

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

Thomas M Wells, (6) 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) *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 *68* years old; that he is *5* feet and *11* inches high; that he is of *Light* complexion, *Blue* eyes, and *Gray* hair; that he was born in the town of *Liberty* in the County of *Adams, Ill.*, on the *15* day of *Febr.*, 1843; that he has been (2) *once* 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) *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 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>Feb. 23 - 1864 Quincy, Ill</i>	<i>July 4 - 1865 Louisville Ky</i>	<i>Pr.</i>	<i>Co. K Regt. 10 Ill Inf</i>	<i>End of War</i>
2nd.				<i>Co. Regt.</i>	
3rd.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *522175*, a pension of *30* dollars a month, payable the *4* day of next *July*, at the *Chicago* 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 *Photographer*.

That he has (4) *2* wife; that he has *3* children now living; ages, respectfully, (5) *34 to 48* years. That his postoffice address is *5 St. H Quincy*, State of Illinois; that his nearest railway station is *Quincy, Ill*, on the *63rd* 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. Eva Taylor*, of *Clinton*, County of *De Witt*, State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Mrs. Clara H. Wells (wife)*, at *723 Court St Quincy*, County of *Adams*, State of *Illinois*.

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) *Rheumatism* *-----*

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 *10* day of *April*, 19*11*.

(9) *Fred O. Edler*
Witness.

(8) *Thomas M Wells*
Applicant.

STATE OF ILLINOIS

} ss

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)..... Affiant.

Subscribed and sworn to before me, this..... day of....., A. D. 19....

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..... 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.

.....(16).....

CERTIFICATE OF A 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....., 1911.; 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).....

.....
.....
.....

Assigned 22

Witness my hand.....

.....

Home Hospital Surgeon.

STATE OF ILLINOIS, }
 COUNTY OF ADAMS. } ss.

In the matter of the relationship of Thomas H Wells
K. - 10 Ill Inf, being first duly sworn according to law,
 deposes and says that he formerly resided at Clinton, Ill,
 that he is _____ married, that his wife, Clara H Wells
 resides at _____, and that the names, relationship and
 residences of all, and the relations only, of affiant who would be his heirs in the event of his death,
 at this time, are as follows, to-wit:

NAMES.	RELATIONSHIP.	RESIDENCE.
<u>Clara H Wells</u>	<u>Wife</u>	
<u>Eva Taylor</u>	<u>Daughter</u>	<u>Clinton, Ill</u>
<u>Mamie Schenak</u>	<u>"</u>	<u>Maroa, Ill</u>

And further affiant saith not.

Thomas H Wells

Subscribed and sworn to before me, this 10 day of April

Rem
~~#~~ 5-18-14

Clinton Ill Apr 16th 1914

John E. Andrew

Dear Sir

We arrived the next morning safe
all tired out Mrs Wells stood the
trip fine our son in law & Grandson
met us Springfield they gave us
a hearty welcome & have assured
us that their home is our home
& He is a high mason & that
his word is his Honor what more
do we want With many thanks for
your kindness to day return our Sunday
& wish our Discharge including my
Army Discharge

yours Truly
Thomas M. Wells

Elara H. Wells

ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION.

August 14th 1913

Thomas M. Wells of the town of Quincy
in the County of Adams and State of
Illinois an honorably discharged^d Soldier
of the U. S. Army in the war against of the Rebellion
and his wife Clara H. Wells respectfully ask to be admitted
as members of said Home.

To enable the authorities to pass on their eligibility, the said Thomas M. Wells
declares the following statements to be true and correct: that his personal description is as follows: age 70 yrs.;
height 5 ft. 11 inches; complexion Fair; eyes Blue;
hair Gray.

That he was born in Liberty County of Adams
State of Illinois, on the 15th day of Feb, 1843;
that he has been once enrolled; and once honorably discharged
from the U. S. service as follows, to wit:

S	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge
1st.	<u>Feb. 17. 1864</u> <u>Quincy, Ill.</u>	<u>July 11. 1865</u> <u>Louisville, Ky</u>	<u>Priv</u>	<u>Co. W. 10th Regt. Ill. Inf.</u>	<u>Close of War.</u>
2nd.				<u>Co. Regt.</u>	
3rd.		<u>15</u>		<u>Co. Regt.</u>	

said Thomas M. Wells further avers that he and his said wife
Clara H. Wells, (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 544175, a pension of 30 dollars a month,
payable the 14th day of next October, 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 Photographer.

That he has a wife; that he has 3 children now living; ages, respectively, 34 16 14
years. That his postoffice address is D. S. and S. Home, State of Illinois; that his nearest railway station
is D. S. and S. Home, on the C. & N. W. 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
~~Mr. E. J. Taylor~~ of Clarendon County of Franklin, State
Miss C. A. Schneck, Marion and Miss W. A. Taylor, Clinton, Ill.
of Illinois; that, in case of his death, he desires all his personal effects to be sent to his wife
Miss Clara H. Wells, at D. S. and S. Home County of Adams, State of Illinois

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) Rheumatism etc.

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 Clara H. Wells 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 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 14th day
of August, 1913.
Thomas M. Wells
Clara H. Wells

Witness. 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.

Wife admitted by order of Board of Administration

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 Thomas M. Wells

^{and Clara H. Wells} _____, the above named applicant ³ ~~as~~ ^{their} to his mental and physical condition, at the hospital of this

Institution, on the 14 day of Aug, 1913; and that I found ~~him~~ ^{them} to be of _____ sound mind, and to be

~~incapable~~ ^{their} of earning ~~his~~ living by reason of physical disability arising from (12) He from - Rheumatoid

Right Inguinal Hernia & Cardiac Dilation; She
from general debility, arising from cervical and
axillary glandular enlargement, probably tubercular.

Witness my hand R. H. Jacobs.
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