

REGISTER NO. 5464

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS.

James Wooley
Windsor, Macoupin Co. Ills
I Co. 126 Reg't Ills Inf
Co. Reg't
Co. Reg't

CONTENTS

Admission Paper /
Army Discharge /
Certificate of Service
Pension Certificate *774541* *Will* /

Admitted *JAN 30 1901* *190*

1897 *Dusk OK*
All papers given
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Henry C. Simons,
Attorney at Law.

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VIRDEN, ILLINOIS, Jan. 19, 1901.

Mr. Wm. Somerville,

Supt. Soldiers Home, Quincy, Ills.

Dear Sir:-

Inclosed find application of Jas. Wooley for admission to the Soldiers Home, together with certificate of identification by A. F. Weaver, Commander Post 236, C. A. R. and certificate of local Physician, Dr. A. T. Bartlett. Also find inclosed Army voucher and pension certificate 774541 for payment of pension due March 4, 1901; and also pension certificate 774541 and certificate of discharge of Jas. Wooley,

Yours truly,

H. C. Simons
for Jas. Wooley,

Direct answer to
James Wooley.
Care. S. R. Green.
Virden Ill.

STATE OF ILLINOIS,

COUNTY OF Macoupin } ss.

I H. C. Simons, a ⁽¹⁰⁾ Notary Public

of the town of Virden, 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 16th day of January, A. D. 1901. Witness my hand and official seal.

L. S.

(11)

James W. Wooley
Affiant.

H. C. Simons (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

X I do hereby certify, upon honor, that I have personally known James Wooley 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)

A. S. Weaver

Post 236 GAR

(14)

Commander

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, James Wooley, as to his disability, and I now find that he has (15) Chronic inflammation of right knee and Eruption of right leg 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.

A. J. Bartlett, M. D.

Subscribed and sworn to before me, this 19th day of January, 1901. 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.

H. C. Simons Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined James Wooley the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Wednesday the 30 day of January, 1901; 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) Rheumatism

Chronic Crystitis

Witness my hand

J. J. Golden

Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said James Crowley, 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 30 day of January, 1901.

W. Somerville
Superintendent.

HOW TO FILL APPLICATION BLANKS.

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| <ol style="list-style-type: none"> 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, <i>in his own words</i>, 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 <i>his</i> name. 10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court." | <ol style="list-style-type: none"> 11. Here Applicant will sign his <i>full name</i>, 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, <i>every</i> cause or disorder that tends in any degree to render the Applicant <i>incapable of earning his own living</i>. 16. Name and official title of Notary or Justice. 17. Here state <i>minutely</i> what disorder, ailment, disease, or cause, it is that, in your judgment, <i>disables the Applicant and renders him incapable of earning his own living</i>. |
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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.

JAN 14 1901

Register No. 5464

James Gray

APPLICATION FOR ADMISSION

— TO THE —

Illinois Soldiers and Sailors Home

Application Approved by

Wm. B. ...

Superintendent.

Admission Granted *Jan 30*, 1901