

\_\_\_\_\_, SUPERINTENDENT.  
 GENERAL JAMES D. MORGAN, TREASURER.  
 CAPTAIN \_\_\_\_\_, ADJUTANT.  
 \_\_\_\_\_, QUARTERMASTER.  
 EDMUND B. MONTGOMERY, SURGEON.

TRUSTEES:  
 CAPTAIN WILLIAM STEINWEDDELL, QUINCY, ILL.  
 COLONEL JAMES A. SEXTON, CHICAGO, ILL.  
 GENERAL LEWIS B. PARSONS, FLORA, ILL.

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois,

Oct 19<sup>th</sup>, 1896

Wesley Warner<sup>(9)</sup> of the Town of Meredosia, in the  
 County of Morgan, and State of Illinois, formerly a Soldier of the United  
 States of America, in the war against<sup>(1)</sup> 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 56 years old, that he is 6 feet and 12 inches high;  
 that he is of Dark complexion, Hazel eyes, and Dark hair; that he was born in the town of  
Oceans in the State of Ill, on the 8<sup>th</sup> day  
 of July, 1840; that he has been<sup>(2)</sup> Twice enrolled in the U. S. A. service; in the  
war against Mexico, and in the war of the late Rebellion; and that he has been<sup>(3)</sup> twice honorably dis-  
 charged 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 of 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.	7/30/40 <u>Betal Ill</u>	12/31/46 <u>Labrange Tenn</u>	<u>Sgt</u>	<u>I Co. 11<sup>th</sup> Regt.</u>	<u>No duty enlistment</u>
2d.	11/64 <u>Labrange Tenn</u>	11/5/66 <u>Memphis Tenn</u>	"	<u>I Co. 11<sup>th</sup> Regt.</u>	<u>No duty End of War</u>
3d.		<u>50</u>		<u>Co. Regt.</u>	

That he now receives, on pension certificate number 802973, a pension of Six dollars a month,  
 payable the 4<sup>th</sup> day of next January, at the St. Louis Pension Office.

That he owns property, real and personal, of the value of \_\_\_\_\_ dollars, and no more; that he has no  
 means of self-support other than that above named; that his trade or occupation is that of a Laborer.

That he has<sup>(4)</sup> no wife; that he has no children now living; aged, respectively,<sup>(5)</sup> \_\_\_\_\_  
 years. That his postoffice address is Meredosia, State of Illinois; that his nearest railway station is  
Meredosia, 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  
Mrs. Maria C. Labrange, of Labrange, County of Sangamon, State of  
Illinois; that, in case of his death, he desires all his personal effects to be sent to Mrs  
M. J. Powers, at Meredosia, County of Morgan, State of Ill.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution,  
 excepting the<sup>(6)</sup> \_\_\_\_\_.

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.

That he is so far disabled by<sup>(7)</sup> Rheumatism and Heart Disease

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, com-  
 ply 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 19<sup>th</sup> day of October, 1896.

<sup>(9)</sup> Thomas Hazlett, Witness. <sup>(8)</sup> Wesley Warner, Applicant.

Mrs. Julia Clark, Miner, 1330 No. 12th St., Quincy, Ill.

COUNTY OF Morgan } ss.

I, D. H. Ellis, a (10) Notary Public

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) Wesley S Warner, Affiant.

Subscribed and sworn to before me, this 19 day of October, A. D. 1896. Witness my hand and official seal.

L. S.

D. H. Ellis (12) Notary Public

**CERTIFICATE OF IDENTIFICATION.**

I do hereby certify, upon honor, that I have personally known Wesley S Warner, 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. 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) Michael Knowlen

(14) Adjutant John Goff  
Post G A R

**CERTIFICATE OF A LOCAL PHYSICIAN.**

I hereby depose and state that I have carefully examined the above named Applicant, Wesley S Warner, as to his disability, and I now find that he has (15) Rheumatism and Heart trouble,

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.

A. A. Swill, M. D.

Subscribed and sworn to before me, this 19 day of October, A. D. 1896. And I certify that I am personally acquainted with said affiant, D. A. Merrill, 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.

D. H. Ellis (16) Notary Public

**CERTIFICATE OF SOLDIERS HOME SURGEON.**

I hereby certify upon honor that I carefully and critically examined Wesley S. Warner the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Saturday the 24<sup>th</sup> day of October, 1896; and that I then found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) obesity and functional disease of the heart.

ORDER ADMITTING APPLICANT.

The application of the said Wesley S. Warner, together with the said several certificates, signatures, and jurats, 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 and that he now is duly admitted as a member thereof, this 24 day of Oct, 1896

~~George H. ...~~

Superintendent.

HOW TO FILL APPLICATION BLANKS.

