

ILLINOIS SOLDIERS AND SAILORS HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

STATE OF ILLINOIS } ss.
 County of Adams

On this 16th day of December A. D., 1908, personally appeared before me,
William Wilson, who being duly sworn, upon oath says:—

1. My name is (1) William Wilson, and my age is 59 years. I am 5 feet and 3½ inches high. I am of Dark complexion, Blue eyes and Gray hair. I was born in the town of New York City in the county of Kings, state of New York, on the 12th day of May 1849.

I have been enrolled in the U. S. A. service; once in the war against (2) ~~the~~, and in the war of the late Rebellion. I have been (3) 1 times discharged from the service of the United States. The following is a true statement of the time and place of my enrollment and discharge from said service, and the cause of my discharge, and my rank at the respective date, is as follows:

No.	When and where enrolled	When and where discharged	Rank	Company and regiment	Cause of discharge
1st.	<u>4th May 1864</u> <u>at Sparta, Ill.</u>	<u>6th day of October 1864</u> <u>Camp Frye, Chicago</u>	<u>Drummer</u>	<u>Co. K Regt. 142</u>	<u>26th 7</u> <u>Expiration of time</u>
2nd.				<u>Co. Regt.</u>	
3rd.				<u>Co. Regt.</u>	

2. I now receive on pension certificate numbered 662189, a pension of 12 dollars per month, payable the 7th day of next January, at the Illinois Pension Office.

3. On the 24th day of November A. D. 1872, at Jacksonville in the county of Morgan, in the state of Illinois, I was lawfully married to Addie Pogue, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) no children now living, ages respectively _____ years. My postoffice address is _____

2. I now receive on pension certificate numbered 662189, a pension of 12 dollars per month, payable the 4th day of next January, at the Illinois Pension Office.

3. On the 24th day of November A. D. 1878, at Jacksonville in the county of Morgan, in the state of Illinois, I was lawfully married to Addie Pogue, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) no children now living, ages respectively _____ years. My postoffice address is Jacksonville State of Illinois, my nearest railway station is Jacksonville, on the Wabash railway, in Morgan County, in said state. In case of illness or death I desire that notice be sent to Wm Pogue, in the town of Goodhouse, county of Greene, state of Illinois.

The name and address of the person to whom all my personal effects shall be sent in case of death is, Mrs Addie Wilson my wife, at _____, in the county of _____ state of _____. My trade or occupation is that of a Teamster & Expressman.

5. I am so far disabled by reason of age and infirmity as to be incapable of earning a living for myself, and my said wife is without separate property or income sufficient to afford herself with a living, or which combined with my means will enable us to live in comfort; that I have not heretofore been a member of any Soldiers or Sailors Home, or other charitable institution, except (5) _____.

6. That I desire to become a member of the Illinois Soldiers and Sailors Home, and my said wife Mrs Addie Wilson, desires to become a member of the home with me, and joins me in this application for membership therein. That I have at all times heretofore, supported and adhered to the government of the United States of America, and that I have not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion. That if we shall be admitted to be members of said Home, we 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 we will cheerfully do and perform any and all things that shall be required of us, by those in authority over us, and that we will promptly and willingly obey all lawful orders that we shall receive from any officer of the Home, so long as we shall remain members thereof.

IN TESTIMONY WHEREOF we have set our hands this 16 day of December, 1908

(7) J. S. Merrill
Witness

(6) William Wilson
Addie Wilson
Applicants

CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known William Wilson and Addie Wilson, the above applicants, for at least two years last past, and that to the best of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that as to the time of their residence in Illinois, or his service in an Illinois organization. And I further state that they have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at large and that they can safely be quartered with feeble and helpless men and women.

WITNESS my hand (8)

James S. Merrill
County Clerk
Morgan County Ill.
(9)

CERTIFICATE OF A LOCAL PHYSICIAN

I hereby depose and state that I have carefully examined the above named applicant William Wilson, as to his disability, and I now find that he has (10) had Rheumatism & is subject to Scurvy & has an inguinal Heric to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

L. H. Clampitt
M. D.

Subscribed and sworn to before me, this 18th day of December A. D., 1908. And I certify

that I am personally acquainted with said affiant L. H. Clampitt, and that I know him to be a physician in active practice and in good repute, and an honest man and a capable physician in the community and among his fellow physicians, where he lives.

