

—HEADQUARTERS—
Illinois Soldiers and Sailors Home,
QUINCY, ILLINOIS.

September 13, 1900

William S. Daggett, (1) of the Town of Greenville, in the County of Bond, and State of Illinois, formerly a Soldier of the United States of America, in the war against (1) 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 69 years old; that he is 5 feet and 4 inches high; that he is of fair complexion, blue eyes, and light hair; that he was born in the town of Provence in the Province of Canada, on the 12th day of August; 1831; that he has been (2) twice 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) twice 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.	<u>Dec 8 1861 Chicago</u>	<u>June 5 1864 Chicago Ills</u>	<u>Private</u>	<u>Co. H Regt. 8 2d R. Cav</u>	<u>for recruitment</u>
2d.	<u>June 5, 1864 Chicago</u>	<u>November 16th 1868 Cairo Ills</u>	<u>Private</u>	<u>H Co. 8 Regt. 2d R. Cav</u>	<u>Gen Order 1550</u>
3d.				<u>Co. Regt.</u>	

That he now receives, on pension certificate number 665504, a pension of Twelve dollars a month, payable the 11th day of next October, at the Chicago Pension Office.

That he owns property, real and personal, of the value of none 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) no wife; that he has one child now living; age, respectively, (5) 29 years. That his postoffice address is Greenville, State of Illinois, that his nearest railway station is Greenville, on the Naudalia Railway, in Bond 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 John W. Hood, of Greenville, County of Bond, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to John W. Hood, at Greenville, County of Bond, State of Illinois.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) Soldiers Home at Quincy Illinois about 8 years ago

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) Seafers of both ears, Calarck and disease of Head and Rheumatism

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 13th day of September 1900.

(8) J. F. Halls Witness.

(9) William S. Daggett Applicant.

STATE OF ILLINOIS,

COUNTY OF

Bond

} ss.

I, Joseph T Fouke

a (10) Notary Public

of the town of Greenville, 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) William S Dagggett Affiant.

Subscribed and sworn to before me, this 13th day of September, A. D. 1900. Witness my hand and official seal.

L. S.

Joseph T Fouke Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known William S Dagggett 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, (12)

Hard Reid

(14) Circuit Clerk

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, William S Dagggett, as to his disability, and I now find that he has (15) Deafness of both ears Catarrh, Disease of heart and Rheumatism 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.

Ormy Easley, M. D.

Subscribed and sworn to before me, this 13th day of September 1900. And I certify that I am personally acquainted with said affiant Fifteen years, 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.

Joseph T Fouke Notary (16) Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Wm S Dagggett the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on the 19 day of Sept, 1900, and that I then found him to be of a sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Deafness & Ugr.

Witness my hand

C. E. Echlin

Asst. Home Hospital Surgeon.

See "EXPLANATIONS and DIRECTIONS" on Third Page.

APPLICATION FOR ADMISSION

— TO THE —

Illinois Soldiers' and Sailors' Home

← AT QUINCY →

TRUSTEES.

DANIEL DUSTIN, Sycamore, DeKalb County, Ill.
L. T. DICKASON, Danville, Vermillion County, