

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

..... July 23^d 1912

Elizah Nofisayer, (0) 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, 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 47 years old; that he is 5 feet and 5 1/4 inches high; that he is of Sallow complexion, Blue eyes, and Gray hair; that he was born in the town of Carlinville in the State of Illinois, on the 15th day of July, 1836; 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.	Aug. 15. 1864	May 31 1865	Box	Co. G. 11th Regt. Ill. Inf.	Close of War
2nd.	Virden. Ill.	Jefferson Ohio		Co. Regt.	
3rd.		(23)		Co. Regt.	

That he now receives, on pension certificate number 167496, a pension of 30 dollars a month, payable the 1st day of next August, 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) a wife; that he has 1 children now living; ages, respectfully, (5) 30 yrs. years. That his postoffice address is Quincy, State of Illinois; that his nearest railway station is Quincy, on the C. & O. 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. Ella Little, of 1111 South Lake Ave., County of....., State of.....

of California; that, in case of his death, he desires all his personal effects to be sent to his niece Mrs. Ella Little, at Pasadena County of....., State of California.

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.

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 23^d day of July, 1912.

(9) Robert L. Parr,
Witness.

(8) Elizah Nofisayer
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 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 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 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 191; 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)

Old Age

Witness my hand

Elijah Profeniger
R. H. Jacobs
Home Hospital Surgeon.

J. L. BONAR

ATTORNEY-AT-LAW

Office Over Algona State Bank

Algona, Iowa, Jan. 21st, 1916.

Superintendent Soldier's Home Hospital,
Quincy, Ill.

Dear Sir:-

Mrs. Emma Nofsinger of Algona, Iowa, widow of Elijah Nofsinger, who held certificate No. 167496 dated April 29th, 1913, and who died in your hospital December 28th, 1915, desires to make declaration for widow's pension under act of April 19th, 1908. She desires to secure a certificate showing the death of her husband and she also desires to secure the other papers which he had, including his enlistment and the papers showing his discharge from the service, and in fact any other papers which would assist her in making proof.

Please send these to me at your earliest convenience
and oblige,

Yours very truly,

JLB LMB



DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of Elijah Nofsinger

Reg. No. 10043 Co. G Regt. 122 Ill. Inf. State

BAKER-VANTER CO. MANUFACTURERS CHICAGO-INDIANAPOLIS

MONTH	DATE		Cot No.	PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
	DAY	YEAR					
12	28	15	Hoe	Mrs. Lou Laurisch,	Mankato, Minn.	grand niece	

COTTAGE INVENTORY

Sergeant, Cottage No. _____

Received the above described personal effects of _____

Registry No. _____

Hospital Steward _____

HOSPITAL RECORD

Died 10 a. m. Dec. 28, 1915.

HOSPITAL INVENTORY

Received personal effects.

*Low Lith Lavinich.
Grand niece.*

I hereby certify that the above is a true and correct inventory of the personal effects of Hlijah Hofinger Deceased.

Approved:

_____ Hospital Steward

_____ Adjutant