- |   |   |
|---|---|
| <ol style="list-style-type: none"> <li>0. Give full name of the Applicant.</li> <li>1. Either "Mexico and the late Rebellion," or one of them.</li> <li>2. Here say once, twice, or three times.</li> <li>3. Here say once, twice, or three times.</li> <li>4. Here say a wife, or no wife.</li> <li>5. Here give their ages, from youngest to oldest.</li> <li>6. Here give the name of any Home or other Institution of which he has been a member.</li> <li>7. Here state, <i>in his own words</i>, what it is that ails or disables him.</li> <li>8. Here Applicant will sign his full name, or make his mark.</li> <li>9. Here the witness will sign <i>his</i> name.</li> <li>10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."</li> </ol> | <ol style="list-style-type: none"> <li>11. Here Applicant will sign his <i>full name</i>, or make his mark.</li> <li>12. Signature and title of the Justice or Notary.</li> <li>13. To be made and signed by any Judge of 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. Post.</li> <li>14. Here write official title.</li> <li>15. The physician will here state tersely, but fully, as far as he can learn, <i>every</i> cause or disorder that tends in any degree to render the Applicant <i>incapable of earning his own living</i>.</li> <li>16. Name and official title of Notary or Justice.</li> <li>17. Here state <i>minutely</i> what disorder, ailment, disease, or cause, it is that, in your judgment, <i>disables the Applicant and renders him incapable of earning his own living</i>.</li> </ol> |
|---|---|

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 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 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 finds 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 citizens clothing. You will not be allowed to wear Home or State clothing, when so absent*.

TO BE ELIGIBLE FOR ADMISSION.

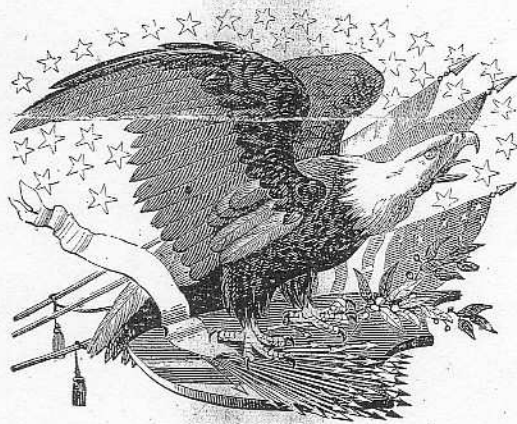
1. The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, or in the late Rebellion.
2. That you shall have been honorably discharged from that service.
3. That you shall have lived and resided, CONTINUOUSLY and in good faith, FOR THE LAST TWO YEARS, in the State of Illinois.
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 reason of some other PRESENT DISABILITY.
5. That you shall now 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-defence.
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.

~~George H. ...~~

Superintendent.

To all whom it may

Concern



Know ye, That Wesley S. Warner

Sergeant of Captain Charles H. Ogden  
Company, (I,) 1st Cavalry Regiment of Missouri Infantry

VOLUNTEERS who was enrolled on the Twentieth day of July  
one thousand eight hundred and Sixty three to serve Three months  
during the war, is Discharged from the service of the United States

this Twentieth day of December, 1863, at La Grange  
Tennessee by reason of re-enlistment as a Veteran Volunteer under the  
provisions of General Order No 19, Series of 1863 from the War Department  
(No objection to his being re-enlisted is known to exist.)

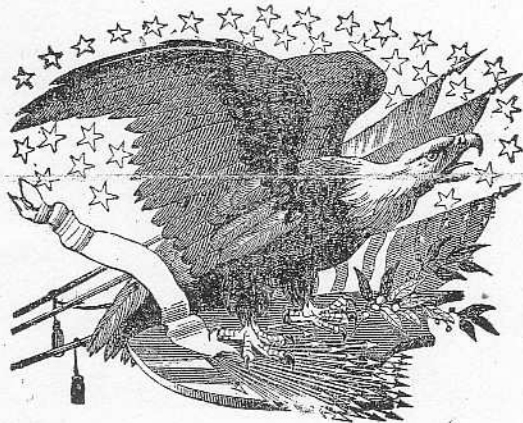
Said Sergeant Wesley S. Warner was born in Morgan County  
in the State of Illinois, is Twenty Two years of age,  
Six feet inches high, Dark complexion, Hazel eyes,  
Dark hair, and by occupation, when enrolled, a Farmer

Given at La Grange Tenn this First  
January 1864

\* This sentence will be erased should there be anything  
in the conduct or physical condition of the soldier  
rendering him unfit for the Army.

W. Garrison  
Lieut. Col.  
Commanding the Regt.  
G. P. Greacher  
1st Lieut 1st U. S. Regt  
Musty Skin

To all whom it may Concern.



