

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois,

July 11th, 1896
John A. Holladay, (6) of the Town of Farmer City, in the County of De Witt, and State of Illinois, formerly a Soldier of the United States of America, in the war against (1) of 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 60 years old, that he is 5 feet and 8 1/2 inches high; that he is of light complexion, blue eyes, and brown hair; that he was born in the town of Sweden in the County of Sweden, on the 11th day of June, 1836; that he has been (2) Once enrolled in the U. S. A. service; in the war against Mexico, and in the war of the late Rebellion; and that he has been (3) 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.	Aug 20 th 1863 at Camp Ford N.H.	June 9 th 1865 at Camp Ford N.H.	Pri	Co. H Regt. 1 st N.H.	Close of War
2d.				Co. Regt. H.A.	
3d.				Co. Regt.	

That he now receives, on pension certificate number 495893, a pension of 12 dollars a month, payable the 4th day of next October, at the Chicago Pension Office.

That he owns property, real and personal, of the value of Fifty 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 Clerk.

That he has (4) no wife; that he has 3 children now living; aged, respectively, (5) 7 10 & 13 years. That his postoffice address is Farmer City, State of Illinois; that his nearest railway station is Farmer City, on the Big & S. C. 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

Samuel Kyle, of Farmer City, County of De Witt, State of Ill; that, in case of his death, he desires all his personal effects to be sent to Samuel Kyle, at Farmer City, County of De Witt, State of Ill.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (4) none.

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 (7) Chronic Diarrhoea Injury of right Leg and Rheumatism and Venereal

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 11th day of July, 1896.

(8) J. H. Case

Witness.

(9) John Alfred Holladay

STATE OF ILLINOIS,

COUNTY OF De Witt } ss. I, John F. Case, a ⁽¹⁰⁾ Notary Public

of the town of Santa Anna, in and for said County, do hereby certify that the above ~~named~~ 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.

Subscribed and sworn to before me, this 1st ⁽¹¹⁾ John Alfred Deakaday day of August, A. D. 1896. Witness my hand and official seal. John F. Case ⁽¹²⁾ N.P. Affiant.

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known John A. Halladay, 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. F. Case, ⁽¹⁴⁾ Police Magistrate

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, John A. Halladay, as to his disability, and I now find that he has ⁽¹⁵⁾ not recovered from the disease that he shows his possession 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.

Subscribed and sworn to before me, this first day of August, A. D. 1896. And I certify that I am personally acquainted with said affiant, J. F. Gardner, 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.

John F. Case ⁽¹⁶⁾ Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

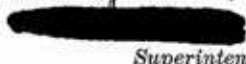
I hereby certify upon honor that I carefully and critically examined John A. Halladay the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Tuesday the 8th day of September, 1896; and that I then found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from ⁽¹⁷⁾ mal united fracture of right tibia, and chronic diarrhoea.

Witness my hand E. B. Montgomery

ORDER ADMITTING APPLICANT.

The application of the said John A. Holladay, 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 8 day of Sept, 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. 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.

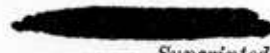
READ THIS CAREFULLY. For it will *avail you nothing*, when you come before the Superintendent for examination on the facts alleged by you in your application, *to say you are ignorant* of what is here and herein plainly and explicitly set forth for your information:

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 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.

W. H. Kirkwood



Superintendent.

H. M. O. H.
K

CERTIFICATE DIVISION.

(NOTICE OF ISSUE AND FEES.)

Department of the Interior,

BUREAU OF PENSIONS,

Sir

Aug 5, 1890.

Inclosed herewith is a Certificate, No. 495-883, for Original pension, this day issued in your favor. The Pension Agent at Chicago, upon whose rolls your name is to be inscribed, will forward to you properly prepared vouchers, and, when these shall have been duly executed and returned to him, will transmit directly to your address a check for the pension then due.

Your recognized attorney is Geo. E. Remon of Washington D.C., whose fee is 25 dollars, which is payable by the Pension Agent.

Very respectfully,

Green B. Raum
Commissioner.

John A. Holladay
Farmers City, Ill.

