

OFFICERS:

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

EDWARD W. GOODENOUGH, ASS'T SURGEON.  
 EMILY W. LIPPINCOTT, MATRON.

TRUSTEES:

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

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois,

February 18<sup>th</sup>, 1897.

*Peter Messel*, (°) of the Town of *Jacksonville*, in the County of *Morgan*, and State of *Illinois*, formerly a soldier of the United States of America, in the war against (1) *the Confederate States*, 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 *64* years old, that he is *5* feet and *10* inches high; that he is of *light* complexion, *Blue* eyes, and *Gray* hair; that he was born in the town of *Hindinger* in the *Russia* of *Russia*, on the *27<sup>th</sup>* day of *May*, 1833; that he has been (2) 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 (3) 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 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.	<i>12<sup>th</sup> Day of Aug 1862</i>	<i>Aug 30<sup>th</sup> 1865</i>	<i>Private</i>	<i>Co. C Regt. 94 Regt</i>	<i>Expiration</i>
2d.	<i>Lexington</i>	<i>Galveston (6 Mo)</i>		<i>Co. Regt. 116 Vol</i>	<i>of Term of</i>
3d.	<i>McLean Co. Ills</i>	<i>State of Texas</i>		<i>Co. Regt.</i>	<i>redistment</i>

That he now receives, on pension certificate number *43596*, a pension of *eight* dollars a month, payable the *fourth* day of next *April*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *nothing* 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 (4) *2* wife; that he has *11* children now living; aged, respectively, (5) *from 22 to 40* years. That his postoffice address is *Jacksonville*, State of *Illinois*; that his nearest railway station is *Jacksonville*, on the *Wabash & C & A* Railway, in *Wabash Co. Ill.* 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

*Mary E. Messel*, of *Jacksonville*, County of *Morgan*, State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *his wife* *Mary E. Messel*, at *Jacksonville*, County of *Morgan*, State of *Ills*.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) *Soldiers at Quincy in the State of Ills*.

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 (7) *Asthma & Rheumatism*.

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 *18<sup>th</sup>* day of *February*, 1897.

*P. L. M. Ten* *TO THE BOARD*

*64*  
*10*  
*80*

COUNTY OF

*Morgan*

ss.

I,

*Frank Heind*

a<sup>(10)</sup>

of the ~~name~~ of *County Clerk*, 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.

<sup>(11)</sup>

*John W. [illegible]*

Affiant.

Subscribed and sworn to before me, this *18th* day of *Feb'y* A. D. 189*7*. Witness my hand and official seal.

L. S.

*Frank Heind* <sup>(12)</sup> *County Clerk*

**CERTIFICATE OF IDENTIFICATION**

I do hereby certify, upon honor, that I have personally known *Peter Wessel*,

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,<sup>(13)</sup>

*Albert W. Grenz*  
*Justice of the Peace* <sup>(14)</sup>

**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 <sup>(15)</sup> \_\_\_\_\_

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 \_\_\_\_\_, A. D. 189\_\_\_\_. 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.

<sup>(16)</sup>

**CERTIFICATE OF SOLDIERS HOME SURGEON.**

I hereby certify upon honor that I carefully and critically examined *Peter Wessel*, the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on *Monday* the *18th* day of *November*, 189*7*; and that I then found him to be of \_\_\_\_\_ sound mind, and to be \_\_\_\_\_ capable of earning his living by reason of his physical disability arising from <sup>(17)</sup> *Allyed rheu-*

*matism and asthma*

Witness my hand,

*D. M. Landon*

## ORDER ADMITTING APPLICANT.

The application of the said....., 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..... day of....., 189.....

*W. H. Kirkwood*, Superintendent.