Know ye, That Wesley S. Warner  
Sergeant of Captain George C. Adams  
Company, (I.,) 11<sup>th</sup> Regiment of Missouri Vet. Infy, Vol.  
 VOLUNTEERS who was enrolled on the First day of January  
one thousand eight hundred and Sixty four to serve Three years or  
 during the war, is hereby **Discharged** from the service of the United States,  
 this 15<sup>th</sup> day of January, 1866, at Memphis  
Tennessee by reason of S. O. 171 Med. Dir. Will Dis. of Army  
 (No objection to his being re-enlisted is known to exist.)

Said Wesley S. Warner was born in Madison County  
 in the State of Illinois, is 24 years of age,  
6 feet 1/2 inches high, Dark complexion, Large eyes,  
Dark hair, and by occupation, when enrolled, a Soldier

Given at Memphis Tennessee this Fifteenth day of  
January 1866.

\* This sentence will be erased should there be anything in the conduct or physical condition of the soldier rendering him unfit for the Army

W. Warner  
Capt 8<sup>th</sup> Iowa Infy  
 Commanding the Regt.

A. G. O. No 267

David C. Whoriskey  
1<sup>st</sup> Lieut. Comdg. I. Co.  
11<sup>th</sup> Regt Mo. Infy, Vol.

A. C. M. D. W. Lane

*Handwritten notes:*  
 Disch'd in full of Taxes  
 Jan 20<sup>th</sup> 1866  
 James H. ...  
 ...  
 ...



STATE OF ILLINOIS

Board of Administration

FRED J. KERN, President, Belleville.  
 JAMES HYLAND, Secretary, Chicago.  
 FRANK D. WHIPP, Fiscal Supervisor, Springfield.  
 GEO. A. ZELLER, M.D., Alienist, Peoria.  
 THOMAS O'CONNOR, Peoria.

PURCHASING COMMITTEE:

FRANK D. WHIPP,  
 FRED J. KERN,  
 JAMES HYLAND,

SPRINGFIELD Sept. 6, 1916.

INSTITUTIONS

- ELGIN STATE HOSPITAL, ELGIN
- KANKAKEE STATE HOSPITAL  
KANKAKEE
- JACKSONVILLE STATE HOSPITAL  
JACKSONVILLE
- ANNA STATE HOSPITAL, ANNA
- WATERTOWN STATE HOSPITAL  
WATERTOWN
- PEORIA STATE HOSPITAL, PEORIA
- CHESTER STATE HOSPITAL, MENARD
- CHICAGO STATE HOSPITAL, DUNNING
- ALTON STATE HOSPITAL, ALTON
- LINCOLN STATE SCHOOL AND  
COLONY, LINCOLN
- STATE COLONY FOR EPILEPTICS,  
DIXON
- THE ILLINOIS SCHOOL FOR THE  
DEAF, JACKSONVILLE
- THE ILLINOIS SCHOOL FOR THE  
BLIND, JACKSONVILLE
- THE ILLINOIS INDUSTRIAL HOME FOR  
THE BLIND, CHICAGO
- THE ILLINOIS SOLDIERS' AND SAILORS'  
HOME, QUINCY
- THE SOLDIERS' WIDOWS' HOME OF  
ILLINOIS, WILMINGTON
- THE ILLINOIS SOLDIERS' ORPHANS'  
HOME, NORMAL
- THE ILLINOIS CHARITABLE EYE AND  
EAR INFIRMARY, CHICAGO
- THE STATE TRAINING SCHOOL FOR  
GIRLS, GENEVA
- THE ST. CHARLES SCHOOL FOR  
BOYS, ST. CHARLES

Managing Officer,  
 Soldiers' & Sailors' Home,  
 Quincy, Ill.

Sir:

At a meeting of the Board, held yesterday,  
 I was instructed to direct you to admit W.S. Warner  
 as a member of the Soldiers' & Sailors' Home,  
 Quincy, when he presents himself for admission.

Respectfully,

*James Hyland*  
 Secretary.

Copy to  
 W. S. Warner, Co. M.,  
 National Military Home,  
 Kansas.

DEPARTMENTS

- VISITATION AND INSTRUCTION OF  
ADULT BLIND
- VISITATION OF DEPENDENT, NEGLECTED  
AND DELINQUENT CHILDREN
- SUPPORT OF INMATES
- SUPERVISING ENGINEER
- DEPORTATION AGENT

STATE OF ILLINOIS, }  
COUNTY OF ADAMS. } ss.

In the matter of the relationship of Wesley S Warner  
J-11 Alw. Inf, being first duly sworn according to law,  
deposes and says that he formerly resided at Meredosia, Ill,  
that he is not married, that ~~his wife,~~ Dora  
~~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.
<u>Julia B Cline</u>	<u>Niece</u>	<u>Barry, Ill</u>

And further affiant saith not.

