

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois.

Eliam A Skivore, *Kenney*, 1896
(*) of the Town of *Kenney*, in the
County of *Dewitt*, and State of *Ill*, formerly a Soldier of the United
States of America, in the war against (1) *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 *67* years of age, that he is *5* feet and *7* inches high; that he is of *Dark* complexion, *Dark* eyes, and *Brown* hair; that he was born in the town of _____ in the _____ of *Illinois*, on the *07* day of _____, 18*43*; that he has been (*) _____ enrolled in the U. S. A. service; *two* in the war against Mexico, and _____ in the war of the late Rebellion; and that he has been (*) _____ 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>Spencerfield Ill</i>	<i>Rankville Ill</i>	<i>Private</i>	<i>Bat F 1st Ia</i> <i>Co. Regt. Ia</i>	
2d.	<i>Mar 1. 62</i>	<i>Mar 1 65</i>		<i>Co. Regt.</i>	
3d.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *997495*, a pension of *6* dollars a month, payable the *4* day of next *April*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *\$100.* 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 *Farmer*

That he has (*) *Wife*; that he has *4* children now living; ages, respectively, (*) *14 - 2222 19* years; That his postoffice address is *Kenney*, State of *Illinois*; that his nearest railway station is *Kenney*, on the *Ill Cen* Railway, in *Dewitt* 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

John P Skivore, of *Kenney*, County of *Dewitt*, State of *Ill*; that, in case of his death, he desires all his personal effects to be sent to *John P Skivore*, at *Kenney*, County of *Dewitt*, State of *Ill*

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution excepting the (*) _____

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 (*) _____

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 *14* day of *March*, 189*6*

(*) *Eliam A Skivore*, Applicant.
A Skivore, Witness.

COUNTY OF _____, I, _____, a (10) _____

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) *Edam A. Skivens*
Affiant.

Subscribed and sworn to before me, this _____ day of _____, A. D. 189____. Witness my hand and official seal.

L. S. _____ (12)

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known *Edam A. Skivens* 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) *J. J. Sever*
(14)

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 (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 _____ 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.

(16)

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined *Edam A. Skivens* the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on *Saturday* the *14th* day of *March*, 189*6*; 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) *loss of portion*

of right hand by buzzsaw on Mar. 11th 1896
He should be assigned to hospital

Witness my hand *E. B. Montgomery*

ORDER ADMITTING APPLICANT.

The application of the said Edgar A. Skovron, 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 now duly admitted as a member thereof, this 14 day of April, 1896.

W. H. Kirkwood, Superintendent.

HOW TO FILL APPLICATION BLANKS.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 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, <i>in his own words</i>, 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 <i>his</i> name. 10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court." | <ol style="list-style-type: none"> 11. Here Applicant will sign his <i>full name</i>, 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. R. Post. 14. Here write official title. 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>. 16. Name and official title of Notary or Justice. 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>. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 citizen's 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 means 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.

Illinois Soldiers' and Sailors' Home

Soldiers Home Hospital, Ill., May 17 1922

To the Farm Supt: Adj. 3472

The Funeral of Elain Skirus F. - US Army

will take place at 1 P.M. May 17, 1922

Gail Swobbe - Hospital Steward

Illinois Soldiers' & Sailors' Home,

Surgeon's Office, Room 25 18229

To the Superintendent:

I have carefully examined

Elain Skirus

late Co. F Regt 10th

late Co. Regt

and find him disabled by trauma of
part of right hand

G. P. Swobbe
Surgeon

Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. Mar 16 1922

To the Adjutant:

THIS IS TO CERTIFY, That Elam^a Shivers Reg. No. 3472

late of Co. F 1 Reg't 2nd St. Art.

died in Hosp. 6.45 A.M. Cause of death Cancer of liver

W. A. Sim

Surgeon

Cottage No.

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., July 30 1904

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 Certificate.	WITNESS.
<u>Elam A Shivers</u>	<u>3472</u>	<u>J</u>	<u>1</u>	<u>Mo</u>		<u>887.495</u>	<u>B. F. Lawson</u>
							<u>Elamth Shivers</u>

Illinois Soldiers and Sailors Home.

Quincy, Ill., Mar 16 1922

To the Adjutant:

Elam^a Shivers Co. F, 1 2nd St Art Reg't

died in Hospital at 6.45 A.M., aged 78 years.

Names and address of Relatives and Friends Jno Shivers (son)

2520 S 12th Springfield, Ill

Reg. No. 3472

Gail Swobbe Hospital Steward.

ILLINOIS SOLDIERS' AND SAILORS' HOME
QUINCY, ILL.

I, Elam A Skivers of Illinois Soldiers' and Sailors' Home

in the County of Adams and State of Illinois, being of sound mind and memory, and considering the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish and declare, this to be my last Will and Testament.

First. I order and direct that my execut.....hereafter named, pay all my just debts and funeral expenses as soon after my decease as conveniently may be.

Second. After the payment of such funeral expenses and debts, I give, devise and bequeath all worldly goods of which I may die possessed,.....

to My Son
John P Skivers
Mt - Pulaska
Logan County
Illinois

Lastly, I make, constitute and appoint Wm Somerville Supt -
or His Successor in Office to be Executor of this my last Will and Testament, hereby revoking all former Wills by me made.

In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the 30 day of July in the year of our Lord One Thousand Nine Hundred Four
Elam A Skivers [Seal]
His mark

This instrument was, on the day of the date thereof, signed, published and declared by the said testator Elam A Skivers to be his last Will and Testament in the presence of us, who at his last request have subscribed our names hereto as witnesses in his presence, and in the prsence of each other.

B. F. Lewison
J. E. Minzer

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *Elam Skivis* Reg. No. *3472* Co. *F* Regt. *1 Ill St Ar* State

Date	Col. No.	Person to Be Notified in Case of Death	P. O. ADDRESS	RELATIONSHIP	REMARKS
<i>Mar 16 1922</i>		<i>Kittie Skivis Wife of Geo Skivis</i>	<i>Springfield Ill</i>	<i>Wife in Law</i>	

COTTAGE INVENTORY

Sergeant, Cottage No. _____

Received the above described personal effects of _____

Registry No. _____

Hospital Steward _____

HOSPITAL RECORD

HOSPITAL INVENTORY

*Small suit case + contents
Bundle*

Mrs. Kittie Skivis.

I hereby certify that the above is a true and correct inventory of the personal effects of

Elam Skivis Deceased.

Gail Webb Hospital Steward

Approved:

Thos. L. Nash

Adjutant.