

HEADQUARTERS

Illinois Soldiers and Sailors Home, QUINCY, ILLINOIS.

D. Witherspoon

I, James Dee of the town of Clinton, in the County of De Witt, and State of Illinois, formerly a Soldier of the United States of America, in the war against (1) the Late 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 79 years old; that he is 5 feet and 9 inches high; that he is of Ruddy complexion, Gray eyes, and Gray hair; that he was born in the town of Ireland on the 16 day of December, 1835 that he has been (2) Five enrolled in the U. S. A. service; in the war against the Late Rebellion, and in the war or the late Rebellion; and that he has been (3) Five 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 that 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.				Co. Regt.	
2d.	<u>December 28 1863</u>	<u>August 6 1865</u>	<u>Private</u>	<u>C. Co. 100 Regt. N. Y. Inf</u>	<u>By Order from War Dept.</u>
3d.				<u>D. Co. 158 Regt. N. Y. Inf</u>	

That he now receives, on pension certificate number 978037, a pension of Six dollars a month, payable the 4th day of next October, at the Milwaukee 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 the above named; that his trade or occupation is that of a Labourer.

That he has (4) No wife; that he has 1 children now living; ages, respectively, (5) Don't know years. That his postoffice address is Clinton, State of Illinois; that his nearest railway station is Clinton, on the The Central Railway, in De Witt 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 Gailard Strong, of Potege, County of Columbia, State of Wisconsin; that, in case of his death, he desires all his personal effects to be sent to Gailard Strong, at Potege, County of Columbia, State of Wisconsin.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) Milwaukee Columbia Falls.

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, or has served in an Illinois organization.

That he is so far disabled by (7) Partial inability to earn a living.

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 26th day of August, 1903.

(8) James W. Shahan Witness. (8) J. Dee Applicant.

STATE OF ILLINOIS,

COUNTY OF Adams } ss.

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) _____, Affiant.

Subscribed and sworn to before me, this _____ day of _____, A. D. 190____. Witness my hand and official seal.

L. S.

(12) _____

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known _____ 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, 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.

Witness my hand, (13) _____,

(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 _____ 190____. 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 _____ the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on _____ the _____ day of _____, 1903; and that I then found him to be of a sound mind, and to be _____ capable of earning his living by reason of his physical disability arising from (17) _____ Age + Chronic Conjunctivitis.

Witness my hand _____

B. C. Chley
and Home Hospital Surgeon.

Cottage No. 4

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., August 26th 1903

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.
James Doe	C 100 NY Inf 4					978.037	Joseph M. Shahan
	D 158 NY "						
	J Doe						

CASH RECEIPT—TRUST FUND

STATE OF ILLINOIS
BOARD OF ADMINISTRATION
THE ILLINOIS SOLDIERS AND
SAILORS HOME

3911

3911

Quincy, Ill.

1903

6440

12/4

GIVE THIS RECEIPT TO
PARTY PAYING

Received from

L. Murphy
Secretary

26

Dollars

For

acct of James Doe, dec'd

\$

17²⁶

J. E. Andrew

MANAGING OFFICER

W. Conroy

AUTHORIZED AGENT

2309 Buick
James Hill
St. - Falls
8th Road
6th Division
Dec 16th 1915

_____ to be Execut _____ of this
Wills by me made.
red my name and affixed my seal, the _____ day

REGISTER No. 6440

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS.

James Doe
Clinton DeWitt Ill
D Co. 158 - Reg't N.Y. Dragoon
C Co. 100 Reg't N.Y. "

CONTENTS

Admission Paper /
Army Discharge /
Certificate of Service
Pension Certificate 1-978.037 ^{W W} Will t
Admitted August 26th 1903
Died in ~~Quincy~~ 18 Dec. 11th 1915

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *James Dee*

Reg. No. *6440* Co. *B* Regt. *100* *th* of

State _____

BAKER-VANIER CO. MANUFACTURERS CHICAGO-INDIANA

DATE			Cot No.	PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
MONTH	DAY	YEAR					
<i>Dec</i>	<i>14</i>	<i>1915</i>	<i>18</i>				

COTTAGE INVENTORY

*cash money \$ 17⁰⁰ } 1 bank book containing \$ 20 25⁰⁰
 1 over coat, 1 Dress coat, 1 vest, 10 p Socks, 7 Handkerchiefs
 2 White Shirts, 2 Slaves, 1 p Socks*

FREDERICK SCHUTT Sergeant, Cottage No. *18*

Received the above described personal effects of _____

Registry No. _____

Hospital Steward _____

HOSPITAL RECORD

Value of Effects 10 30

HOSPITAL INVENTORY

*Received above Effects
 J. M. R. Dee
 Brother*

I hereby certify that the above is a true and correct inventory of the personal effects of *James Dee* Deceased.

Hospital Steward _____

Approved: _____

[Signature]
 Adjutant