W S Warner

Subscribed and sworn to before me, this 4 day of February  
A. D. 1911.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS  
WASHINGTON

July, 1926.

Under the provisions of an act approved July 3, 1926, your rate of pension under the act of May 1, 1920, has been increased from \$50 per month to \$65 per month, commencing on August 4, 1926.

Payment at this increased rate will be made in the pension check dated September 4, 1926. Application for this increase of pension is not necessary.

SECURELY ATTACH THIS SLIP TO YOUR PENSION CERTIFICATE WHICH KEEP IN YOUR POSSESSION.

WINFIELD SCOTT,  
Commissioner of Pensions.

It is hereby certified That in conformity with the laws of the United States \_\_\_\_\_ Wesley S. Warner <sup>Buss</sup> \_\_\_\_\_ who was a Sergeant, Co. I 11" Regiment Missouri Infantry \_\_\_\_\_

\_\_\_\_\_ is entitled to a pension at the rate of \_\_\_\_\_ Thirty \_\_\_\_\_ dollars per month, to commence \_\_\_\_\_ July 8, 1915. \_\_\_\_\_

Given at the Department of the Interior this \_\_\_\_\_ fifteenth \_\_\_\_\_ day of \_\_\_\_\_ October \_\_\_\_\_ one thousand nine hundred and fifteen \_\_\_\_\_ and of the Independence of the United States of America (the one hundred and fortieth.

*[Signature]*

Secretary of the Interior.

Countersigned,

*[Signature]*

Commissioner of Pensions.

L 18 N

Former payments covering any portion of the same time



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# United States of America



## BUREAU OF PENSIONS

It is hereby certified That in conformity with the laws of the United States \_\_\_\_\_ Wesley S. Warner Buss who was a Sergeant, Co. I 11" Regiment Missouri Infantry

\_\_\_\_\_ is entitled to a pension at the rate of Thirty dollars per month, to commence July 8, 1915.

~~\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_~~

Given at the Department of the Interior this fifteenth day of October one thousand nine hundred and fifteen and of the Independence of the United States of America the one hundred and fortieth.

*[Handwritten signature]*

Secretary of the Interior.

Countersigned

*[Handwritten signature]*

Commissioner of Pensions.

Former payments covering any portion of the same time to be deducted.

That section forty-seven hundred and forty-five, title fifty-seven of the Revised Statutes of the United States is hereby amended to read as follows:

Sec. 4745.—Any pledge, mortgage, sale, assignment, or transfer of any right, claim, or interest in any pension which has been, or may hereafter be, granted, shall be void and of no effect, and any person who shall pledge, or receive as a pledge, mortgage, sale, assignment or transfer of any right, claim, or interest in any pension, or pension certificate, which has been, or may hereafter be granted or issued, or who shall hold the same as collateral security for any debt, or promise, or upon any pretext of such security, or promise, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution; and any person who shall retain the certificate of a pensioner and refuse to surrender the same upon the demand of the Commissioner of Pensions, or a United States pension agent, or any other person, authorized by the Commissioner of Pensions, or the pensioner, to receive the same shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not exceeding one hundred dollars and the costs of the prosecution.

Approved February 28, 1883.

APR OF MAY 11, 1912

No. 802, 973

PENSION CERTIFICATE OF

Wesley S. Warner

PAYABLE QUARTERLY

BY THE

DISBURSING CLERK,

BUREAU OF PENSIONS.

Group 3

Ref to act of Feb 27  
Amended Sec 4745

0-4375

JHD

Clerk.

81

DUPLICATE

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *Tracy Harrison* Reg. No. *3327* Co. *D* Regt. *11th* State

BAKER-WINTER CO. MANUFACTURERS CHICAGO-INDIAN

DATE		
MONTH	DAY	YEAR
<i>Jan</i>	<i>8</i>	<i>27</i>

Col No.

PERSON TO BE NOTIFIED IN CASE OF DEATH

P. O. ADDRESS

RELATIONSHIP

REMARKS

## COTTAGE INVENTORY

Received the above described personal effects of \_\_\_\_\_

Sergeant, Cottage No. \_\_\_\_\_

Registry No. \_\_\_\_\_

Hospital Steward \_\_\_\_\_

HOSPITAL RECORD

HOSPITAL INVENTORY

1 Bundle  
Dress  
Knickers  
2 P. O. Goggles  
Washed Cotton.

X

R. E. Eline

I hereby certify that the above is a true and correct inventory of the personal effects of Wesley Warner Deceased.

R. E. Eline

Hospital Steward

Approved:

\_\_\_\_\_ Adjutant