

REGISTER No. 5333 19

Illinois Soldiers' and Sailors' Home
QUINCY, ILLINOIS.

Thomas Webb

Carlisle J. Sts

Private Co. A 6 Reg't 1st Cav

Co. Reg't

Co. Reg't

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Admitted SEP 5- 1900 190

Dis. on Apr 17-1911

Aug-19-1911 R. A

Wid on Mar 25 1914

R-a Aug 27 1912

Died in Hosp Jan 30-1921

2792

Thomas S. Webb
Co. D Ky. Cav
Was buried in
Camp Row 4 1/2
Lower B B

Feb 1 - 1921

Age 90

Ed Anderson

ILLINOIS SOLDIERS SAILORS HOME

CHICAGO, ILL., Mar 25 1917

Thos S. Webb

Co. A Reg't. 6 Ky Cav Register No. 5333 Cot. 17

is hereby _____ honorably DISCHARGED from this Home by

reason of Personal Request

E. D. Anderson
SUPERINTENDENT

NO RE-ADMISSION UNTIL DATE

Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. Jan 30 1921

To the Adjutant:

THIS IS TO CERTIFY, That Thos. Webb Reg. No. 5333

late of Co. A Reg't 6 Ky. Cav.

died in Hospital Awh 90. Cause of death Pneumonia (Lobar)

R. H. Jacobs
Surgeon

Illinois Soldiers and Sailors Home.

Quincy, Ill., Jan 30, 1921
Jan Feb 1 1902

To the Adjutant:

Thomas Webb Co. A. 6, Ky Cav Regt.

died in Hospital at 4:55 Jan 30 1921 M. aged 90 years.

Names and address of Relatives and Friends Mrs Jas. Green (friend)

315 South West St. Carlinville, Ill

Reg. No. 5333 Gail Swobbe Hospital Steward.

Illinois Soldiers and Sailors Home

Soldiers Home Hospital, Ill., Jan 31 1921

TO THE ~~FARM SUPT.~~ Adj. 5333

The funeral of Thos Webb A 6 Ky Cav

will take place at 10 AM, Feb. 1 - 1921

Gail Swobbe Hospital Steward.

HEADQUARTERS
Illinois Soldiers and Sailors Home,
 QUINCY, ILLINOIS.

Thomas D Webb 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⁾ *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 *70* years old; that he is *5* feet and *18* inches high; that he is of *Fair* complexion, *Blue* eyes, and *auburn* hair; that he was born in the town of *Lexington* in the County of *Fayette Ky*, on the *7th* day of *July*, 1830; that he has been ⁽²⁾ *once* enrolled in the U. S. A. service; *once* in the war against *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.	<i>4th Nov 1861</i>	<i>Louisville Ky</i>	<i>Private</i>	<i>Co. 6th Regt. Ky Cav</i>	<i>Surgeons Certificate</i>
2 ^d .	<i>Louisville Ky</i>	<i>4th July 1863</i>		<i>Co. Regt.</i>	
3d.		<i>(15 mos)</i>		<i>Co. Regt.</i>	

That he now receives, on pension certificate number *244389*, a pension of *10* dollars a month, payable the *4th* day of next *October* at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *no property* 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 *Plasterer*.

That he has ⁽⁴⁾ *no* wife; that he has *no* children now living; ages, respectively, *—* years.

That his postoffice address is *Carlinville*, State of *Illinois*, that his nearest railway station is *Chicago*, on the *Chicago & 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 *Kate 26 Appleton* of *Lexington* County of *Fayette Ky*; that, in case of his death, he desires all his personal effects to be sent to *Kate 26 Appleton Lexington Ky* at *—* County of *—* State of *—*.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the ⁽⁶⁾ *Wester Applied before for any Home for admission*.

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⁾ *Loss of use of Left Arm. Impaired eye sight - Injured by Horses falling on him* 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 *21st* day of *Aug*, 1900
⁽⁸⁾ *M B Duggan* Witness. ⁽⁹⁾ *Thomas S. Webb* Applicant.

STATE OF ILLINOIS,

COUNTY OF Macoupin } ss.
Carlinville

I, Thomas S Webb, a (10) Citizen

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.

Subscribed and sworn to before me, this 21st (11) Thomas S Webb day of Aug, A. D. 1900. Witness my hand and official seal. N B Duggen Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Thomas S Webb 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) O B Carter (14) Notary Public

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, Thomas S Webb as to his disability, and I now find that he has (15) Old age with loss of one eye and stiff left arm 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.

Subscribed and sworn to before me, this 21st day of Aug, 1900. And I certify that I am personally acquainted with said affiant J Palmer Matthews, 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. N B Duggen Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Thomas S Webb the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Wed the 5 day of Sept, 1900; and that I then 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) Old age

Witness my hand O B Carter Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said Thomas J. Webb, 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 now duly admitted as a member thereof, this SEP 5- 1900 day of.....

W. Somerville Superintendent.

HOW TO FILL APPLICATION BLANKS.

0. Give full name of the Applicant.
1. Either "Mexico, the late Rebellion, or Spain."
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. R. Post.
14. Here write official title.
15. The physician here will 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 found 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 citizen's 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, the late Rebellion, or the Spanish War.*
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, or served in an Illinois organization.*
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 means of some other PRESENT DISABILITY.*
5. *That you shall 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.*

Superintendent.

AUG 13 1900

Register No. 5233

Thomas J. Kelly

APPLICATION FOR ADMISSION

— TO THIS —

Illinois Soldiers and Sailors Home

Application Approved by

Wm. Somerville

Superintendent.

Admission Granted SEP 5-1900

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *Thomas M. M. M.*

Reg. No. *1333* Co. *A* Regt. *6 Ky Cav* State

BAKER-VANTER CO. MANUFACTURERS CHICAGO-NY YORK

DATE			Col No.	PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
MONTH	DAY	YEAR					
<i>Jan</i>	<i>30</i>	<i>1921</i>					

COTTAGE INVENTORY

Received the above described personal effects of _____
 _____ Sergeant, Cottage No. _____
 _____ Registry No. _____
 _____ Hospital Steward

HOSPITAL RECORD

HOSPITAL INVENTORY

2 Suit cases + contents
1 Case
1 Gold watch + chain

Accepted by _____
Miss. James Green

I hereby certify that the above is a true and correct inventory of the personal effects of *Thomas M. M. M.* Deceased.

Approved: _____ Hospital Steward

_____ Adjutant