

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

John F. Depoister..... (0) of the town of Virden ^{July 9th} 1915.....
 County of Macomb., and State of Illinois....., formerly a Soldier of the United States
 of America, in the war..... against (1) of the 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 70 years old; that he is 6 feet and inches high; that he is
 of Fair complexion, Blue eyes, and Gray hair; that he was born in the town of
Wink Stalk..... in the State..... of Illinois....., on the ^{11th} day
 of May....., 1847.....; that he has been (2) once enrolled in the U. S. A. service;..... 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.	<u>Springfield Dec</u> <u>Dec 17th 1863</u>	<u>Springfield Dec</u> <u>June 11th 1865</u>	<u>Priv</u>	<u>Co. E. 1st Regt Ill Inf.</u>	<u>San. Orders.</u>
2nd.				<u>Co. Regt.</u>	
3rd.		<u>(17)</u>		<u>Co. Regt.</u>	

That he now receives, on pension certificate number 236.155., a pension of 16..... dollars a month,
 payable the 11th..... 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 Planter.....

That he has (4) a wife; that he has 6 children now living; ages, respectfully, (5) 17, 16, 14, 11.....
 years. That his postoffice address is Virden....., State of Illinois; that his nearest railway station
 is Virden....., on the cat..... Railway, in Macomb..... 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
 to Miss Gertrude Depoister....., of Springfield....., County of Sangamon....., State
 of Illinois.....; that, in case of his death, he desires all his personal effects to be sent to his daughter
Gertrude Depoister., at Springfield County of Sangamon....., State of Illinois.....

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) 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 9th day of July..... 1915..

(9) Robert S. Davis.....
 Witness. (8) John F. Depoister.....
 Applicant.

Body to be shipped
 Carl E. White prepared by request

STATE OF ILLINOIS }

County of } ssa (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..... the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on..... the.....day of....., 1915; 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).....

Phrenitis

John F. Deporter

Witness my hand.....

W. S. James Home Hospital Surgeon.

Bertrude DePoyster
625 Fayette Ave -
Springfield, Ill.

Born May 14 - 1847

~~Apr 6 - 1923~~

22 day 10 mos 75 yrs

ILLINOIS SOLDIERS & SAILORS HOME

QUINCY, ILL.

Aug 3 1915
John F. DePoyster

Co. K Reg't 14 Ill Inf Register No 10647 Cot. EM

is hereby honorably DISCHARGED from this Home by

reason of Own Request

L. Murphy
ADJUTANT

John E. Miller
SUPERINTENDENT

16
24

REGISTER No. 10617

ILLINOIS SOLDIERS' AND SAILORS' HOME
QUINCY, ILLINOIS.

John F. Depaister

Vinden Macoupin

Bix Co. K 11th Reg't Ill. Inf.

Co. _____ Reg't _____

Co. _____ Reg't _____

CONTENTS:

Admission Paper 1

Army Discharge 1

Certificate of Service _____

Pension Certificate 1 #236.159 Will _____

Admitted July 9th 1915

This one passed Aug 3 1915

Nothing paid for 320

R. a. nov. 25th 1916

Deed in Haptl - Apr 7 1923

Papers turned over to _____

Emma Depaister
Apr 7 1923 6.75 - Fayette Springs, Mo.

Replied to,
File in Records

Springfield, Ill.

Jan. 31-1923.

Col. John W. Reig,
Maj. Officer, Ill. Soldier & Sailors Home,
Quincy, Ill.

My dear Mr. Reig:

I understand from our
cousin, Mrs. Proctor, that father
is no better, and from what
the doctor told me when I
was there, I feared there was
no hope for his recovery.

You will remember that
when in your office, we
went into details as to what
we would desire you to do in
case father's illness resulted
fatally;

I have discussed the matter

with my mother, and inasmuch as we have no brothers at home or other relatives to help look after the details incident to a burial in what is practically a country cemetery near our old home, we have decided it would be best to have father laid to rest in the cemetery at Quincy connected with the Home. The last time father was home, he told mother he would be perfectly satisfied to be buried there in what he described as a beautiful resting place which has perpetual care.

