

ILLINOIS SOLDIERS AND SAILORS HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

STATE OF ILLINOIS }
County of Adams } ss.

On this 16 day of January, A. D., 1909, personally appeared before me, Thomas Smith, who being duly sworn, upon oath says:—

1. My name is (1) Thomas Smith, and my age is, 45 years. I am 5 feet and 8 inches high. I am of light complexion, blue eyes and gray hair. I was born in the town of _____ in the county Bovin, state of Ireland, on the 17 day of May, 1833.

I have been enrolled in the U. S. A. service: twice in the war against (2) _____ and in the war of the late Rebellion. I have been (3) 2 times discharged from the service of the United States. The following is a true statement of the time and place of my enrollment and discharge from said service, and the cause of my discharge, and my rank at the respective date, is as follows:

No.	When and where enrolled	When and where discharged	Rank	Company and regiment	Cause of discharge
1st.	<u>Aug 27 1861</u> <u>Carlinville Ill</u>	<u>July 23 1862</u> <u>Memphis Tenn</u>	<u>Private</u>	<u>Co. A Regt 32 Ill</u>	<u>Disability</u>
2nd.	<u>Feb 8 1865</u> <u>Carlinville Ill</u>	<u>Sept 11 1865</u> <u>Memphis Tenn</u>	<u>Corp</u>	<u>Co. 152 Regt. Ill Inf</u>	
3rd.				Co. Regt.	

2. I now receive on pension certificate numbered 600 153, a pension of 15 dollars per month, payable the 4 day of next April, at the Chicago Pension Office.

3. On the _____ day of _____ A. D. 18____, at _____ in the county of _____, in the state of _____, I was lawfully married to Margaret Smith, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 1 children now living, ages respectively 33 years. My postoffice address is Carlinville State of Illinois, my nearest railway station is Carlinville on the CAE

2. I now receive on pension certificate numbered 600 153, a pension of 15 dollars per month, payable the 4 day of next April, at the Chicago Pension Office.

3. On the _____ day of _____ A. D. 18____, at _____ in the county of _____, in the state of _____, I was lawfully married to Margaret Smith, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 1 child ~~ren~~ now living, ages respectively 33 years. My postoffice address is Carlinville State of Illinois, my nearest railway station is Carlinville, on the CA&N railway, in Macoupin County, in said state. In case of illness or death I desire that notice be sent to Mrs T. Smith, in the town of _____, county of _____, state of _____.

The name and address of the person to whom all my personal effects shall be sent in case of death is, _____, at _____, in the county of _____ state of _____.

My trade or occupation is that of a farmer.

5. I am so far disabled by reason of age and infirmity as to be incapable of earning a living for myself, and my said wife is without separate property or income sufficient to afford herself with a living, or which combined with my means will enable us to live in comfort; that I have not heretofore been a member of any Soldiers or Sailors Home, or other charitable institution, except (5) is now a member of S. S. S. H.

6. That I desire to become a member of the Illinois Soldiers and Sailors Home, and my said wife Margaret Smith, desires to become a member of the home with me, and joins me in this application for membership therein. That I have at all times heretofore, supported and adhered to the government of the United States of America, and that I have not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion. That if we shall be admitted to be members of said Home, we 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 we will cheerfully do and perform any and all things that shall be required of us, by those in authority over us, and that we will promptly and willingly obey all lawful orders that we shall receive from any officer of the Home, so long as we shall remain members thereof.

IN TESTIMONY WHEREOF we have set our hands this 16 day of January, 1909.

(7) L. H. Kern
Witness

(6) Thomas Smith
Maggie Smith
Applicants

CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known.....

and....., the above applicants, for at least two years last past, and that to the best of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that as to the time of their residence in Illinois, or his service in an Illinois organization. And I further state that they have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at large and that they can safely be quartered with feeble and helpless men and women.

WITNESS my hand (8).....

(9).....

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 (10).....

..... to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

.....
M. D.

Subscribed and sworn to before me, this..... day of..... A. D., 19..... 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.

(11).....

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 (10).....

to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

.....
M. D.

Subscribed and sworn to before me, this..... day of..... A. D., 19..... 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.

(11).....

CERTIFICATE OF A SOLDIERS HOME SURGEON

I hereby certify upon honor that I have carefully and critically examined Thomas Smith

....., the above named applicant as to his mental and physical condition, at the hospital of this Institution, on the 16 day of Jan., 1908; and that I found him to be of a sound mind, and to be

in capable of earning his living by reason of his physical disability arising from (12) Old age

His wife has cancer of womb. ? Insane delusion.

Witness my hand.....
[Signature]
Home Hospital Surgeon

ORDER ADMITTING APPLICANT

The application of the said..... and..... 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 applicants have shown themselves to be lawfully entitled to admission to the Home, it is hereby ordered that he is now duly admitted as a member thereof, this..... day of....., 19.....

.....
Superintendent

HEADQUARTERS

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS

Thomas Smith (⁹) 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) *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 *74* years old; that he is *5* feet and *8* inches high; that he is of *Light* complexion, *Blue* eyes, and *Gray* hair; that he was born in the town of *Carlinville* in the County of *Macoupin*, on the *1st* day of *May*, 1833 that he has been (2) *2* enrolled in the U. S. A. service; *Left* in the war against *Rebels*, and in the war of the late Rebellion; and that he has been (3) *2* 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: *2nd Enlistment Corporal*

No.	When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
<i>1st.</i>	<i>27 Aug 1861</i>	<i>July 15 1863</i>	<i>Pvt</i>	<i>Co. A Regt. 32 Ills</i>	<i>Disability Eyes</i>
<i>2d.</i>	<i>July 1865</i>	<i>Sept 11 1865</i>	<i>Corp</i>	<i>Co. I Regt. 152. u</i>	<i>Expiration</i>
<i>3d.</i>		<i>(30 mos)</i>		<i>Co. Regt.</i>	

That he now receives, on pension certificate number *600153*, a pension of *12* dollars a month, payable the *14th* day of next *July 4th* at the *Chicago Ills* Pension Office.