The Act of July 4, 1884, provides that the fee for the prosecution of a pension claim shall be \$10 only, unless a larger fee, not exceeding \$25, is agreed upon under a special written contract. The fee will be paid to the attorney, or other person entitled thereto, by the Pension Agent out of the pension allowed. Should the attorney or other person demand or receive for his services any greater compensation, he would subject himself to the penalties provided in the statute, as follows:

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land-warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding \$500, or imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

NOTICE OF ISSUE AND FEES.

Department of the Interior,
BUREAU OF PENSIONS,

Sir,

March 21st, 1891

Inclosed herewith is a Certificate No. 495833 for
Additional pension, this day issued in your favor.

The Pension Agent at Chicago, upon whose
rolls your name is to be inscribed, will forward to you properly prepared vouchers,
and, when these shall have been duly executed and returned to him, will trans-
mit directly to your address a check for the pension then due.

Your recognized attorney is Geo. O. Lemon
of Washington D.C., whose fee is
Ten dollars, which is payable by the
Pension Agent.

Very respectfully,

Green B. Ransom

Commissioner.

John T. Holladay
Farmer City
Ill.

The act of July 4, 1884, provides that the fee for the prosecution of a pension claim shall be \$10 only, unless a larger fee, not exceeding \$25, is agreed upon under a special written contract. The fee will be paid to the attorney, or other person entitled thereto, by the pension agent out of the pension allowed. Should the attorney or other person demand or receive for his services any greater compensation, he would subject himself to the penalties provided in the Statute, as follows:

"Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive, or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding \$500, or imprisonment at hard labor not exceeding two years, or both, in the discretion of the court."

INVENTORY of the effects of

John A. Healdaday

late *M* Co., *1st* Reg't *A. G. Art.* Vols., who died
on the *26* day of *Jan*, 189*9*, at Illinois Soldiers and Sailors Home for D. V. S.:

NO. OR QUANTITY.	ARTICLES.	VALUE.		HOW TO BE DISPOSED OF.
		DOLLS.	CTS.	
<i>1</i>	<i>50-25</i>	<i>2</i>	<i>20</i>	<i>Received from Capt. Moulton</i> <i>with the effects</i> <i>of the late</i> <i>John A. Healdaday</i> <i>as per inventory</i> <i>submitted in this inventory</i> <i>Miss Garrison, N. Y. C.</i>
<i>2</i>	<i>Satchels, coat, trousers, 2 vests, 3 shirts</i>	<i>2</i>	<i>20</i>	
<i>10</i>	<i>Summertime, M^o Satchels, 11 H^o S^o 3 Pr^o drawers</i>	<i>1</i>	<i>31</i>	
<i>2</i>	<i>H. shirts, 2 Pr^o shoes, 1 Pr^o Rubbers, 3 Hats</i>		<i>65</i>	
<i>2</i>	<i>White jackets, Pr^o sleeves, 3 Pr^o suspenders</i>		<i>16</i>	
<i>2</i>	<i>Pr^o buff, 2 Pr^o ties, collar, Shirts, shaving brush</i>		<i>05</i>	
	<i>Muffler, Ruger, Soap, Brush, 3 Pipes, 1st Dice</i>		<i>41</i>	
	<i>Pr^o Spectacles, 2 Pr^o Large Glass Knives</i>		<i>25</i>	
	<i>Bottle, Blinding, Package, Letters etc., Pr^o Badges</i>		<i>10</i>	
	<i>Box G. A. R. Buttons, Societ, Badg, 3 Sleeve Buttons</i>		<i>31</i>	
	<i>Box Paints, Comfuter,</i>		<i>11</i>	
	<i>Folder contg Papers</i>		<i>55</i>	

We certify that the above Inventory is correct, and that we have, this _____ day of _____ 189____, carefully examined each of the articles therein named, and have written opposite each our estimate of its value, and what disposition should, in our opinion, be made of it.

J. E. Smith
H. B. Whittney

Board
of
Appraisers.

APPROVED:

SUPERINTENDENT.

35 *65*

READ THE MUTUAL CONDITIONS OF THIS CONTRACT

to which the Shipper agrees by accepting this receipt containing the same.

ADAMS EXPRESS COMPANY.

