

Note Carefully: Army discharge or certificate of service must be sent, and all directions carefully complied with, or the application will be returned. 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.  
THOMAS W. MACFALL, Quincy, Adams County, Ill.

**OFFICERS:**

J. G. ROWLAND, Superintendent.  
J. R. LOTT, Secretary and Adjutant.  
R. H. CARNAHAN, Quartermaster and Commissary.  
R. W. McMAHAN, Surgeon.  
JAMES D. MORGAN, Treasurer.

STATE OF Illinois }  
COUNTY OF Morgan } ss.  
On this Second day of January A. D. 1890, personally appeared before me  
(1) A County Clerk within and for the County and State aforesaid,  
(2) Alby G. Wells aged 48 years, height 5 feet 8 1/2 inches,  
complexion Fair, eyes Grey, hair Dark, a resident of (3) Jacksonville  
County of Morgan State of Illinois, who being duly sworn, deposes and says, that he was born in  
(4) St Lawrence Co New York and has been enlisted in the service of the United States  
(5) (1) once times during the (6) Civil War  
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>Aug 17<sup>th</sup> 1861</u> <u>Private</u>	<u>Moundville</u> <u>Illinois</u>	<u>Co. 1<sup>st</sup> Iowa</u> <u>Regt Battery</u>	<u>Sept 4<sup>th</sup> 1862</u> <u>St Louis Mo</u>	<u>disability</u>
2d.	18		<u>Co. St Artillery</u> Regt.	18	
3d.	18		Co. Regt.	18	
4th.	18		Co. Regt.	18	

That he is disabled as follows: (7) At the Battle of Pea Ridge Ark - March 6<sup>th</sup> 1862. Incurred injury to Right Leg below the knee resulting in partial fracture of the bone and Varicose veins - from which Rheumatism has developed, was run over by a Caisson  
and has been receiving \_\_\_\_\_ Dollars per month, pension, on Certificate No. \_\_\_\_\_ payable at \_\_\_\_\_ Agency, from \_\_\_\_\_ 18\_\_\_\_, having no other means of support, and being unable, on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The said applicant further swears that he has not been engaged in, aided or abetted the late Rebellion in the United States; and that he was not a member of any Soldiers or Sailors Home, June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years past. 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,

W. H. Lamb

(8) Alby G Wells

Post Office Address, Jacksonville Ill.

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 Alby G. Wells before he executed it.

(11)

Geo. C. Williams  
County Clerk

NAME AND ADDRESS OF NEAREST RELATIVE.

Read? yes Write? yes  
Occupation Fireman by Rail Roading  
Married or Single, Single  
[If a Widower so state.]  
Children under 16 years, None

(Name) Ransom Wells (Relation) Brother  
(Address) Stratford Orange Co Va

**CERTIFICATE OF IDENTIFICATION.**

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, the Mayor or City Clerk of the city, or by a County Officer, or by a Justice of the Peace, and attested by an official seal).

I HEREBY CERTIFY that I have known the above named Alby G. Wells for the last two years past, and that I believe the declaration signed by him to be true.

(Give Official Title)

(9) Geo. C. Williams  
County Clerk

**SURGEON'S CERTIFICATE.**

I certify that I have carefully examined (2) Alby G. Wells

Co. First Co Battery Regt. Light Artillery Volunteers, and that he is (10) permanently ~~temporarily~~ disabled as follows:

Date of Injury or Disease Sixth day of March 1862

Place of Battle of Pea Ridge, State of Arkansas

Character of Disability, Varicose veins of right leg.

Complications, Rheumatism, and flatulent dyspepsia

Present Condition of Applicant, Varicose deformities of internal saphenous vein is quite tortuous and elevated 4 in. extending to ankle joint

General appearance That of medium health, fair complexion, good teeth, few grey hairs, applicant claims to suffer incessantly from flatulent dyspepsia - and believes after during of amputation abdomen (10) swollen, through tendy, & tympanitic SURGEON.

Sworn to and subscribed before me, this 29 day of January A. D. 1890, and I hereby certify that the said P. C. Thompson is known to me as a Surgeon in actual practice and reputable in his profession.

(11)

Geo. C. Williams  
County Clerk

**ORDER FOR ADMISSION.**

The above application is hereby approved, and (2)

Alby G Wells

1890

1st Co., Iowa Regt. Light Art Vols., will be admitted to the Illinois Soldiers and Sailors Home, at Quincy.

Superintendent Illinois Soldiers and Sailors Home.

APPROVED,  
P. J. ROWLAND, SUP'T

Register No. 1482

# ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

*Alby G. Wells*

*Jacksonville, Ill.*

CO. REG'T

*I* CO. *1st Batt. Lt. Art.* REG'T

CO. REG'T

## CONTENTS

Admission Paper..... /

Army Discharge.....

Certificate of Service..... /

Pension Certificate..... 1 # 5734371

Admitted..... 2/11/90, 1904

*Application Rec'd 2/11/90*

*Dropped from Rolls (Insane) 9/12/93*

*Readmitted 9/13/94*

*Discharged 12/7/94*

