

STATE OF ILLINOIS,

COUNTY OF _____

} ss.

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. 19____. Witness my hand and official seal.

L. S.

(12) _____

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known James H. Walker 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) _____

Reuben Lancaster

(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 _____, 19____. 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, as an honest man and a capable physician, in the community and among his fellow physicians where he lives.

(16) _____

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined James H. Walker the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thurs. the 31. day of Oct, 1911; and that I then 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) Varicose Veins & Malarial Toxaemia.

Witness my hand _____

C. E. [Signature]

Home Hospital Surgeon.

United States of America,

STATE OF ILLINOIS

Adjutant General's Office,

Springfield, November 19th 1891

It is **Hereby Certified**, That it appears from the Records of this Office, that
James H. Walker enlisted on the 27th day of May 1862
at Jacksonville Ill and was mustered into the service of the United States as a
Private in Company A. 6^{8th} Regiment, Illinois Vol Infantry
for the period of three months on the 23rd day of June 1862
Mustered out Sept 26th 1862.

His residence at date of enlistment is stated as Jacksonville Ill
This Certificate is issued at the request of A. M. Mearns

Adjutant Soldiers Home Quincy Ill

J. M. Dece
Adjutant General of Illinois.

1000 8' 1032*



VETERANS ADMINISTRATION

WASHINGTON

July 4, 1935

YOUR FILE REFERENCE:

IN REPLY REFER TO: MBAB-k

Adjutant
Illinois Soldiers & Sailors Home
Quincy, Illinois

WALKER, James H.
XC-2,519,100

Dear Sir:

You are requested to state the dates of beginning and ending of all furloughs issued to James H. Walker, Company A, 68th Illinois Infantry, Civil War, from October 31, 1901, date of admission to the Home, to August 6, 1921, date of his final discharge, the place or places that he lived while on furlough, if shown, and the name or names of his next of kin, and whether the name of his wife, Mary E. Walker, 1022 South Beacon Street, Dallas, Texas, appears on any records.

Your early reply in the enclosed envelope will be appreciated.

Respectfully

E. L. Bailey

E. L. BAILEY
Director
Widows and Dependents
Claims Service

1 Encl.



VETERANS ADMINISTRATION

WASHINGTON

JUL 14 1935

YOUR FILE REFERENCE

June 8, 1935.

INITIALLY REFERRED TO

WALKER, James H.
XC-2,519,100

Adjutant
Illinois Soldiers & Sailors Home

Mr. E. L. Bailey, Director,
Widow's Claim Service,
Veterans Administration,
Washington, D.C.

Re: Walker, James H. XC-2519100

Dear Sir:

Replying to your letter of June 4, you are advised that the above-named veteran was first admitted to this Home on October 31, 1901. There is no record of furloughs available up to 1910. He was absent on furloughs during the following periods:

the place or places that he lived while on furlough. If shown and

the name of person December 11, 1911 to December 29, 1912

with Mary E. Walker August 29, 1912 " October 19, 1912

September 14, 1914 " November 6, 1914

July 15, 1915 " October 5, 1915

July 18, 1917 " October 21, 1917

April 9, 1918 " April 19, 1918

April 30, 1919 " May 23, 1919

July 12, 1919 " July 24, 1919

August 17, 1920 " September 2, 1920

He went out January 5, 1921, and was discharged insane on furlough August 6, 1921.

In his file there is a relationship record made by the veteran October 31, 1901, listing the following people.

Charles H. Walker, son, no address
Lulla Florence Walker, daughter, Cass County, Illinois
Mary Ellen Walker, daughter, Menard County, Illinois
Anna May Walker, daughter, Menard County, Illinois

There is no mention of his wife Mary E. Walker.

Yours very truly,

Kenneth A. Elmore,
Managing Officer.

AWM:W