(11) Effie M. Bool
Notary Public

to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

L. H. Claupik
M. D.

Subscribed and sworn to before me, this 18th day of December A. D., 1908. And I certify

that I am personally acquainted with said affiant L. H. Claupik, and that I know him to be a physician in active practice and in good repute, and an honest man and a capable physician in the community and among his fellow physicians, where he lives.

(11) Effie M^c Cool
Notary Public

CERTIFICATE OF A SOLDIERS HOME SURGEON

I hereby certify upon honor that I have carefully and critically examined William Wilson
and Wife, the above named applicant as to this mental and physical condition, at the hospital of this Institution, on the 5th day of March, 1909; and that I found them to be of sound mind, and to be in capable of earning his living by reason of his physical disability arising from (12)

Husband has Left Inguinal Hernia and Rheumatism
Wife in good health except a chronic cough

Witness my hand D. M. Landon
Home Hospital Surgeon

ORDER ADMITTING APPLICANT

The application of the said _____ and _____, 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 applicants have shown themselves to be lawfully entitled to admission to the Home, it is hereby ordered that he is now duly admitted as a member thereof, this _____ day of _____, 19____

Superintendent

To all whom it may Concern.



Know ye,

That William Willson

Drummer of Captain John Stevenson's
Company, (K), 142^d Regiment of Illinois Infantry,

VOLUNTEERS who was enrolled on the fourth day of May
one thousand eight hundred and sixty four to serve 100 days ~~years or~~
~~during the war,~~ is hereby **Discharged** from the service of the United States,
this 26th day of October, 1864, at Camp Fry

Chicago Illinois by reason of his term of service having expired
(No objection to his being re-enlisted is known to exist.)

Said William Willson was born in New York
in the State of New York, is fifteen years of age,
four feet eleven inches high, fair complexion, grey eyes,
dark hair, and by occupation, when enrolled, a Drummer

Given at Camp Fry Illinois this Twenty Sixth day of
October 1864.

Joseph L. Hoar
1st Lieut. 13th U. S. Infantry
Commanding the Regt.



John Stevenson Capt
Co. K, 142^d Regt. Ills. Vol. Inf.

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

OATH OF IDENTITY.

William Melton

of the town of Jacksboro
County of Morgan in the State of Alabama

On this 16th day of February in the year
1864 one thousand eight hundred and sixty four personally appeared
before me, the undersigned, a Justice of the Peace for the county
and State above mentioned, William Melton

who, being duly sworn according to law, declares that he is the
identical William Melton who was

Private in the company commanded by
Captain John Stearns in the regiment
142 commanded by Stark

that he enlisted on the 4th day of May 1864
for the term of 100 Days and was discharged
at Camp Fort Bell on the 26th day
of October 1864 by reason of Opposition
of Term of Service
William Melton

Sworn and subscribed to before me the day and year above written.

Geo C Williams
County Clerk

I certify that _____ before
whom the above affidavit purports to have been made, is a Justice of
the Peace duly authorized to administer oaths, and that the above is
his signature.

In witness whereof, I have hereunto set my hand and affixed my
official seal, this _____ day of _____
L. S. in the year _____
at _____ in the State of _____



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

In the matter of the relationship of *William Wilson*

Book 142 Du Sup, being first duly sworn according to law,
deposes and says that he formerly resided at *Jacksonville, Illinois*,
that he is *now* married, that his wife, *Addie Wilson*
resides at *Jacksonville, Illinois*
618 1/2 S. 10th Quincy Illinois, 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>Was no relations so far as known</i>		

And further affiant saith not.

William Wilson

Subscribed and sworn to before me, this *Fifth* day of *March*

NOTE.—The Issuing Registrar must file this permit in his office as a permanent record when returned to him after the funeral.