### HOW TO FILL APPLICATION BLANKS.

0. Give full name of the Applicant.
1. Either "Mexico and the late Rebellion," or one of them.
2. Here say once, twice, or three times.
3. Here say once, twice, or three times.
4. Here say a wife, or no wife.
5. Here give their ages, from youngest to oldest.
6. Here give the name of any Home or other Institution of which he has been a member.
7. Here state, *in his own words*, what it is that ails or disables him.
8. Here Applicant will sign his full name, or make his mark.
9. Here the witness will sign *his* name.
10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."
11. Here Applicant will sign his *full name*, or make his mark.
12. Signature and title of the Justice or Notary.
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.
14. Here write official title.
15. The physician will here state tersely, but fully, as far as he can learn, *every* cause or disorder that tends in any degree to render the Applicant *incapable of earning his own living*.
16. Name and official title of Notary or Justice.
17. Here state, *in your judgment*, *disables the Applicant and renders him incapable of earning his own living*.

### 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.

*W. H. Kirkwood*, Superintendent.

STATE OF ILLINOIS, } ss.  
 COUNTY OF ADAMS.

*Peter Wessel*

In the matter of the relationship of

being first duly sworn according to law,  
 deposes and says that he formerly resided at *Jacksonville Ill*,  
 that he is — married, that his wife, *Mary E Wessel*  
 resides at *Jacksonville Ill*, 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.
<i>Mary E. Wessel</i>	<i>Wife</i>	<i>Jacksonville Ill</i>
<i>Floresy Smith</i>	<i>Daughter</i>	<i>Peoria Ill</i>
<i>Mary Bumgarner</i>	<i>"</i>	<i>Bloomington Ill</i>
<i>Frank Wessel</i>	<i>Son</i>	<i>Peoria "</i>
<i>Katie Mooney</i>	<i>Daughter</i>	<i>Peoria "</i>
<i>Mona Paul</i>	<i>"</i>	<i>Bloomington "</i>
<i>William Wessel</i>	<i>Son</i>	<i>Litchfield "</i>

And further affiant saith not.

*Peter Wessel*  
*Eighteenth* day of *November*

Subscribed and sworn to before me, this  
 A. D. 1901.

MEMBERS OF THIS ORGANIZATION

GRAND ARMY OF REPUBLIC  
GEORGE A. WILSON CIRCLE LADIES G.A.R.  
AUNT LIZZIE AIKEN TENT DAUGHTERS OF UNION VETS  
AUXILIARY TO THE SONS OF UNION VETERANS  
ROSCOE C. GIBBON AUXILIARY NO. 13 U.S.W.V.  
PEORIA CAMP NO. 49 U.S.W.V.  
PETER W. SOMMER POST NO. 814 V.F.W.  
PETER SOMMER AUXILIARY NO. 814 V.F.W.  
AMERICAN LEGION POST NO. 2  
AMERICAN LEGION AUXILIARY NO. 2  
BLUE RIBBON POST NO. 2602 V.F.W.  
BLUE RIBBON AUXILIARY NO. 2602 V.F.W.  
DISABLED AMERICAN VETERANS NO. 1  
SOUTH PEORIA MEMORIAL POST NO. 8662  
SOUTH PEORIA MEMORIAL AUXILIARY NO. 8662  
CANADIAN LEGION NO. 107 POST  
CANADIAN LEGION NO. 107 AUXILIARY  
ARMY MOTHERS OF AMERICA POST NO. 1  
NAVY MOTHERS CLUB  
GOLD STAR MOTHERS  
MARINE CORPS LEAGUE AUXILIARY  
ORDER OF PURPLE HEART  
SONS OF UNION VETERANS  
AMERICAN WAR DADS  
AMERICAN WAR DADS AUXILIARY  
AMERICAN VET. WAR NO. 2 AMVETS NO. 64  
PEORIA WOMEN'S POST NO. 94  
MARINE CORPS LEAGUE  
LIMESTONE AMERICAN LEGION AUXILIARY  
LIMESTONE AMERICAN LEGION POST  
ORDER OF PURPLE HEART AUXILIARY

