

OFFICERS:

MAJOR GEORGE W. FOGG, SUPERINTENDENT.
 GENERAL JAMES D. MORGAN, TREASURER.
 CAPTAIN B. P. MCDANIEL, ADJUTANT.
 CAPTAIN JAMES P. MOORMAN, QUARTERMASTER.
 EDMUND B. MONTGOMERY, SURGEON.

EDWARD W. GOODENOUGH, ASS'T SURGEON.
 EMILY W. LIPPENCOTT, MATRON.

TRUSTEES:

CAPTAIN WILLIAM STEINWEDELL, QUINCY, ILL.
 COLONEL JAMES A. SEXTON, CHICAGO, ILL.
 GENERAL LEWIS B. PARSONS, FLORA, ILL.

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois,

March 12th, 1897.

John L. Converse, (1) of the Town of Clintonia, in the County of Delwitt, and State of Illinois, formerly a Soldier of the United States of America, in the war against (1) in 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 54 years old, that he is 5 feet and 5 inches high; that he is of Light complexion, Blue eyes, and light hair; that he was born in the town of Lichtford in the State of New Hampshire, on the 17th day of March, 1843; that he has been (2) once enrolled in the U. S. A. service; in the war against Mexico, and once in the war of the late Rebellion; and that he has been (2) once 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.	<u>Springfield, Ill., Sep. 23 1864.</u>	<u>at Camp</u>	<u>Corps</u>	<u>Co D Regt. 145</u>	<u>Expiration</u>
2 nd	<u>30th day of April 1864.</u>	<u>Camp Butler Ill.</u>		<u>Co. Regt. 34th Inf.</u>	<u>after service</u>
3 rd	<u>1864.</u>	<u>(4)</u>		<u>Co. Regt.</u>	

That he now receives, on pension certificate number 682,277, a pension of Eight dollars a month, payable the 4th day of next April, at the Des Moines, Iowa 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 that above named; that his trade or occupation is that of a Printer.

That he has (1) A wife; that he has two children now living; aged, respectively, (2) 23, - 26 years. That his postoffice address is Clinton, State of Illinois; that his nearest railway station is Clinton, on the D. C. Railway, in Delwitt 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 Mrs. A. F. Converse, of 1383 N. Church St. Decatur, County of Macon, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to Mrs. A. F. Converse, at 1383 N. Church St. Decatur, County of Macon, State of Illinois.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (2) _____

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 (1) Failure of Eyesight, Lameness in left leg, and Catarrh of Stomach

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 12th day of March, 1897.

(1) J. C. Stokes, Witness. (2) John L. Converse, Applicant.

STATE OF ILLINOIS,

COUNTY OF De Witt } ss.
of the ~~town~~ County De Witt

Warren Hickman, a⁽¹⁾ County Clerk

, 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) John L. Converse,
Affiant.

Subscribed and sworn to before me, this 12 day of March, A. D. 1897. Witness my hand and official seal.

L. S.

Warren Hickman, (12) County Clerk.

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known John L. Converse, 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) Warren Hickman,
(14) County Clerk.

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, John L. Converse, as to his disability, and I now find that he has (15) Permanent disability 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.

D. W. Edmiston, M. D. Post Bn

Subscribed and sworn to before me, this 12 day of March, A. D. 1897. And I certify that I am personally acquainted with said affiant, John L. Converse, 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.

Warren Hickman, (16) County Clerk

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined John L. Converse the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Tues the 16 day of Mar, 1897; and that I then found him to be of a sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Ankylosis Left Knee + Atrophy of muscles of Left Leg - Chronic Rheumatism + General Debility + Catarrh of Stomach.

Witness my hand, C. E. Clark,
Surgeon,
in charge.

ORDER ADMITTING APPLICANT.

The application of the said John L. Converse, 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 and that he now is duly admitted as a member thereof, this 16 day of March, 1897.

GEORGE W. FOGG,
Superintendent.

HOW TO FILL APPLICATION BLANKS.

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, *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. Post.
14. Here write official title.
15. The physician will here 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 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 citizens 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 reason 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.

GEORGE W. FOGG,
Superintendent.

ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION.

November 21, 1914. 19

John L. Converse of the town of Clintonia
in the County of DeWitt and State of
Illinois an honorably discharged Soldier
of the U. S. Army in the war against of the Rebellion
and his wife Althea F. Converse respectfully ask to be admitted
as members of said Home.

To enable the authorities to pass on their eligibility, the said John L. Converse
declares the following statements to be true and correct: that his personal description is as follows: age 71 yrs.;
height 5 ft. 5 inches; complexion Light; eyes Blue;
hair Grey.

