

HEADQUARTERS

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS

James Gilbert, (0) of the town of *Leitch*, in the County of *Le Witt*, and State of *ILLINOIS*, 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 *59* years old, that he is *5* feet and *10* inches high; that he is of *Black* complexion, *Black* eyes, and *Black* hair; that he was born in the town of *Marion* in the County of *Alabama*, on the *14* day of *March*, 18*35*; that he has been (2) *1* enrolled in the U. S. A. service; in the war against *Rebellion*, and in the war of the late Rebellion; and that he has been (3) *1* 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.	<i>Marion Ala. 4th 1864</i>	<i>Sept 25th 1865</i>	<i>Pvt.</i>	<i>Co. 3 Regt. 21st Col. U.S.C.</i>	<i>U.S.C.</i>
2d.				<i>Co. Regt. 4</i>	
3d.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *702752*, a pension of *12* dollars a month, payable the *4* day of next *Oct*, at the *Chgo 90* Pension Office.

That he owns property, real and personal, of the value of _____ 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 *Laborer*.

That he has (4) *20* wife; that he has *202* children now living; ages, respectively, (5) *47. 42* years. That his postoffice address is _____, State of Illinois; that his nearest railway station is _____, on the _____ Railway, in _____ 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 *Robert Gilbert*, of *Rosa*, County of *Polk*, State of *Mo*; that, in case of his death, he desires all his personal effects to be sent to _____, at _____ County of _____ State of _____.

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

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 paralysis*

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 *16* day of *Oct*, 190*7*
 (9) *J. Rawson* Witness. *James Gilbert* Applicant.

STATE OF ILLINOIS,

County of ADAMS } ss.

I, [Signature], a (10) Notary Public

of the town of Quincy, 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) James T. Gilbert,
16 Aug 1907 Affiant.

Subscribed and sworn to before me, this _____ day of _____, A. D. 1907.

Witness my hand and official seal.

[L. S.]

[Signature] (12) Notary Public

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 _____, 1907. 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 _____

he _____ day of _____, 1907; 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) _____

Witness my hand _____

Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said James Gilbert, together with the said several certificates, signatures, and jurates, 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 16 day of May 1907

Wm. J. Samuel
Superintendent.

HOW TO FILL APPLICATION BLANKS.

0. Give full name of the Applicant.
1. Either "Mexico, the late Rebellion, or Spain."
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. R. Post.
14. Here write official title.
15. The physician here will 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 *minutely* what disorder, ailment, disease, or cause, it is that, 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 that 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 found 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, the late Rebellion, or the Spanish War.
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, or served in an Illinois organization.
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 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.

Superintendent.



Before filling in the blanks read carefully the explanations and directions on the margin, and extracts from the rules on third page.

Army Discharge, or Certificates of Service, or Pension Certificate, must be sent with this application, and all the directions carefully complied with, or the application will be returned, and much delay result.

NOTE THE EXPLANATIONS AND DIRECTIONS.

APPLICATION FOR ADMISSION
TO THE
ILLINOIS SOLDIERS AND SAILORS HOME,
AT QUINCY.

TRUSTEES.

L. T. DICKASON, Danville, Ill.
THOMAS W. MACFALL, Quincy, Ill.
JAMES I. NEFF, Freeport, Ill.

OFFICERS.

J. G. ROWLAND, Superintendent.
R. H. CARNAHAN, Quartermaster and Commissary.
FRANK F. PEATS, Adjutant.
R. W. McMAHAN, Surgeon.
JAMES D. MORGAN, Treasurer.

DIRECTIONS.

Fill all the blank spaces carefully.

STATE OF Illinois } ss.
COUNTY OF De Witt }

On this third day of November A. D. 1892, before me
A. Volney Butler within and for the County and State aforesaid
[Name and Title of Magistrate.]
personally appeared James Gilbert aged 56 years, height 5 feet 10
[Name of Applicant.]
inches, complexion dark eyes dark, hair dark, a resident of Clinton
County of De Witt State of Illinois, who being duly sworn, deposes and says, that he was born in
Alabama and has been enlisted in the service of the United States
one times during the War of the Rebellion
war; and was honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

No. of Enlistm'ts.	When Enlisted, With Rank.	Where Enlisted—Town and State.	Company and Regiment Mustered in.	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>Sept 1864</u>	<u>Danville Illinois</u>	Co. <u>A</u> Regt. <u>3^d Regt. 28</u>	<u>Sept 1864</u> <u>Memphis Tenn</u>	<u>Exhaustion of Limbs</u>
2d.	<u>18</u>		Co. Regt.	<u>18</u>	
3d.	<u>18</u>		Co. Regt.	<u>18</u>	

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

Here the applicant should state, in his own way, what his disability is.