# PEORIA MEMORIAL ASSOCIATION, INC.

PEORIA, ILLINOIS

1219 Elmhurst Ave.,  
April 10, 1951

Mr. Jack Bessling, Adjutant  
Soldiers and Sailors Home  
Quincy, Illinois

Dear Mr. Bessling:-

It has been sometime since I have had to contact you and the records of the Quincy Home, but just today I was told by a lady who happens to be the granddaughter of the veteran that he was in Quincy Home and died there about 35 yrs ago. We unfortunately do not have any records concerning him, not even the date of death - as cemetery records were so meagre at that time. Am wondering if you would be able to find anything for the veteran and would give it to us so that we can complete his service record on our Memorial Association records and also send in to the War Graves Registration the record and secure for him a Government headstone.

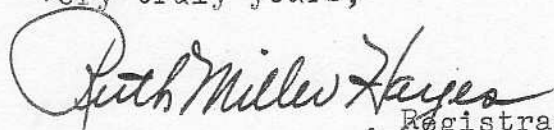
The veteran is Peter Wessel and he lived at one time down near Lexington, Normal or Jacksonville and she thinks enlisted from there. He was in the Civil War for several years. He died at the Quincy Home and she stated it was just about the time she was married- which is about 35 yrs ago.

I would appreciate any information you have concerning him, his date and place of birth, date of death, dates and places of enlistment and discharge and the rank and Company etc in which he served.

The granddaughter is Mrs Ethel Griner, 611 Ellis Street Peoria, Illinois and she would appreciate a copy of this information also, so that her children would have the record. May I ask that you send me a carbon copy also of the letter and I will transmit it to her for you.

Thanking you very much for your courtesy and kindness to us in helping us to identify these veterans, I am

Very truly yours,



Registrar  
Peoria Memorial Association, Inc.  
1219 Elmhurst Avenue  
Peoria, 4, Illinois

April 11, 1951

Ruth Miller Hayes, Registrar  
Peoria Memorial Association, Inc.  
1219 Elmhurst Avenue  
Peoria 4, Illinois.

RE: WESSEL, Peter.

Dear Mrs. Hayes:

We are in receipt of your letter of the 10th inst., relative to information concerning the above-named veteran, be advised that Peter Wessel was admitted to this Home, March 5, 1894, and expired in Hospital July 16th, 1915. He was born in the town of Undinger, Germany on May 27th, 1833. He enlisted on Aug. 12th, 1862 at Lexington, McClain Co., Illinois, and was discharged August 20th, 1865 at Galveston, Texas. He was a Private, Co. C. Regt. 94 - Ills Vol. Cause of Discharge was - Expiration of Term of Enlistment.

Trusting this is the information you desire, I am

Yours very truly,

Jack Bessling, Adjutant.

JBB/p  
encl.-cc

Send discharge

Wish:

Ant 12/6/89<sup>8</sup>

Jacksonville  
Nov 25

Dear Sir:

I contemplate staying in  
this town. If you will  
send me my discharge  
and Dr. ~~Wright~~ from  
Bloomington his Medical  
Affidavit it might be  
a great benefit to me  
in the Pension Department  
and I am much obliged  
for your trouble of  
sending it to me.

Peter Wessel  
Co. C. 94 Ill

PRINCESH

Jacksonville Ills  
Apr 5<sup>th</sup> 1897

Mr. G. H. Kirkwoods

Quincy Ills

Dear Sir

Your Postal of the  
3<sup>rd</sup> inst received this a.m.  
There must be some mistake  
about my papers. as I sent  
the papers to you about the  
18 or 19 of February when I  
sent my papers for admission  
to the home and I have  
had a letter which I received in  
return which reads as follows

Quincy Ills Feb 22

To Peter Wessler, Jacksonville Ills.

