

See "EXPLANATIONS and DIRECTIONS" on Third Page.

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

TRUSTEES: { GENERAL DANIEL DUSTIN, Sycamore, DeKalb County, Ill.  
COLONEL L. T. DICKASON, Danville, Vermillion County, Ill.  
MAJOR J. G. ROWLAND, Quincy, Ill.

GENERAL C. E. LIPPINCOTT, Superintendent.  
COLONEL L. W. SHEPHERD, Secretary and Treasurer.

STATE OF Illinois  
COUNTY OF Macoupin } ss:

On this Eighth day of April A. D., 1887, personally appeared before me

(1) W. B. Duggan County Clerk within and for the County and State aforesaid

(2) John A. Copeland aged 50 years; height 5 feet 8 inches;

complexion, Fair a resident of (3) Illinois Charles Point Township County of Macoupin  
(atw attw)

State of Illinois who, being duly sworn, deposes and says, that he was born in (4) \_\_\_\_\_

Cattaraugus County N.Y and has been enlisted in the service of the United States

(5) One Enlistment time during the (6) Civil War of Rebellion

war, and honorably discharged from each enlistment, as follows:

No. of Enlistments.	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>October 22/63</u> <u>Saddler</u>	<u>Ky</u> <u>Louisville</u>	<u>B 11th Reg</u> <u>Caualry</u>	<u>Louisville</u> <u>Ky 3rd Regt</u>	<u>Expiration of Service</u>
2d.				<u>Aug 23rd</u> <u>1865</u>	
3d.		(✓)			
4th.					

That he is disabled as follows: (7) Sore Eyes and General Debility

and has been receiving No Dollars per month Pension, on Certificate No. \_\_\_\_\_ payable at \_\_\_\_\_ Agency, from \_\_\_\_\_ 18\_\_\_\_, and being unable on account of his disability to earn his living by manual labor, desires admission to The Illinois Soldiers' and Sailors' Home,

The said applicant further swears, that he has not been engaged in, or aided or abetted the late rebellion in the United States; and that he has never been a member of either of the Branches of the National Home for Disabled Volunteer Soldiers. 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.

L. P. Beeble }  
W. W. Frauman } (9) John A. Coplin

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 John A. Coplin before he executed it.

(11) W B Dugger  
County Clerk

**CERTIFICATE OF IDENTIFICATION.**

I HEREBY CERTIFY that I have every reason to believe, after an examination of his discharge papers, that John A. Coplin is the identical person described therein, and that the above declaration signed by him is true.

(9) W B Dugger  
County Clerk

**SURGEON'S CERTIFICATE.**

I certify that I have carefully examined (2) John A. Coplin  
Co. R Reg't 11 Cavalry Volunteers, and that he is (10) permanently ~~temporarily~~ disabled for obtaining his subsistence by manual labor.

Date of Injury or Disease, \_\_\_\_\_ day, \_\_\_\_\_ 1864

Place of Chattanooga Hospital, Ga State of Tennessee

Character of Disability, Chronic Ophthalmia & General Debility

Complications, \_\_\_\_\_

Present condition of Applicant, Suffering from Chronic Ophthalmia and General Debility.

(10) W. A. Trout SURGEON.

Sworn to and subscribed before me, this 16<sup>th</sup> day of April A. D. 1887, and I hereby certify that the said W. A. Trout is known to me as a Surgeon in actual practice, and reputable in his profession.

(11) Jos. H. Davis  
Notary Public

Occupation, House Carpenter  
Married or Single, Widower  
Children under 16 years, 2

NAME AND ADDRESS OF NEAREST RELATIVE.

Mothers Brothers  
Seaton A. Blavins (Friend)  
atwater Ill.

ORDER FOR ADMISSION.

April 19, 1887

The above application is hereby approved, and (s) John A. Coplin

Co., H Reg't 11th Cavalry, Vols., will be admitted to the Illinois Soldiers' and Sailors' Home at Quincy.

C. E. Lippincott  
SUPERINTENDENT ILLINOIS SOLDIERS' AND SAILORS' HOME.

EXPLANATIONS AND DIRECTIONS.

THE FIGURES IN THE BODY OF THIS APPLICATION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED IN FILLING THE BLANKS.

1. Name and Title of Magistrate.
2. Applicant's name.
3. Post-Office Address.
4. Town, County, State (or Nation).
5. State the number of times actually mustered into the service of the United States.
6. Give the name of the War (1812, Mexican, or Civil).
7. Here state minutely the cause and nature of the disability; if by wounds, state the nature of the wounds, and when and where received; if by disease, state the nature of disease, and when and where contracted.
8. Signature of applicant. Two witnesses are required if he make, his mark.
9. This Certificate must be signed by the Adjutant-General, or Surgeon-General of the State, or by the Mayor or City Clerk of the City, by a County Officer, or some other respectable and responsible citizen of the town in which the applicant resides.
10. If the Certificate of Examination is officially signed by a Surgeon-General of a State, or of a United States Examining Surgeon or by a Surgeon designated for that purpose by the Superintendent of the Home, it need not be sworn to. One of the words, "permanently" or "temporarily," in the certificate, must be erased by the Surgeon.
11. Official Signature of Magistrate or Notary.

The soldier or sailor making this application, must forward to the Superintendent his Discharge, or a certified copy thereof, and Pension Certificate, or receipt therefor, before his application is granted, which papers will be sent to the Home when the applicant is admitted, to be kept there, and returned to him when he is discharged. This rule is adopted to prevent the loss of such papers and certificates, and to hinder fraudulent practices.

