 enrolled in the U. S. A. service; _____ in the war against Rebellion, and _____ in the war of the late Rebellion; and that he has been (3) 1 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>Aug 29 1862</u>	<u>17 June 1865</u>		<u>Co. Regt.</u>	<u>This Vols</u>
2d.	<u>Massillon O</u>	<u>Jonestown, N C</u>	<u>Inf</u>	<u>Co. G. Regt. 104. Inf</u>	<u>3x term service</u>
3d.		<u>34 mo</u>		<u>Co. Regt.</u>	

That he now receives, on pension certificate number 598,238, a pension of 15 dollars a month, payable the 4th day of next Jan 1910, at the CHICAGO, ILL Pension Office.

That he owns property, real and personal, of the value of none 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 no children now living; ages, respectively, (5) _____ years. That his postoffice address is Chapin, State of Illinois; that his nearest railway station is Chapin, 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 John Boddy, of Chapin, County of Morgan State of Illinois; that, in case of his death, he desires all his personal effects to be sent to John Boddy, at Chapin, 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, or has served in an Illinois organization.

That he is so far disabled by (7) Heart-trouble

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 4th day of Nov 1909

(9) W. C. Lawler
Witness.

(8) Allen A. Thomas
Applicant.

STATE OF ILLINOIS, }
County of MORGAN, } ss.

I, J. L. SIMMS, a (10) Notary Public

of the town of JACKSONVILLE, 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) Allen A. Thomas,
Affiant.

Subscribed and sworn to before me, this 4th day of Nov, A. D. 1909.

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 Allen A. Thomas 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)

James S. Merrill
(14) County Clerk

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant Allen A. Thomas, as to his disability, and I now find that he has (15) irregularity of Heart 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.

H. A. Morris, M. D.

Subscribed and sworn to before me, this 4 day of Nov, 1909. And I certify that I am personally acquainted with said affiant H. A. Morris, 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.

James S. Merrill (16) Notary Public
County Clerk

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Allen A. Thomas the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Friday he 12th day of November 1909; and that I found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Disease of the Rectum and Sigmoid - Cordiac Asthenia.

Cottage 16 or 12

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

STATE OF ILLINOIS, } ss.
 COUNTY OF ADAMS.

In the matter of the relationship of Allen A Thomas

....., being first duly sworn according to law,
 deposes and says that he formerly resided at Chapin Illinois,
 that he is single 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.

And further affiant saith not.

Allen A Thomas
 12th day of Nov

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

Illinois Soldiers' and Sailors' Home

Quincy, Ill., June 14 1918

To the Adjutant:

Allen A. Thomas Co. G. 104 Regt. Ohio Inf.

died in Hospital at 3 1/2 a. M., aged 83 years.

Names and addresses of Relatives and Friends John R. Boddy - Friend -
Chapin Rd. RFD 3. Bell Phone - 911-2

Reg No. 8865

R. H. Jacobs. Hospital Steward

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill., June 14 1918

TO THE ADJUTANT:

This is to Certify, That Allen A. Thomas Reg. No. 8865

late of Co. G. 104 Reg't, Ohio Inf.

died in Hospital at 3 1/2 Cause of Death Arteriosclerosis

R. H. Jacobs
Surgeon.

Illinois Soldiers and Sailors Home

adjutant Soldiers Home Hospital, Ill., June 14 1918

TO THE FARM Supt:

The funeral of Allen A. Thomas

will take place at 1 P.M. Saturday June 15

R. H. Jacobs Hospital Steward.

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *Albert G. Thomas* Reg. No. *8865* Co. *A* Regt. *104* State *Wis. Inf.*

BAKER-VANTER CO. MANUFACTURERS CHICAGO-HOLYOKE

DATE			PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
MONTH	DAY	YEAR				
<i>June</i>	<i>14</i>	<i>1918</i>				

COTTAGE INVENTORY

Sergeant, Cottage No. _____

Received the above described personal effects of _____

Registry No. _____

Hospital Steward _____

HOSPITAL RECORD

HOSPITAL INVENTORY

- 1 Suit Case and contents
- 1 Money Receipt \$250 cash in Bank
- 1 Home Bank Book.

\$250 in Bank - included \$250
 listed above

[Handwritten signature]

I hereby certify that the above is a true and correct inventory of the personal effects of Alfred G. Thomas Deceased.

R.H. Jacob Hospital Steward

Approved: *[Signature]* Adjutant