That he was born in Lyndborough County of Merrimac,
State of New Hampshire, on the 17th day of March, 18 43,
that he has been once enrolled Soldier; and once honorably discharged
from the U. S. service as follows, to wit:

8	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge
1st.	Springfield Ill. Apr. 30, 1864.	Camp Butler Ill. Sept. 23, 1864	Corpl.	Co. I Regt. Ill. Inf.	Ex. of Ser
2nd.				Co. Regt.	
3rd.				Co. Regt.	

said John L. Converse further avers that he and his said wife
Althea F. Converse, (who is now of the age of fifty years or older),
were lawfully married prior to the first day of January, A. D. 1890; and that he has ever since been living with her and
supported her as his lawful wife.

That he is now a bona fide resident of the State of Illinois and has continuously lived in the said state for the last
two consecutive years; or, that he has served in an Illinois organization.

That he now receives, on pension certificate number 682,277., a pension of 18 dollars a month,
payable the fourth day of next January, at the Washington Pension Office.

That he owns property, real or 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 Printer

That he has a wife; that he has 2 children now living; ages, respectively, 40-43
years. That his postoffice address is S. & S. Home, State of Illinois; that his nearest railway station
is Quincy, on the C. B. & Q. Wabash Railway, in Adams 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
Mrs. Allie. Baghurst, of Telford, County of Montgomery, State
of Pennsylvania; that, in case of his death, he desires all his personal effects to be sent to same
Address, at ----- County of -----, State of -----

That he has not heretofore been a member of any Soldiers', Sailors' Home or Institution, excepting the

That he is so far disabled by (7) Old Age Lameness

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.

That if he and his said wife Althea F. Converse shall be admitted to be members of the said
Home, he does hereby obligate himself that should his said wife so request, he will deposit with the Superintendent so much
of his said pension money as the Superintendent may deem necessary for the purpose of clothing said wife.* And he and
his said wife do hereby jointly promise that they will in all things and in every respect, comply with and conform to the
rules and regulations now in force, or that shall hereafter be made for the government and discipline of the Home, and they
further obligate themselves and promise that they will cheerfully obey all orders they may receive from any officer of the
Home, so long as they shall remain members thereof.

In testimony whereof they have hereunto set their hands this 21st day
of November, 1914.

Joseph W. O'Brien
Witness.

John L. Converse
Althea F. Converse
Applicants.

* See Sec. 3b. of act approved May 13, 1903, under caption of "Soldiers' and Sailors' Home," Chapter 23 Hurd's Revised Statutes of Illinois.

Certificate of Identification

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

and _____, 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) _____

(9) _____

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 (10) _____

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.

M. D.

Subscribed and sworn to before me, this _____ day of _____ A. D., 19____. 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, and an honest man and a capable physician in the community and among his fellow physicians, where he lives.

(11) _____

Certificate of a Soldiers Home Surgeon

I hereby certify upon honor that I have carefully and critically examined John S. Converse

& wife, the above named applicants as to his mental and physical condition, at the hospital of this Institution, on the 21 day of Nov, 1914; and that I found him to be of a sound mind, and to be in capable of earning his living by reason of physical disability arising from (12) Chronic

Articular Rheumatism
His wife is disabled by age.

Witness my hand [Signature]
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 John Snows

Corporal of Captain Paphias R. Keys Company, (I) 145th Regiment of Illinois Infantry VOLUNTEERS who was enrolled on the 30th day of April one thousand eight hundred and Sixty Four to serve ~~in the~~ ^{Days} ~~years~~ ^{or} during the war, is hereby Discharged from the service of the United States, this 23 day of September, 1864, at Camp Butler Ill by reason of Expiration of Service

(No objection to his being re-enlisted is known to exist.)
Said John Snows was born in Lichboro (Lyndeborough) in the State of New Hampshire, is twenty one years of age, Five feet Four and a half inches high, Light complexion, Blue eyes, Light hair, and by occupation, when enrolled, a Farmer.

GIVEN at Camp Butler Ill this 23 day of September 1864.

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

D. S. Montgomery
1st Lieut. W. S. Infantry
Commanding the Reg't.
Mustering officer

To all whom it may Concern:



Know Ye, That John L. Converse
late I. I. Co. 145 Regiment Illinois Inf.

a member of THE NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS, who was admitted on the 17th day of February, one thousand nine hundred and three, is hereby

Honorably Discharged

by reason of his own request.

No objection to his readmission is known to exist to any Branch Home, excepting Pacific.

Said John L. Converse was born in New Hampshire.
is 66 years of age 5 feet 4 1/2 inches high,
complexion, light eyes, blue hair, gray, and by occupation when admitted a farmer.

Pensioner at \$ 12⁰⁰ per month. Certificate No. 682,277

Given at Danville Branch, National Home D. V. S.,
this 22nd day of July, 1910.

J. P. Pengel
Governor.

Danville Branch

NATIONAL HOME D. V. S.,

July 22, 1910

John L. Converse
I. Co., 145 Reg'ts Ill. Inf

DISCHARGE.