After filling out this application and executing it as above directed, forward it, with the others papers, to the Superintendent, whose name is printed on the first page of this sheet, giving Post-Office address nearest railroad station; and if application is approved, transportation will be forwarded without charge.

Register No. 485

APPLICATION FOR ADMISSION

TO THE

ILLINOIS SOLDIERS' AND SAILORS' HOME

OF

John A. Clarke

R. Co. 11<sup>th</sup> Reg't 4<sup>th</sup> Cav. Vols.

Co. \_\_\_\_\_ Reg't \_\_\_\_\_ Vols.

Co. \_\_\_\_\_ Reg't \_\_\_\_\_ Vols.

Admitted August 27<sup>th</sup> 1887

APPROVED BY

A. S. Wynne

SUPERINTENDENT.

*Faded handwritten text, possibly a name and date.*



**Headquarters Kentucky Volunteers,**

ADJUTANT-GENERAL'S OFFICE.

FRANKFORT, Aug. 15<sup>th</sup>, 1897.

I HEREBY CERTIFY, That it appears from the Official Muster out in Rolls on file in this office, that John A. Coplain was enrolled on the 22<sup>nd</sup> day of October, 1863, and mustered into service on the 26<sup>th</sup> day of October, 1863, a Private in Company B, 12<sup>th</sup> Regiment Kentucky Cavalry Volunteers, to serve three years. It further appears from said Rolls that he was a Private in Company K, 11<sup>th</sup> Ky. Cavalry prior to consolidation with 12<sup>th</sup> Ky. Cavalry, and mustered out with Company B. at Louisville Ky. August 23<sup>rd</sup>, 1865.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal, this 15<sup>th</sup> day of August, 1897

Frank Richardson

Assistant Adjutant-General of Kentucky.





# Illinois Soldiers & Sailors Home

## POLICE REPORT.

Date, Oct 12<sup>th</sup> 1890

To J. G. ROWLAND, Sup't:

Against John A. Coplin

Register No. 486 Cottage 8

Offence Being over the fence, with over a yoke of Burroughs, through Barnard lot with a Bundle in his hand Time 3<sup>30</sup> pm

*The man has been cautioned over & over again about his going over the fence - he has been running out nights sleeping in late - 30 days with no pain at all*

Witness Thos Taylor

Witness \_\_\_\_\_

Serg't \_\_\_\_\_

# Illinois Soldiers' & Sailors' Home

Surgeon's Office, Aug 27 1887.

Respectfully returned to Gen. C. E. LIPPINCOTT, Superintendent.

I have carefully examined

John A Copland

late Co. B 12<sup>th</sup> Reg't Ky Cav

late Co. \_\_\_\_\_ Reg't \_\_\_\_\_

and find him \_\_\_\_\_ disabled by chronic ophthalumia from obtaining his subsistence by manual labor

Joseph Robbins  
Acting Surgeon.

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill., April 22 1917

TO THE ADJUTANT:

This is to Certify, That John A. Coplew Reg. No. 485  
 late of Co. K - 11<sup>3</sup> B. 12 Reg't. Ny. Cav.  
 died in Hospital Oct 82 Cause of Death Chronic nephritis  
R. H. Jacobs  
 Surgeon.

Illinois Soldiers' and Sailors' Home.

Quincy, Ill., April 22 1917

To the Adjutant:

John A. Coplew Co. K 11 Ny Cav Regt.  
 died in Hospital at 4:15 P M. aged 82 years.

Names and address of Relatives and Friends \_\_\_\_\_

Reg. No. 485

L S Barnes Hospital Steward.

# 2448 Interred  
Sgt John A. Coplin

Co "B." 11th Ky Cav  
April 24<sup>th</sup> 1917

Div 6.

Row 13.

Letter M.

George V. Elfing



Register No. 485

**ILLINOIS SOLDIERS' AND SAILORS' HOME**  
QUINCY, ILLINOIS

John A. Coplin  
Atwater, Ill.

CO. \_\_\_\_\_ REG'T \_\_\_\_\_

B CO. 11th REG'T Ky. Cav.

CO. \_\_\_\_\_ REG'T \_\_\_\_\_

**CONTENTS**

Admission Paper 1

Army Discharge 1 out 7-11-91

Certificate of Service \_\_\_\_\_

Pension Certificate 1 - 510497 Will \_\_\_\_\_

Admitted August 27, 1887, 194 \_\_\_\_\_

Application Rec'd 4/19/87

Died in Hospital 4/23/1917

DUPLICATE

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *John A. Kaplan* Reg. No. *485* Co. *K* Regt. *12* *Reg't* State *Illinois*

STATE-UNION CO. MANUFACTURERS CHICAGO-INDIAN

DATE		
MONTH	DAY	YEAR
<i>April</i>	<i>24</i>	<i>1917</i>

Cot No.

PERSON TO BE NOTIFIED IN CASE OF DEATH

P. O. ADDRESS

RELATIONSHIP

REMARKS

*Effie S. Ealey*

*Kenneth  
Minn*

*daughter*

## COTTAGE INVENTORY

Received the above described personal effects of *John A. Kaplan*

*L. S. Barner* Sergeant, Cottage No. \_\_\_\_\_

Registry No. *485*

*L. S. Barner* Hospital Steward

HOSPITAL RECORD

HOSPITAL INVENTORY

Sail Case 1 Trunk 1 Pr Coat 1 Boat 1 Shoo 1 Pr Overcoat 1  
Under Shoo 2 Marmors 2 Pr Trunk 1 Pr 1 bundle 1  
Watah + thairi

Value of Effects 3,00

I hereby certify that the above is a true and correct inventory of the personal effects of John A. Kaplan Deceased.

Approved:



J. A. Barnes

Hospital Steward

 Adjutant