180 A (NOT NEGOTIABLE.)

February 4th 1899

RECEIVED OF *Illinois Soldiers & Sailors Home*

Marked *Miss Fannie Kyle Farmer City Ills*
3664 Effects of John A. Holladay

Valued at \$ *10. Ten Dol*

Which it is mutually agreed is to be forwarded to our Agency nearest or most convenient to destination only, and there delivered to other parties to complete the transportation.

It is part of the consideration of this contract, and it is agreed, that the said Express Company ARE FORWARDERS ONLY, and are not to be held liable or responsible for any loss or damage to said property while being conveyed by the CARRIERS to whom the same may be by said Express Company entrusted, or arising from the danger of Railroads, Ocean or River Navigation, Steam, Fire in Stores, Depots, or in Transit, Leakage, Breakage, or from any cause whatever, unless, in every case, the same be proved to have occurred from the fraud or gross negligence of said Express Company, or their servants: nor, in any event shall the holder thereof demand beyond the sum of FIFTY DOLLARS, at which the above property forwarded is hereby valued, unless otherwise herein expressed, or unless specially insured by them, and so specified in this receipt, which insurance shall constitute the limit of the liability of the Adams Express Company.

And if the same be entrusted or delivered to any other Express Company, or Agent (which said Adams Express Company are hereby authorized to do), such Company or person so selected shall be regarded exclusively as the agent of the shipper or owner, and as such, alone liable, and the Adams Express Company shall not be, in any event, responsible for the negligence or non-performance of any such Company or person; and the shipper and owner hereby severally agree that all the stipulations and conditions in this receipt contained shall extend to and inure to the benefit of each and every Company or person to whom the Adams Express Company may entrust or deliver the above described property for transportation, and shall define and limit the liability therefor of such other Company or person. It being understood that this Com-

pany relies upon the various Railroads and Steamboat lines of the country for its means of forwarding property delivered to it to be forwarded. It is agreed that this Company shall not be liable for any damage to said property caused by detention of any train of cars or post any Steamboat upon which said property shall be placed for transportation, nor by the neglect or refusal of any Railroad or Steamboat Company to receive and forward the said property.

In no event shall the Adams Express Company be liable for any loss or damage unless the claim therefor shall be presented to them, in writing, at this office, within thirty days after this date, in a statement to which this receipt shall be annexed.

All articles of GLASS, or contained in glass, or any of a fragile nature, will be taken at Shipper's risk only, and the Shipper agrees that the Company shall not be held responsible for any injury, by breakage or otherwise, nor for damage to goods not properly packed and secured for transportation.

It is further agreed that said Company shall not, in any event, be liable for any loss, damage or detention, caused by the acts of God, Civil or Military authority, or by Rebellion, Piracy, Insurrection, or Riot, or the dangers incident to a time of war, or by any riotous or armed assemblage.

If any sum of money, besides the charge for transportation, is to be collected from the consignee on delivery of the above described property, and the same is not paid within thirty days from the date thereof, the Shipper agrees that this Company may return said property to him at the expiration of that time, subject to the conditions of this receipt, and that he will pay the charges for transportation both ways, and that the liability of this Company for such property while in its possession for the purpose of making such collection, shall be that of Warehousemen only.

For the Company,

FREIGHT

W.D. Road

SEE REVERSE SIDE.

John A. Halladay
Co. M. 1st Reg. N.H. Reg-
Artillery.

Admitted Jan. 15th 1899.

Age 63.

Nativity - Sweden.

Widower.

Religion - Lutheran

Miss Fannie Kyle -

J. E. Halladay - (Son)

Farm City, Ills.

Disease - Enterocolitis

Dyspepsia and

Exhaustion -

Died in Hospital Jan.

26th 1899 at 8²⁵ A.M. -

Buried in Home Cemetery

with Military Honors

Jan. 28. 1899.

M. M. Davidsen,
Chaplain.

In the Name of God, Amen.

I, John A. Holloday of Adams 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 Executrix hereinafter 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
to Miss Fannie Kyle Farmer City Ill
all my worldly effects

Lastly, I make, constitute and appoint Fannie Kyle Farmer City Ill
Ill to be Executrix 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 Eighth day of Sept in the year of our Lord,
One Thousand Eight Hundred and Ninety Six

John A. Holloday 

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

Jed T. Nichols
J. K. Whitmore