County Morgan
Township or Road Dist. _____
City, Town or Village Waverly

STATE OF ILLINOIS
Department of Public Health—Division of Vital Statistics

Burial Permit No. 29
Death Certificate No. _____
(Consecutive Registered No.)

Burial or Removal Permit

SPECIAL PERMIT OR CERTIFICATE
(Sections 5 and 11, V. S. Act.)
(or) A Transit (from another State) } Permit for
{ A Burial or Removal (from another State) } body of
(or) A Disinterment-reinterment }
(or) A Certificate of Amputation of _____ of
(Part of body amputated)

A CERTIFICATE OF DEATH OF

(Full Name) Sarah Ada Pogue Wilson

Sex Female; Color White; Age 83 yrs., 7 mos., 9 days; Date of Death Nov. 2nd 1931

Place of death Good Mt. Hosp. by Dr. W. A. Street

Cause of death Cardiac infarction Cause certified by Paul Atha {M. D. Coroner

having been filed with me in proper form and in accordance with the laws of Illinois, I hereby authorize _____ (Name of undertaker or person making burial), address _____ (Of undertaker for person making burial) to remove the body of said deceased person to Salem, Mo. Cemetery located at Summit in Clarendon County, and there to inter body of said deceased person. (Location of cemetery; City, Village, or Twp.) (Inter or Cremate)

to remove the _____ of said person to _____ for the _____ holding funeral _____ thence to transport the remains to _____ (Or) _____ holding over 72 hrs. _____ (Place of final disposition)

Date Dec. 3rd 1931 (Signed) W. A. Street Registrar

Registrar's Address Waverly, Mo. Registration Dist. No. 1001

THE DECEDENT HEREIN DESCRIBED HAS NOT SERVED IN THE MILITARY OR NAVAL SERVICES OF THE U.S.

This permit may be signed only by the Local Registrar or Sub-Registrar (or in absence of either, by his deputy) of the Registration District in which the death occurred and by him only AFTER the filing and acceptance of a correct certificate of death, or Special Permit or Certificate, as provided for above.
This permit is sufficient for the Removal of a body to, and Interment or Cremation in any part of Illinois (subject to local cemetery or other regulations), PROVIDED that where removal is by common carrier (rail or boat) a TRANSIT PERMIT will in addition be required. See Rules and Regulations Governing the Transportation of Dead Bodies.
Sexton or other person in charge of cemetery or burial ground must endorse this permit.
(See Instructions to Undertakers and Sextons on Reverse Side of This Permit.)

NOTICE.—This Permit must be Countersigned by the Local Health Authority—

If death is caused by a communicable disease mentioned in *Rule 2. (Over.)
If body is to be taken by Hearse, Undertaker's Service Wagon or other private conveyance beyond the boundary line of the County where Death occurred and into any other County in Illinois.
APPROVED Paul Atha Date 12-9-31
Health Officer at Waverly, Mo. County Morgan

*See Official Rules Governing Transportation of the Dead in Illinois by Common Carrier—reverse side, Form V. S. No. 11

EXTRACTS FROM "OFFICIAL RULES GOVERNING THE TRANSPORTATION OF THE DEAD IN ILLINOIS."

RULE 2.—The transportation in Illinois of the dead from smallpox, diphtheria, (diphtheretic sore throat, membranous croup), scarlet fever, (scarlatina, scarlet rash, duke's disease), poliomyelitis (infantile paralysis), cerebro-spinal fever, epidemic meningitis, bubonic plague, asiatic cholera, typhus fever, anthrax and tetanus, shall be permitted only under the following conditions:

The body shall be thoroughly embalmed with an approved disinfecting fluid by arterial and cavity injection; all orifices shall be closed with absorbent cotton, the body shall be washed with an approved disinfecting fluid and placed at once in the coffin or casket, which shall be immediately closed. Embalming and other preparation must be done by a licensed embalmer holding a license as such issued by the Illinois State Board of Health, or, if issued subsequent to June 30, 1917, by the State Department of Registration and Education.

If the body is prepared as above provided, the coffin or casket may be provided with a plate of glass of sufficient dimensions to disclose the face.

In all cases where bodies are forwarded under Rule 2, notice must be sent by telegraph by the shipping embalmer to the health officer, or when there is no health officer, to other competent authorities at destination, advising the date on which the body may be expected. The coffin must not be opened after reaching its destination. (As amended June 1, 1918.)

RULE 5.—The outside case may be omitted in all instances when the coffin or casket is transported in hearse or undertaker's wagon in Illinois.

ENDORSEMENT OF SEXTON, OR PERSON IN CHARGE OF PREMISES ON WHICH INTERMENT OR OTHER DISPOSITION OF BODY IS MADE.

I, Ed Dillon
 hereby certify that the body described on the reverse side of this burial or removal permit was interred
 in St. James Funeral Home cemetery, located in Bellevue County,
 on Dec 4 1931 (Date)

Signed Ed Dillon
 P. O. Address Bellevue Illinois

{ Departures from the provisions
 of this permit are as follows: _____

After filling in the above, this permit must be forwarded to the local registrar of the district in which the cemetery is located WITHIN THREE DAYS following receipt of the body herein described.

INSTRUCTIONS TO THE UNDERTAKER:

This burial permit must be delivered by the undertaker to the sexton or other person in charge of the cemetery or burial ground where disposition of the body is to take place.
 If there is no sexton or person in charge of the cemetery or burial grounds, the UNDERTAKER OR PERSON ACTING AS SUCH SHALL FILL IN AND SIGN the above endorsement, ordinarily required of the sexton, and shall write across the face of the permit "No person in charge." He (the undertaker) must then forward this portion of the permit to the Local Registrar of the district in which the cemetery is located within three days following disposition of the body.

TO LOCAL REGISTRAR RECEIVING THIS ENDORSED PERMIT:

This endorsed permit is forwarded to your office in order that you may be informed of burials occurring in cemeteries in your district.
 On receipt of this permit, note location of Registrar issuing same and if within the State of Illinois, forward this endorsed permit to the issuing Registrar so that he may have same within three days following disposition of the body.

SEXTONS and UNDERTAKERS violating the law relative to the return of permits to Local Registrars are liable to a penalty of not less than five dollars nor more than fifty dollars for the first offense, and of not less than ten nor more than one hundred dollars for each subsequent offense, or be imprisoned in the county jail not more than sixty days, or be both fined and imprisoned, in the discretion of the Court.

THE LAW WILL BE ENFORCED.

Local Registrars are required, under penalty, to report violations thereof.

RECEIVED

FEB 9 1909

Jacksonville Ills

Entered _____

Age ~~_____~~

Mrs Sumner Hill Sir

we didn't expect a vacancy
so soon and had some
affairs to look after.
Before we could come
as we was keeping boys
and my wife was sick
with grip we are ready
to come some time
this week if you still
have the room site as
soon as you can and we
will come right away
this week

FEB 11 1909

I've got beads by the
front of church and they
come before a hot
time if there is room
for us tonight and see
the know and O'Blige
your friend

William Water

William Wilson
302 West-college St
Jacksonville Ylls

BOARD OF REVIEW
MSW

3-642 ACT OF MAY 1, 1920
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

OCT 28 1925
Washington
Oct. 23, 1925.
8522
22

Claim for Increase pension has been allowed in favor of
William Wilson, Soldiers & Sailors Home, Quincy, Ill.
Certificate No. 662,189 Rate of Pension, \$ 72. per month from Aug. 27, 1925.

Attorney's fee of \$ - payable to - none.

Superintendent,
Soldiers & Sailors Home,
Quincy, Ill.

Winfield Scott
WINFIELD SCOTT
Commissioner.
11/10

GOVERNMENT PRINTING OFFICE

6-6973

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., March 5th 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
William Wilson	8522	K	142	Ill	Inf ⁶	662189	L. B. Jackson

Illinois Soldiers and Sailors Home

Soldiers Home Hospital, Ill., Dec. 3-1931 / 19

To the Farm Supt: Adj
174

The Funeral of Addie Nelson

will take place at 10 P.M. Dec. 4-1931

Lippincott Hall

Gail Swobber Hospital Steward.

Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill.

August 25th 1928

To the Adjutant:

THIS IS TO CERTIFY, That

Wm Wilson

Reg. No.

8522

late of Co.

K

Reg't

142nd Ills Inf

died in

Soldiers and Sailors Home Hospital

Cause of death

Jaundice - Biliary obstruction
Myocarditis

Chas. H. Becker

Surgeon

(81495-500-1-28)

Illinois Soldiers' and Sailors' Home.

Quincy, Ill.,

Aug 25 - 1928

To the Adjutant:

Wm Wilson

Co.

K 142 Ills Inf Regt.

died in Hospital at

11³⁵ A

M., aged

79

years.

Names and address of Relatives and Friends

Addie Wilson (wife)

Present

Reg. No.

8522

Gail J. Webber

Hospital Steward.

Illinois Soldiers' and Sailors' Home

Soldiers Home Hospital, Ill.,

Aug 26 - 1928

To the Farm Supt:

Cady
8522

The Funeral of

Wm Wilson

will take place at

1 P.M. Aug 28/1928

Services at
Coh 2

Gail J. Webber

Hospital Steward

RECEIVED

JAN 27 1909
Entered Jack Keronville
Ans. Illinois
Jan 27th 1909

Mr Sumnerville
I sent Mrs Papers to
you as you said to for
me to dew for me and
Mrs wife and heaven
heard from them yet
I thought I would
write to you and see
if you got them if you
did I wish you would
write and let me
know soon I dont
want to loose them
it would make me
trouble to get them made
Out a gain

So I thought I would
bright to you about them
in time and bright and
tell me when you think
we can get in the home
hoping to hear from
you soon

Direct to
William Wilson
302 West Collyer

So
My Papers are made
out in the name

Rey 14 20 Illinois
inf look

Write soon

For I want to know
if you get them at the
home

REGISTER NO. 8522 ¹²/₂₀

ILLINOIS SOLDIERS AND SAILORS HOME
QUINCY, ILLINOIS.

William⁽⁴⁾ Addie Wilson 174
Jacksonville Morgan Co Illinois
Dummer Co. K 142 Reg't Ill Inf

Co. _____ Reg't _____

Co. _____ Reg't _____

CONTENTS.

Admission Paper 1

Army Discharge 1

Certificate of Service _____

Pension Certificate 662189^{no} will

Admitted MAR 5 1909 190

Oct. 11-1910 Dis on Furl.
May 16-1911 RA
^{Husband}
Died in Hosp. Aug. 25, 1928
Wife Dis OR- Nov 23-1931
Widow died in Harshly Oct-12-3-31
Buried in Sunset Cemetery

270

Sarah Ada Wilson
 Widow of Wm. Wilson
 Drummer Co K 142 Ill. Inf.
 Was buried in Box 4
 Row 16 1/4 Letter E
 Dec. 4-1931
 Age 82
 Ed Dillon

DISCHARGE

ILLINOIS SOLDIERS' AND SAILORS' HOME

NOV 23 1931

Addie Wilson Date _____
 late _____ Co. _____
 REG'T. _____
 Admitted *Mar 5-1909* is discharged
 on account of *own Request*
J. Bessing *D. H. H. Theaker*
 Adjutant Managing Officer

(55854-1m-4-31)

Name *Wilson, Addie* Cot. _____ Home No. *174*
 Rank _____ Co. _____ Reg't _____ War *Civil*
 Length of Service, Months _____ Nativity _____
 Age at Date of Original Admission _____ Yrs. _____
 Enlisted in _____ Admitted from *Morgan Co.*
 Pension \$ _____ Cert. No. _____ Occupation _____
 Social Condition _____ Read and Write *Jacksonville*

MAJOR CHARGE	MINOR CHARGES
Penal Offense <i>Dec 11/23/31</i>	A. W. O. L. <i>78 yrs.</i>
Bringing Liq. _____	Drunkenness _____
Drunk on Duty _____	Disord'y Cond. _____
A. W. O. L. Und. Sen. _____	Lying or False Ac. _____
Insubordination _____	Violation of Rules _____
Other Misconduct _____	Jumping Fence _____

