HEADQUARTERS

Illinois Soldiers' and Sailors' Home

| | QUINCY, II | LINO | IS, | |
|---|--|---------------|------------------------------|---|
| Folyand Stl | Willeton Q. | . a | 1 Hornson | 190 |
| Can All All And Change | | town of | , formerly a Soldier | of the United States |
| | , and State of | Vini | | , respectfully asks |
| of America, in the waragainst that he be admitted as a member of | said Home. | Y. K.U.W. N | | |
| To enable the authorities to det | ermine whether or not he is | legally entit | tled to become a member | of said Home, he de- |
| clares and states the facts to be that | | | | |
| . 10/// | on, stages eyes, on | ult | on the 23 | s porn in the town of |
| of Hovenston, 184 | (; that he has been (2) | enrolle | ed in the U.S. A. service; | in the |
| war against Acheles, and | in the war of the lat | e Rebellion | ; and that he has been (3). | furth honorably |
| discharged from the service of the U | | | | |
| enrollment and discharge from sathereof namely: | aid service, and that the cause | of his disch | narge, and of his rank at | the respective date |
| No. When and where Enrolled, | Winen and where Discharged. | Rank. | Company and Regiment. | Cause of Discharge. |
| 8/1/2 × / 8/-1/ | 19,33 | | -1 | 91 |
| 18t., May 1894 | CO 1869 | 1 | Co. 6, Regt. 145- | Cud of term |
| and Jack Ronville | $-\Omega$ | STL _ | Co. A. Regt. | 6 0 |
| ara. Markel 918 | 15 Vec 16, 18 ps | ra | Co. Regt. | Close of war |
| That he now receives on pension | certificate number 575 | 391, a | Pension of welve | dollars a month, |
| payable the 40 day | of next Lanary | ., at the | Oluca ge Pens | ion Office. |
| That he owns property, real and | | Moth | | no more; that he has |
| no means of self-support other than t | he above named; that his trad | e or occupat | tion is that of a Kally | mer (|
| That he has (4) wife; the | hat he haschildren i | now living; | ages, respectfully, (5) | 20 24 28 |
| years. That his postoffice address is | · U MA AI VII | | ate of Illinois; that his ne | arest railway station |
| is frayville, | n the Soll Six | Rail | way, in | County, |
| in said State; that the name and add | of Morgan | V 1 1 | County of | |
| | ise of his death, he desires all | | 雅 / | A |
| | County of | | | ull |
| That he has not heretofore been | a member of any Soldiers', Sa | ilors, or of | her Charitable Home or I | nstitution, excepting |
| 12 (0) | | | | |
| That he is now a bona fide resident | of the State of Illinois, and ha | s continuous | ly lived and resided in said | State for the last two. |
| years, or has served in an Illinois organ | nization. Of one | file! | Let | |
| That he is so far disabled by (7) - | | | G | |
| | | | <i>//</i> | |
| as to now be incapable of earning his ou | n living. | | | |
| That he has at all times, heretofo | re, supported and adhered to t in, or countenanced, or aided, | or abetted, | tue cause of the rare mene | 111011. |
| That if he shall be admitted to | be a member of the said Hon | ne, he will, | in all things and in every | respect, comply with |
| and conform to the rules and regula same; and that he will cheerfully do over him; and that he will promptly, | and perform any and all things | s that shall | be required of him by thos | e there in authority officer of the Home. |
| so long as he shall remain a member | thereof. | OLWOLD BILLIO | Cont who - | 0 W |
| In Testimony Whereof, he has se | his hand this | day | of Jef Vivi | 1907. |
| Margaly JOhn | 12 | (8) [2] | ward, Wills | Liaus de |