That he is disabled as follows: Rheumatism and
chronic drunkenness

If no pension is received, so state.

and has been receiving 24 Dollars per month, pension, on Certificate No. 702.70-7
payable at Lehigh Agency, from July 3/2 1890

The applicant further states that he has no property nor means of support, and being unable, on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The applicant must sign this, and swear to the statement. The said applicant further swears that he has not been engaged in, aided or abetted the late Rebellion in the United States; and that he was not a member of any Soldiers or Sailors Home, June 15, 1887; and further that he has been a bona fide resident of the State of Illinois for the last two years. And said applicant further stipulates and agrees that he will abide by, and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him and obey all lawful orders of the Officers of the Home.

WITNESS,

Have two witnesses sign and fill all the blanks carefully.

J. E. Moffett
Stephen H. Carter
 James ^{His} Gilbert
 Nearest R. Station, *Clinton* On what R. R. *See Center*
 Post-office Address, *Clinton* Ill.

To be sworn to before an officer having a seal, or a J. P.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to *James Gilbert* before he executed it.
Stephen H. Carter
 [Name of Magistrate.]

Fill all these blanks carefully.

Read? *no* Write? *no*
 Occupation *farmer*
 Married or Single *Single* [If a Widower, so state.]
 Children under 16 years *one*
 NAME AND ADDRESS OF NEAREST RELATIVE
 (Name) *Ellen White* (Relation)
 (Address) *Champaign Ill*

CERTIFICATE OF IDENTIFICATION.

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, the Mayor or City Clerk of the city, or by a County officer, or by a Justice of the Peace, and attested by an official seal.)

This is very important. Have it signed as directed.

I HEREBY CERTIFY that I have known the above named *James Gilbert* for the last two years past, and that I believe the declaration signed by him to be true, and I further state that he is not mentally afflicted so as to require a special attendant, and can safely be quartered in a sleeping room with others.

Stephen H. Carter
 (Give Official Title) *Notary Public*

LOCAL PHYSICIAN'S CERTIFICATE.

This is to be filled out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.

I certify that I have carefully examined *James Gilbert*
 Company *A* *3^d* Regiment *Heavy Artillery* Volunteers, and that he is disabled as follows:
Partially paralyzed on left side including left arm + leg
 Character of Disability *Chronic rheumatism*
 Complications *Partial paralysis*
 Present Condition of Applicant *Constant care of himself & does no light work*

If signed by U. S. Examining Surgeon this need not be sworn to.

I further certify that said applicant is sane and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

John A. Edmiston SURGEON.
 Sworn to and subscribed before me, this *2^d* day of *November* A. D. 189*2*, and I hereby certify that the said *John A. Edmiston* is known to me as a Surgeon in actual practice and reputable in his profession.

J. M. Greene County Clerk
 by *Jno. L. Davis* Deputy

ORDER FOR ADMISSION.

The above application is hereby approved, and *James Gilbert*
W. Co. *3^d* Reg't *U. S. Cavalry* Vols., will be admitted to the Illinois Soldiers and Sailors Home, at Quincy.

APPROVED,
J. G. ROWLAND, Supt.
 Superintendent Illinois Soldiers and Sailors Home.

To all whom it may Concern.



Paid Sept 28 1865

Know ye, That James Gilbert a
 private of Captain John B. Thurston's
 Company, (A.), 3rd Regiment of U.S. Col. art. Heavy
 VOLANTEERS who was enrolled on the twenty fifth day of September
 one thousand eight hundred and Sixty four to serve Our year

~~during the war~~ is hereby **Discharged** from the service of the United States,
 this twenty fifth day of September, 1865, at Memphis
 Tennessee by reason of expiration of term of service
 (No objection to his being re-enlisted is known to exist.)

Said James Gilbert was born in Lawrence
 in the State of Alabama, is twenty three years of age,
 five feet eight inches high, Black complexion, Black eyes,
 Black hair, and by occupation, when enrolled, a Laborer

Given at Memphis Tennessee this Twenty Fifth day of
 September 1865

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

[A. G. O. No. 99.]

Amr. Comm
 J. W. [unclear] Capt. 59th U.S. Col. Inftry
 A. W. [unclear] Commanding the Regt

Joseph Marions
 1st Lieut 3rd U.S. Col. Art. Hvy,
 carries the Company

Admitted Nov 25 - 1894

Peoria Decth 5

Superintendent of Sholders
Home Dear Sir I wish
you to do me a Favor with
I hope you wont refuse
to do I am the ~~of~~ Wife
James Gilbert Oyar
I have not had of him
for some time I wrote
to know all a bond
him I am his Wife
and he fails to support
me and I wish
him to send me some
money for I am not
well and I need it
very much if he refuses
to help me I shall put
it in the Lawyers hands

he supports Others
women Hoop do
not - be lonely too
he will have too
maintain me or
the Law will compel
him too I am a
lone woman

Will you please Oblige
me by answering
my letter

Mrs Matilda Gilbert

~~Mrs. Matilda Gilbert~~

Peoria Ill

~~87~~ 923 Second Street