That he owns property, real and personal, of the value of *716.00* 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 *None*

That he has (4) *a* wife; that he has *1* children now living; ages, respectively, (5) *30* years. That his postoffice address is *Carlinville*, State of *Illinois*; that his nearest railway station is *Carlinville*, on the *C & A* 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 *Maggie Smith*, of *Carlinville*, County of *Macoupin*, State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Maggie Smith*, his wife, 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) _____

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) *By old age general debility*
Eye Sight

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 *3rd* day of *May*, 190*7*

(9) *J. H. McNeill* Witness. (8) *Thomas Smith* Applicant.

*23
6
79*

STATE OF ILLINOIS,

County of Macoupin } ss.

of the town of Carlinville

I, J W McNeill, a (10) A. J. P.

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) Thomas Smith,
Affiant.

Subscribed and sworn to before me, this 30th day of May, A. D. 1907

Witness my hand and official seal.

[L. S.]

J W McNeill (12) J. P.
Carlinville Ill Ill

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.

I have not been treated by a local or Hospital Doctor, and can give no such certificate.

Witness my hand, (13) J. W. McNeill Ill

Thomas Smith

Justified the Peace
Carlinville Ill

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.....190..... 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, as an honest man and a capable physician, in the community and among his fellow physicians where he lives.

(16)

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Thomas Smith the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Sunday he 12 day of May, 1907; and that I found him to be of a sound mind, and to be

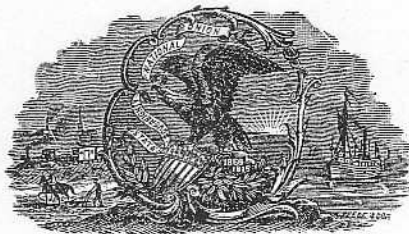
capable of earning his living by reason of his physical disability arising from (17) Rheumatism

Chronic gran. eyelids.

Witness my hand C. E. Able
and Home Hospital Surgeon.

United States of America

State of



Illinois

ADJUTANT GENERAL'S OFFICE

Springfield, May 6, 1909.

It is Hereby Certified, That it appears from the Records of this Office, that

Thomas Smith,

Enlisted on the 27th. day of August 1861,-----at Palmyra, Illinois,-----

and was mustered into the service of the United States as a -----Private,-----

in Company A , 32nd.--- Regiment, Illinois Volunteer Infantry,-----

for the period of-----Three Years,----- on the 29th. day of August 1861.--

Age, 26: Height, 5ft. 7, 3/4 in.: Hair, Light: Eyes, Hazel: Complexion,

Fair: Occupation, Sailor: Native, Ireland.

Discharged for Disability, July 15, 1862.

His residence at date of enlistment is stated as Carlinville, Illinois.

This Certificate is issued at the request of Thomas Smith,

Soldiers' Home,

Quincy, Illinois.

Frank S. Dickson,
Acting, ---Adjutant General of Illinois.

Illinois Soldiers' and Sailors' Home

Quincy, Ill., Jan. 17 - 1920

To the Adjutant: 7766
Thomas Smith Co. A, 32^d Ill Inf Reg't

died in Hospital at 8th A. M., aged 56 years.

Names and addresses of Relatives and Friends Maggi Smith (wife)
ui Hour

Reg No. 7766 Gail Swette Hospital Steward



ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILL. April 13 1908

To the Superintendent:

I respectfully recommend that a Furlough of 90 days be granted to Thomas Smith

Register No. 7766 Co. A Reg't 152 Ill Inf His Post. Office will be Woodville, Ills

Approved D. M. Landon Surgeon. 7766

This Member has no Books belonging to the Library. R. H. Baird Sergeant Co. No. 14

S. J. Volk Librarian.

His Store Account has been paid. Alex. Hughes Store-keeper. His Home Clothing has been turned over.

Alex. Hughes Store-keeper. O. M. Sergeant.

(18516-1M-4-19)

Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. Jan. 17 - 1920

To the Adjutant: THIS IS TO CERTIFY, That Thomas Smith Reg. No. 7766

late of Co. A Reg't 32 - Ill. Inf.

died in Hospital at 86 Cause of death General arterio-sclerosis

R. H. Baird Surgeon

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of

Thomas Smith Reg. No. *7766* Co. *A* Regt. *32* *Illinois* State

Date
Month Day Year

Jan 17 1922

Cot. No.

Person to Be Notified in Case of Death

P. O. ADDRESS

RELATIONSHIP

REMARKS

COTTAGE INVENTORY

Received the above described personal effects of

Sergeant, Cottage No.

Registry No.

Hospital Steward

HOSPITAL RECORD

*Whiffle with 11/19/20
Enquirer with 20.*

HOSPITAL INVENTORY

*1 Suit case + contents
1 Bundle + contents, Dress & in suitcase
Bank book with 1000000*

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

Thomas Smith Deceased.
Seil Wulster Hospital Steward

Approved:

W. H. Spamer Adjutant.