

\_\_\_\_\_, SUPERINTENDENT.  
\_\_\_\_\_, TREASURER.  
\_\_\_\_\_, ADJUTANT.  
\_\_\_\_\_, QUARTERMASTER.  
\_\_\_\_\_, SURGEON.

\_\_\_\_\_, MATRON.  
TRUSTEES:  
\_\_\_\_\_, QUINCY, ILL.  
COLONEL JAMES A. SEXTON, CHICAGO, ILL.  
GENERAL LEWIS B. PARSONS, FLORA, ILL.

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois,

April 10<sup>th</sup>, 1897.

William Skeens, (1) of the Town of Gillespie, 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 late 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 53 years old, that he is 5 feet and 7 inches high; that he is of Fair complexion, Black eyes, and Dark hair; that he was born in the town of Stamford in the County of Lincoln Ky, on the 14<sup>th</sup> day of December, 1843; that he has been (2) once enrolled in the U. S. A. service; in the war against Mexico, 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 of 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.	Coral Archard Ky Aug. 4 1862. at	Sept 17 <sup>th</sup> 63. at Lebanon Ky	Private	Co. B. Regt. 8 <sup>th</sup> Ky Cav.	Expiration of service
2d.		(13 mos)		Co. Regt.	
3d.				Co. Regt.	

That he now receives, on pension certificate number 875201, a pension of Eight dollars a month, payable the 4<sup>th</sup> day of next July, at the Chicago Pension Office.

That he owns property, real and personal, of the value of nothing dollars, and no more; that he has no means of self-support other than that above named; that his trade or occupation is that of a day laborer

That he has (4) a wife; that he has no children now living; aged, respectively, (5) years. That his postoffice address is Gillespie, State of Illinois; that his nearest railway station is Gillespie, on the C.C.C. & St. L. 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 Mrs. E. A. Skeens, of Gillespie, County of Macoupin, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to Mrs. E. A. Skeens, at Gillespie, 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.

That he is so far disabled by (7) Right thigh schwamken and Right foot Contracted and Deformed

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 10<sup>th</sup> day of April, 1897.

(8) A. M. Donald, Witness.

(9) William Skeens, Applicant

COUNTY OF ~~Macoupin~~ } ss.

I, Robt Brown

a<sup>(10)</sup> Natus Publici

of the town of Gilispie, in and for said County, do hereby certify that the above named ~~person~~ person 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) William Skeens

Affiant.

Subscribed and sworn to before me, this

10<sup>th</sup> day of April

A. D. 1897.

Witness my hand

L. S.

Robt Brown

(12) Natus Publici

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known William Skeens, 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. 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) A. McDonald

(14) Adjutant # 6214  
G.A.P.

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, W. Skeens, as to his disability, and I now find that he has (15) right thigh and leg atrophied & right foot contracted and deformed 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.

(16) Marvel Thomas, M. D.

Subscribed and sworn to before me, this 10<sup>th</sup> day of April, A. D. 1897. And I certify that I am personally acquainted with said affiant, M. Thomas M. D., 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.

Robt Brown

(18) Natus Publici

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined examined Wm Skeens, the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Sunday the 18<sup>th</sup> day of April, 1897; and that I then found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Shrunken or atrophied muscles of the right leg from hip to ankle with deformity of right foot

Witness my hand.

R.H. Jones



ORDER ADMITTING APPLICANT.

The application of the said Am Skeens, together with the said several certificates, signatures, and jurats, having been found to be duly and formally made, and the Superintendent being satisfied that the applicant has shown himself to be lawfully entitled to admission to the Home, it is hereby ordered that he be and that he now is duly admitted as a member thereof, this 18 day of apl, 1897.

W. H. Kirkwood  
W. Somerville

Superintendent.

HOW TO FILL APPLICATION BLANKS.

- 0. Give full name of the Applicant.
- 1. Either "Mexico and the late Rebellion," or one of them.
- 2. Here say once, twice, or three times.
- 3. Here say once, twice, or three times.
- 4. Here say a wife, or no wife.
- 5. Here give their ages, from youngest to oldest.
- 6. Here give the name of any Home or other Institution of which he has been a member.
- 7. Here state, in his own words, what it is that ails or disables him.
- 8. Here Applicant will sign his full name, or make his mark.
- 9. Here the witness will sign his name.
- 10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."
- 11. Here Applicant will sign his full name, or make his mark.
- 12. Signature and title of the Justice or Notary.
- 13. To be made and signed by any Judge of any county or state court, by any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or Adjutant or Commander of any G. A. Post.
- 14. Here write official title.
- 15. The physician will here state tersely, but fully, as far as he can learn, every cause or disorder that tends in any degree to render the Applicant incapable of earning his own living.
- 16. Name and official title of Notary or Justice.
- 17. Here state minutely what disorder, ailment, disease, or cause, it is that, in your judgment, disables the Applicant and renders him incapable of earning his own living.

SPECIAL INFORMATION FOR APPLICANT.

READ THIS CAREFULLY. For it will avail you nothing, when you come before the Superintendent for examination on the facts alleged by you in your application, to say you are ignorant of what is here and herein plainly and explicitly set forth for your information:

- 1. Have some capable person, who writes a fair hand, fill all the blanks in your application.
- 2. Have every blank in the application properly filled, and every Certificate, except that of the Surgeon of the Home, duly made and signed, and every jurat duly executed, signed, and sealed, by the Clerk, Notary or Justice of the Peace making the same.
- 3. Send your application, so prepared, by mail or otherwise, with your last discharge and all your pension papers, to the Superintendent of the Home.
- 4. On his receipt of your application, and your last discharge, and all your pension papers, all in due form, transportation will be sent you, and you will be ordered to report at the Home for examination by the Home Surgeon as to your disability, and for examination by the Superintendent as to the allegations of fact made by you in your application for admission.
- 5. If all your statements are found to be true, and the Surgeon finds you to be so far disabled as to render you incapable of earning your own living, you will then be admitted to the Home, and not otherwise.
- 6. If for any reason you are found not to be eligible for admission, you will not be admitted to the Home.
- 7. If you fail to be admitted, no transportation to your home will be furnished you. Therefore, you should bring sufficient money to pay your return fare.
- 8. When permitted to leave the Home, on Furlough, or on Pass of two or more days duration, you will be required to wear your citizens clothing. You will not be allowed to wear Home or State clothing, when so absent.

