

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

*William D. Dillavou* ..... August 8<sup>th</sup> ..... 1914  
 (0) 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) *of 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 *9* inches high; that he is  
 of *Light* complexion, *Blue* eyes, and ..... hair: that he was born in the town of  
*Randolph Co* ..... in the State of *Indiana*, on the ..... day  
 of *May* ..... 1846; that he has been (2) *once* enrolled in the U. S. A. service; *Soldier* in the  
 war against ..... 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>Apr. 30, 1864</i>	<i>Sept. 23, 1864</i>	<i>Priv</i>	<i>Co. 145<sup>th</sup> Regt. Ill. Inf</i>	<i>Expiration of Enlistment</i>
2nd.				<i>Co. Regt.</i>	
3rd.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number....., a pension of *15* dollars a month,  
 payable the *1<sup>st</sup>* day of next *October*, at the *Washington* 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 *Farmer*.

That he has (4) *no* wife; that he has *8* children now living; ages, respectfully, (5) *25 to 46*  
 years. That his postoffice address is *S. S. Home*, State of *Illinois*; that his nearest railway station  
 is *Quincy*, on the *Ch. & N. 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. B. N. Watt*, of *Washington*, County of *Woodford*, State  
 of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Adams*  
 at ..... County of ..... State of .....

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution. ex-  
 cepting the (6) *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, or has served in an Illinois organization.

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

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 *8<sup>th</sup>* day of *August* ..... 1914.

(9) *Joseph H. O'Brien*  
 Witness.

(8) *W. D. Dillavou*  
 Applicant.

STATE OF ILLINOIS

County of .....

SS

.....a (10).....

to the town of....., in and for said County, do hereby certify that the above named applicant, to me personally and well known to be 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. 191 .....

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 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.....191..... 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 *William D. Dillavon* the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on *Saturday* the *8th* day of *Aug*....., 191*4*; and that I found him to be of *sound* mind, and to be *incapable* of earning his living by reason of his physical disability arising from (17) *Old Age*.....

Witness my hand..... *Bert Smith*.....  
Home Hospital Surgeon.

To all whom it may

Concern

Rec'd from June 9th to Sept 23rd/64  
S. M. Reynolds  
P. M. M. S. Co.



Know ye, That William D. Dillars a

Private of Captain William H. Weaver

Company, (L.) 14<sup>th</sup> Regiment of Illinois Infantry

VOLUNTEERS who was enrolled on the 30<sup>th</sup> day of April

one thousand eight hundred and 64 to serve 1110 Days ~~years~~

~~during the war~~, is hereby **Discharged** from the service of the United States.

this 23<sup>rd</sup> day of Sept, 1864 at Camp

Butler by reason of Expiration of term of enlistment

(No objection to his being re-enlisted is known to exist.)

Said William D. Dillars was born in Manard Co.

in the State of Illinois is 18 years of age.

5 feet 9 inches high, Light complexion, Black eyes.

Light hair, and by occupation, when enrolled, a Farmer

Given at Camp Butler this 23<sup>rd</sup> day of

Sept 1864.

Wm H Weaver

Captain

Commanding the Regt.

\* 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]

D. L. Montgomery  
Lieut 17. W. S. Infantry

# Illinois Soldiers' and Sailors' Home

Gippenhatt Hall

Soldiers Home Hospital, Ill.,

June 16 1945

To the Farm Supt:

The Funeral of

Wm. H. Dillon

will take place at

2 P.M. June 17

J. Crowell

Hospital Steward.

# Illinois Soldiers and Sailors Home.

Quincy, Ill.,

June 15 1945

To the Adjutant:

Wm. H. Dillon

Co. G

145-Inf Regt. Inf

died in Hospital at 2 M., aged 79 years.

Names and address of Relatives and Friends

Louisa H. Dillon wife  
m. Col-20

Reg. No. 10373-

J. Crowell Hospital Steward.

REGISTER NO. 10375

ILLINOIS SOLDIERS' AND SAILORS' HOME  
QUINCY, ILLINOIS.

William D Dillarrow  
Louise Goodman Dillarrow  
Clinton Delwitt 1271  
Post Co. B 145<sup>th</sup> Reg't Ill. Inf

Co. Reg't

Co. Reg't

CONTENTS:

- Admission Paper 1
- Army Discharge 1
- Certificate of Service
- Pension Certificate Will

Admitted August 8<sup>th</sup> 1914

Wife  
Sent in baggage no 20

JUN 15 1925

Wife  
Aug 6 - 1925 - His O R

Did not have Pen. Cert.

STATE OF ILLINOIS, }  
ADAMS COUNTY } ss.

IN THE MATTER OF THE INQUISITION on the body of H. D. Dillavan  
deceased, held at Saldier's Salar's Home  
in the County of Adams and State of Illinois, on the 15 day of June A. D. 1925

We, the undersigned Jurors, sworn to inquire of the death of H. D. Dillavan  
on oath do find that he came to his death by

Natural Causes, viz: Acute Myocarditis,  
secondary cause Senility, his age being 79 years

R. J. Connery FOREMAN  
A. H. Reimann  
Anton Faber  
Luke Durkin  
H. C. Kemp  
Charles Green

OFFICE OF THE CLERK  
CIVIL SERVICE