| STATE OF ILLINOIS |
|--|
| County of Caso Ss I, John Cahn , a (10) Justin of the Crace |
| of the town of Creuzarle, 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 under- |
| stood, 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. |
| Elingy LHW Chams |
| Affiant. |
| |
| Subscribed and sworn to before me, this |
| Witness my hand and official seal. |
| [L. S.] Julia O Cahu (12) Justial & Me O Lace |
| |
| CERTIFICATE OF IDENTIFICATION. |
| |
| I do hereby certify, upon honor, that I have personally known CADM WILLIAMS |
| the above Applicant, for, at least, two years last passed; and that to the best of my knowledge and belief, the statements con- |
| tained 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. |
| H. God. |
| Witness my hand, (13) |
| $\frac{1}{100}$ |
| (14) |
| CERTIFICATE OF A LOCAL DIVISIONAL |
| I hereby depose and state that I have carefully examined the above named applicant. Edward H. Willeums |
| I hereby depose and state that I have carefully examined the above named applicant Gelward H. Volleum |
| 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 4 = day of Ochron 1909. And I |
| 16 1 1 1 m more allow accomplished with acid officent a Street |
| know him to be a physician in active practice, and in good repute, and an honest man and a capable physician, in the com- |
| nunity and among his fellow physicians where he lives. |
| John Jahn (16) Lusher & the Trace |
| |
| |
| CERTIFICATE OF A SOLDIERS' HOME SURGEON. |
| I hereby certify upon honor that I carefully and critically examined Odward TO. Williams |
| he above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Julian a g |
| he 23 day of Cololov, 1909; and that I found him to be of sound mind, and to be |
| capable of earning his living by reason of his physical disability arising from (17). Bullous Illus |
| and Lambage |
| |
| |
| 10.11 2-2010-1 |
| Witness my hand Home Hospital Surgeon. |
| nome nospuat Surgeon. |

STATE OF ILLINOIS, ss.

| NAMES. | RELATIONSHIP. | RESIDENCE. |
|--------------------------------|--|------------------------------|
| at this time, are as follows, | to-wit: | |
| residences of all, and the re- | elations only, of affiant who would be his heirs | s in the event of his death, |
| resides at Sonc | ond Ellmois, and that the | names, relationship and |
| that he is Mon married | , that his wife, Ellen Willia | ms |
| | ormerly resided at Specific | Illinois, |
| | | aly sworn according to law, |
| In the matter of | of the relationship of Camand | IN Williams |
| OCCITI OF ALDA | 0 | 4/7/ |

| NAMES. | RELATIONSHIP. | RESIDENCE. |
|------------------|---------------|--------------|
| Ellen Williams | Wife | Concord Illo |
| Proport Williams | Son | |
| Maud William | Doughter | ,, ,, |
| Jaseph Williams | Son | |
| Tron William | Lon | 1.4 |
| 4 | | |
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| | • | |
| | 980 | |

And further affiant saith not.

Subscribed and sworn to before me, this 232 day of October

A. D. 190 5 ester MP

Soldiers frome Val! Genney Edward H. Will rains who was at the hime a few weeks ago ill with tuterentosis diea at his home near Concord Ms. June 22 ang was buries sunday fune 25th Edward Milliams. shlisted as a provento at the age of nearly 18 years in to Cat Camp Butter. Illinois whinters infiniting and has honorably discharge Define be seined in Co, 19, 18th from march 9x 1866-15

to December 164/8-65 when he was again glischarged at The Bluff ark, helding the coul of first corporal, at the him of his death he was near sixty fire years of age the leaves a rife and fairly of four children His Sister mary Theliams Bailey Cineural July first R. X- Route 1 By 23 Diseling & Jane 911911

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., Oct 234 1909

The undersigned hereby instruct the clerk in charge of Post Office at Soldiers Home to deliver all mail from the Pension Department to the Superintendent.

| NAME | Registered Number | Co. | Reg't | State | Term of Service | Number of Certificates | WITNESS |
|---------------|----------------------|------|-------|-----------------|-----------------------|------------------------|------------|
| Edward H. Wil | hains 88/4 | Cols | 145 | <u>DU</u> DU | /3 | 676,391 | 6 H Gester |
| | | ű. | | | | | |

REGISTER NO. 88/4

ILLINOIS SOLDIERS AND SAILORS HOME
QUINCY, ILLINOIS.

| 2000 | | y Wills. | Λ . |
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| 6 | | 145 Reg't Il | Dal. |
| G | | 18 Reg't DU | Iral. |
| | | Reg't | |
| | CON | NTENTS. | |
| Admission | Paper | | |
| Army Dis | scharge / | | |
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| Pension C | Certificate 6/ | 539/_wiii | |
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| Admitted Dis May Jun | OR G 26-191 | | 190 7 / O |
| Admitted Dis May Jun | OR G 26-191 | me 9, 19, Ra | 190 7 / O |
| Admitted Vis May Jun | OR G 26-191 | me 9, 19, Ra | 190 |
| Admitted Ois May Jun | OR G 26-191 | me 9, 19, Ra | 190 |
| Admitted Ois May Jun | OR G 26-191 | me 9, 19, Ra | 190 |
| Jun | OR 4 26-191 | me 9, 19, Ra | 7 |
| Jun | OR 4 26-191 | Ra 1 Dis 0 | 72 |