Dear Sir

You can return to the Home  
at your own expense, under the conditions  
that you do not go out within 90 days  
over



and signed

Wm H. Kirkwood

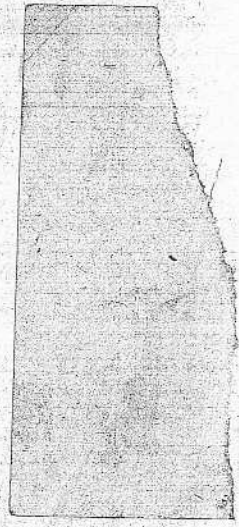
This letter it seems to me makes  
it plain as I could not get  
in the Home without the papers  
Trusting you will kindly look  
into the matter and report  
to me as soon as possible

Respectfully yours

Peter Wesel

April 6 - 1897 - in reply to this sent  
him his Army list - pen cert - voucher  
and put this new application in  
his envelope in place of the  
original which could not be  
found.

J. H. Sparks



Illinois Soldiers and Sailors Home.

Quincy, Ill., July 12 1905

To the Adjutant:

Peter Wessel

Co. B 94 Ill Inf Regt.

died in Hospital at 8 P M., aged 80 years.

Names and address of Relatives and Friends

Reg. No. 2747

L. S. Barnes Hospital Steward.

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill., July 18 1905

TO THE ADJUTANT:

This is to Certify, That Peter Wessel Reg. No.

late of Co. Reg't.

died in S. & S. Hosp. Cause of Death Cirrhosis of the liver

W. S. James Surgeon.

Illinois Soldiers & Sailors Home

Surgeon's Office, *Mar 5 1894*

To the Superintendent:

I have carefully examined

*Peter Messel*

late Co. *C*, Reg't *94 Ill Inf*

late Co. \_\_\_\_\_ Reg't \_\_\_\_\_

and find him disabled by

*tendency to chronic  
Rheumatism and  
general debility of  
old age. His dis-  
ability is sufficient  
to entitle him to  
admission to the  
Home.*

*E. B. Montgomery*  
Surgeon.

Admitted:  
*Geo. W. Fogg*

Register No. *2747*

Illinois Soldiers and Sailors Home,  
QUINCY, ILLINOIS.

*Peter Messel*  
*Jacksonville, Morgan Co.*  
*Co. 94<sup>th</sup> Reg't Ill Inf*  
Co. \_\_\_\_\_ Reg't \_\_\_\_\_  
Co. \_\_\_\_\_ Reg't \_\_\_\_\_

CONTENTS.

Admission Paper, *1*

Army Discharge, *1 Taken*

Certificate of Service, *1*

Pension Certificate, *1*

*Discharged July 24-1895*

*Readmitted Nov. 18-1901*

*March 23-1904 Discharged on furl*

*Nov. 23-1906 Readmitted*

*July 28<sup>th</sup> 1910. Dropped from rolls*

Received \_\_\_\_\_, 18

Admitted *March 5*, 1894

*July 21-1911 RA*

*Dis on Fur July 1911*

*R. a. may. 18<sup>th</sup> 1915*

*Died in hosp July 16<sup>th</sup> 1915.*

DUPLICATE

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of Peter Wessel

Reg. No. 2742 Co. C Regt. 94 Ill. Inf. State

BAKER-VANTER CO. MANUFACTURERS CHICAGO-HOLYOKE

MONTH	DATE	DAY	YEAR	Cot No.	PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
5	18	15			Mrs. W. W. Wessel,	Litchfield, Ill. 212 Main St.	son	

## COTTAGE INVENTORY

*A. S. Barnes* Sergeant, Cottage No. \_\_\_\_\_

Received the above described personal effects of *Peter Wessel*

Registry No. 2742

*A. S. Barnes* Hospital Steward

## HOSPITAL RECORD

Died July 16, 1915 at 8 P. M.

**HOSPITAL INVENTORY**

1 telescope, 1 coat, 1 vest, 1 trousers, 1 hat,  
1 pr. slippers, 3 night shirts, 1 pr. pajamas.

*Value of Effects \$ 00*

*W Wessel*

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

Hospital Steward

Approved:

*W Wessel*

*W Wessel* Adjutant