

HEADQUARTERS
Illinois Soldiers and Sailors Home,
 QUINCY, ILLINOIS.

Carlinville Oct 10th 1902

Delphi Fever (1) of the town of *Carlinville*, in the County of *Macoupin*, and State of *Illinois*, formerly a Soldier of the United States of America, in the war against (1) *of the Rebellion from 61 to 65*, 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 *56* years old; that he is *5* feet and *6* inches high; that he is of *Light* complexion, *Blue* eyes, and *dark* hair; that he was born in the town of _____ in the State of *France*, on the _____ day of _____, 1____; that he has been (2) _____ enrolled in the U. S. A. service; _____ in the war against _____, and _____ in the war or the late Rebellion; and that he has been (3) _____ 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>Jun 3rd 1864</i>	<i>Nov 22nd 1865</i>	<i>Private</i>	<i>Co. "C" Regt. 10th Mo Cav</i>	<i>S. O. No 300 1st Div Cav M. 24 Nov 30 1865</i>
2d.	<i>Carlinville Mo</i>	<i>In Texas</i>		<i>Co. Regt.</i>	
3d.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *344 047*, a pension of *Seventeen* dollars a month, payable the *4th* day of next *January*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *none* 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 *no* children now living; ages, respectively, (5) _____ years. That his postoffice address is *Carlinville*, State of *Illinois*; that his nearest railway station is *Carlinville*, on the *Cnd Alton* Railway, in *Macoupin* 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 *Joseph Boente*, of *Carlinville*, County of *Macoupin* State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Joseph Boente*, at *Carlinville* County of *Macoupin*, State of *Illinois*

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting 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. *In Post No 332 S. A. R Spt of Ill*

That he is so far disabled by (7) *Disease of eyes and resulting loss of sight of left eye*

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 *October* 1902.
 (9) *JAMES M. MAXWELL* Witness. (8) *Delphi Fever* Applicant.

See Will

STATE OF ILLINOIS,

COUNTY OF

Macoupin

ss.

Chas J Bouillon

, a (10)

Notary Public

of the town of *Carlinville*, 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) *Delphi Fever*

Affiant.

Subscribed and sworn to before me, this *11th* day of *October*, A. D. 1902. Witness my hand and official seal.

L. S.

Charles J Bouillon (12) *N. P.*
Carlinville Ill

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known *Delphi Fever* 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)

Ferd. Schaefer

(14) *Carlinville Ill.*

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant *Delphi Fever*, as to his disability, and I now find that he has (15) *Chronic Bronchitis and Asthma and disease of eye with resulting loss of sight of left eye* 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.

G. J. Le Fischer

M. D.

Subscribed and sworn to before me, this *11th* day of *October* 1902. And I certify that I am personally acquainted with said affiant *G. J. Le Fischer*, 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.

Charles J Bouillon (16) *N. P.*
Carlinville Ill

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined *Delphi Fever* the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on *Saturday* the *18th* day of *October*, 1902; and that I then found him to be of sound mind, and to be capable of earning his living by reason of his physical disability arising from (17) *Chronic Bronchitis and Asthma Loss of left eye and impaired vision right eye.*

Witness my hand

G. M. Landon

Home Hospital Surgeon.

Carlinville Ills March 26th 1906

Mr. J. M. Elder

Quincy Ills

Dear Sir

As my Brother in law
Delphi Fever Died here at my home I write to
ask you to please mail me his Discharge his
Pension Certificate and Voucher for April 4th 1906. Which
I will have to have in order to draw the accrued Pension
on said Certificate up to the date of his Mch 17th 1906
Although he left several hundred dollars when he died
I ought to be able to get at least what was due him: if you
will have the kindness mail me the necessary blank with
his Papers for the accrued Pension his Furlough is
dated Mch 13th 1906 Registered No 6161 which I have
if you will kindly attend to this at once you will
greatly Yours very Respectfully

Joe Boente

Carlinville Ills

Forwarded March 27th 1906

Lump
of

CERTIFICATE DIVISION.

(NOTICE OF ISSUE AND FEES.)

Department of the Interior,

BUREAU OF PENSIONS,

Sir,

Dec. 25, 1892.

Inclosed herewith is a Certificate, No. *344047*,
for *Inc.* pensioner, this day issued in your favor.

The Pension Agent at *Chicago*, upon
whose rolls your name is to be inscribed, will forward to you prop-
erly 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 *W. B. Suggs*
of *Carlinville, Ill.*, whose fee is
Two dollars, which is payable by the
Pension Agent.

Very respectfully,

Gwen B. Rauw

Commissioner.

Delphi Fever
Carlinville
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.

L

REGISTER No. 6101

17

Illinois Soldiers' and Sailors' Home
QUINCY, ILLINOIS.

Delphi Fever
Carlinville Macoupin Co Ill

Co. _____ Reg't _____
C Co. *10th* Reg't *Ill Carl*
Co. _____ Reg't _____

CONTENTS

Admission Paper *1*

Army Discharge *1*

Certificate of Service _____

Pension Certificate *1 344,047* Will. *1*

Admitted *October 18* 190*2*

March 19, 1906 Died on furl

DIED

At the home of Jos. Boente, Monday,
March 19, at 9 o'clock p. m.

DELPHI FEVER, *Co. 11-*

Aged 60 years, 10 months and 4 days.

Funeral services will be held from St.
Joseph's Catholic church, Wednes-
day morning, March 21,
at 9 o'clock.

Friends of the deceased invited.

Carlisle, Ill., March 20, 1906.

Peace
Rest
11-

Copy

SHORT WILL.

ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL.

IN THE NAME OF GOD, AMEN.

I, Delphi Fover of Illinois Soldiers' and Sailors' Home, 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 Execut^{or} 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 all worldly goods of which I may die possessed,

to Joseph Boente
Carlinville
Macoupin Co
Missouri
for my nephews & niece Franklin Boente
Willie Boente & Sophie Boente
children of Joseph Boente

for my nephews & niece Frankie Boente
Willie Boente & Sophie Boente
children of Joseph Boente

Lastly, I make, constitute and appoint Wm Somerville Lupton or his
successor in office to be Executor 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
day of Oct in the year of our Lord One Thousand Nine Hundred two

Signed Delphi Jones [SEAL]

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

Signed J. E. Muzik
Signed Joseph W. Shabane