NAME <i>Wilson Addie</i>		REG. No. <i>174</i>
DATE OF BIRTH <i>4-27-1849</i>	PLACE <i>Ill</i>	
SOCIAL CONDITION	COLOR	RELIGION
ADMITTED <i>March 5, 1909</i>	OCCUPATION	
ADMITTED FROM	TOWN <i>Jacksonville</i>	COUNTY <i>Morgan</i>
HUSBAND'S NAME <i>Wm Wilson</i>	<i>8522</i>	
RANK	Co. <i>F</i>	REG <i>148</i> WAR <i>Civil</i>
RELATIVES ADDRESS		
ASSIGNED TO COTTAGE		
TRANSFERRED TO		DATE
PENSION \$ <i>40</i>		CERT. No. <i>1929-80</i>
<small>(67688-1M-4-22)</small>		

Name <i>Wilson, Addie</i>	Cot.	Home No. <i>174</i>
Rank	Co.	Reg't
Length of Service, Months	War <i>Civil</i>	
Age at Date of Original Admission	Nativity	
Enlisted in	Admitted from <i>Morgan Co.</i>	
Pension \$	Cert. No.	Occupation
Social Condition	Read and Write <i>Jacksonville</i>	
MAJOR CHARGE		MINOR CHARGES
Penal Offense <i>Des 11/23/31</i>	A. W. O. L. <i>78 yrs.</i>	
Bringing Liq.	Drunkenness	
Drunk on Duty	Disord'y Cond.	
A. W. O. L. Und. Sen.	Lying or False Ac.	
Insubordination	Violation of Rules	
Other Misconduct	Jumping Fence	
<small>BAKER-VAWTER CO. MANUFACTURERS CHICAGO-HOLYOKE →</small>		

DISCHARGE

ILLINOIS SOLDIERS' AND SAILORS' HOME

NOV 23 1931

Addie Wilson Date _____
late _____ Co. _____
REG'T. _____

Admitted *Mar 5-1909* is discharged
on account of *own Request*

J. Bessing *W. H. Theaker*
Adjutant Managing Officer

(55854-1m-4-31)

3196
William Wilson
Drummer Co K 142 1st Inf
Was buried in Paris
Row 16 1/2 Letter E
Aug 28-1928
Age 79
Ed Dillon

ADOLE WILSON

Widow of William Wilson
Drummer Co. K- 142 Ill. Inf.
Admitted to Home- Mar. 5- 1909
Discharged- Nov. 23- 1931.
Died in Waverly, Ill. Dec. 2- 1931
Age 82 years.

270
Sarah Ada Wilson
Widow of Wm. Wilson
Drummer Co. K 142 Ill. Inf.
Was buried in Div 4
Row 16 1/4 Letter E
Dec. 4-1931
Age 82
Ed Wilson

AGGLE WILSON

Widow of William Wilson
Drummer Co. K- 142 Ill. Inf.
Admitted to Home- Mar. 5- 1909
Discharged- Nov. 23- 1931.
Died in Waverly, Ill. Dec. 2- 1931
Age 82 years.

NAME <i>Wilson Addie</i>		REG. No. <i>174</i>
DATE OF BIRTH <i>4-27-1849</i>	PLACE <i>Ill</i>	
SOCIAL CONDITION	COLOR	RELIGION
ADMITTED <i>March 5, 1909</i>	OCCUPATION	
ADMITTED FROM	TOWN <i>Jacksonville</i>	COUNTY <i>Morgan</i>
HUSBAND'S NAME <i>Wm Wilson</i>	<i>8522</i>	
RANK	Co. <i>K</i>	REG <i>148</i> <i>1st</i> WAR <i>Civil</i>
RELATIVES ADDRESS		
ASSIGNED TO COTTAGE		
TRANSFERRED TO		DATE
"		"
PENSION \$ <i>40</i>	CERT. No.	<i>1929-50</i>
<small>(67688-1M-4-22)</small>		

3196
William Wilson
Drummer Co K 142 1st Inf
Was buried in Dry
Pou 16 1/3 Letter E
Aug 28 1928
Age 79
Ed Dillon