TO BE ELIGIBLE FOR ADMISSION.

- 1. The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, or in the late Rebellion.
- 2. That you shall have been honorably discharged from that service.
- 3. That you shall have lived and resided, CONTINUOUSLY and in good faith, FOR THE LAST TWO YEARS, in the State of Illinois.
- 4. That you shall have been rendered INCAPABLE OF EARNING YOUR OWN LIVING, AND SHALL NOW BE INCAPABLE OF EARNING YOUR OWN LIVING, through the exigencies of your military service, by reason of old age, or by reason of some other PRESENT DISABILITY.
- 5. That you shall now have NO PROPERTY OR OTHER SUFFICIENT MEANS OF LIVING.
- 6. That you shall be of sane mind; that you shall not be in need of an attendant; that you shall be capable of ministering to your own personal wants; that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE that would render your residence in the Home DANGEROUS to others; that you may SAFELY be quartered with men who are feeble and incapable of self-defence.
- 7. NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARED FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.

W. H. Kirkwood  
W. Somerville

Superintendent.

NOTICE OF ISSUE AND FEES.

**Department of the Interior,**

**BUREAU OF PENSIONS,**

Washington, D. C., *April 29, 1902*

*Sir*

Herewith is transmitted a certificate, No. *879201*, for *monthly* pension, issued this day in your favor, accompanied by a voucher for the amount now due and payable thereon.

You should execute the voucher in accordance with the printed instructions, and return it to the pension agent at *Chicago* who will then send directly to your address, a check for the pension due.

Your recognized attorney *Henry D Phillips* of *Washington D C*, whose fee is *2* dollars, which is payable by the pension agent.

Very respectfully,

*A. C. Gaus*

Commissioner.

*William Stearns*  
*Gillespie*  
*J. L.*

ctf.875201  
B S Ky. Cav.

APPLICANT'S ORDER-BOARD, 3-340c

LJS/JPS/etg 26

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

WASHINGTON

Oct 6 1923

Mr. William Skeens

Modesto, Ill.

SIR: You are hereby directed to appear for examination before the Board of Surgeons named below, which meets at 10 a. m., on

every Wednesday at Dr. Bell's Off. 518a North Side of Square, Carlinville, Ill

Notify the board when you will appear for examination, using the inclosed card, which requires no postage. *Do not overlook this; it is important.*

This order entitles you to be examined by a board of three surgeons, but you have the option of consenting to an examination by two members, in which case you should sign the waiver on the back of the report of examination.

After the examination is made, the secretary, or other member of the board, will fill out and sign the statement below, and you should return this order to this Bureau at once.

This order is not valid after three months from date.

Very respectfully,

*Washington Gardner*  
Commissioner.

(The following memorandum should be filled by a member of the board.)

The applicant to whom this order is addressed was examined at the meeting of the board, \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, the members named below present and participating.

\_\_\_\_\_, M. D.  
\_\_\_\_\_, M. D.  
\_\_\_\_\_, M. D.

BOARD OF U. S. EXAMINING SURGEONS,

Dr. Robt. H Bell, Sec.  
518a N Side of Square  
Carlinville, Ill



DUPLICATE

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of Mr. A. K. ... Reg. No. 3991 Co. \_\_\_\_\_ State \_\_\_\_\_

BAKER-VANTER CO. MANUFACTURERS CHICAGO-HOUSTON

PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS	DATE		Cot. No.
				MONTH	DAY	
				June	11/1924	

(6663-2M-11-23)

STATE OF ILLINOIS

## DEPARTMENT OF PUBLIC WELFARE

GENERAL OFFICE, SPRINGFIELD  
 C. H. JENKINS, DIRECTOR  
 SHERMAN W. SEARLE, ASSISTANT DIRECTOR  
 CHARLES F. READ, M. D., ALIENIST  
 HERMAN M. ADLER, M. D., CRIMINOLOGIST  
 EDWIN B. BROOKS, SUPERINTENDENT OF CHARITIES  
 ELMER J. GREEN, SUPERINTENDENT OF PRISONS  
 WILL COLVIN, SUPERINTENDENT OF PAROLENS AND PAROLES

ADDRESS HOME COMMUNICATIONS TO THE MANAGING OFFICER

## THE ILLINOIS SOLDIERS' AND SAILORS' HOME

JOHN W. REIG, MANAGING OFFICER  
 QUINCY

*June 13/24*

*Received from Sec. Sealed in Sailors' Home*  
*The following property belonging to*  
*Mr. Skyles "Deceased"*  
 1 Pair Case and Knives  
 1 Grip and Knives  
 1 Bundle of Clothing

\_\_\_\_\_ eant, Cottage No. \_\_\_\_\_  
 \_\_\_\_\_ Registry No. \_\_\_\_\_  
 \_\_\_\_\_ Hospital Steward

*Geo. W. Skyles*  
*Pro.*

HOSPITAL INVENTORY

Books & records  
Hospital of records  
Barnfield  
Books  
1. Silver & Lugard notes (2)

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

Hospital Steward

Approved:

*[Signature]*

Adjutant