My mother is getting old and she says she does not feel equal to making the trip to our former home and then several miles in the

country by carriage or automobile, in case the roads permitted the use of the latter. She feels that a trip to Quincy would be much less wearing on her, and if it were not for the fact that the hospital is under quarantine, I would send her over to see father while he is still conscious and in possession of all his faculties.

We are glad to know that father has had every care and attention that would have been given him could we have afforded to have had him placed in a private hospital. He has always been fond in his

presence of the Home, and of
the officials and doctors connected
with it.

We shall greatly appreciate
it if you will be good enough
to write us just a word as
to father's condition, and advise
us in case the worst happens,
so that we may come to Quincy.

We all feel indebted to you
for your kindness to us when
we were at the Home recently.

Trusting to hear from you at
your convenience, I am,

Yours very truly,
(Miss) Gertrude DeBoer

625 Fayette Ave.

Illinois Soldiers' and Sailors' Home

Soldiers Home Hospital, Ill., Apr. 6 - 1923

To the ~~Farm-Supt~~ Adj. 10647

The Funeral of John F. Deporter K 14 Ill. Inf.

will take place at 10 P.M. Apr. 7 - 1923

Gail Webber Hospital Steward.

Illinois Soldiers' and Sailors' Home

Quincy, Ill., Apr. 6 - 1923

To the Adjutant:

John F. Deporter Co. K 14 Ill. Inf. Reg't.

died in Hospital at 11³⁰ P.M., aged 75 years.

Names and addresses of Relatives and Friends Beatrice Deporter (Dau)

Springfield Ill. (near death)

Reg No. 10647

Gail Webber Hospital Steward

11

(12516-1M-4-19)

Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill., April. 6. 1923

To the Adjutant:

THIS IS TO CERTIFY, That John F. Deporter Reg. No. 10647

late of Co. K. 14. Ill. Inf. Reg't

died in Hospital age 75. Cause of death Cancer Stomach
Liver & Pancreas

G. E. Kelly Surgeon

2944

John F. DePoister
Co K. 14 Ill. Inf
Was buried in
Div 5 - Row 14 1/2 Letter D
Apr 7 - 1923.
Age 75

ACT OF MAY 1, 1920

CERTIFICATE DIVISION.

NOTICE OF ISSUE.

J.K.

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS
WASHINGTON

APR 5 1921

Superintendent,.....

Soldiers & Sailors Home,

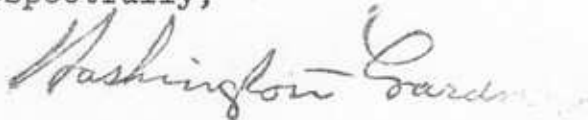
Quincy, Ill.

Sir:.....

You are hereby notified that the claim for Increase
pension has been allowed in favor of _____
John F. Depoister,.....

Certificate No. 236,153.....Rate of pension \$ 72 per month from February 21, 1921.....Group 1,.....Attorney's fee of \$ ~~-----~~ payable to ~~---none~~.....

Very respectfully,



Commissioner.

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, 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.

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *John Foxprata* Reg. No. *0647* Co. *K* Regt. *14 Ill State*

Date		Person to Be Notified in Case of Death	P. O. ADDRESS	RELATIONSHIP	REMARKS
Month	Day				
<i>Apr</i>	<i>6</i>				
	<i>1923</i>				

COTTAGE INVENTORY

Sergeant, Cottage No. _____

Received the above described personal effects of _____

Registry No. _____

Hospital Steward _____

HOSPITAL RECORD

HOSPITAL INVENTORY

1 Bundle
Lay out with return

Mrs. Emma Deposter
Per Gertrude Deposter

I hereby certify that the above is a true and correct inventory of the personal effects of

John F. Deposter Deceased.

Paul DeWitt

Hospital Steward

Approved:

Adjutant,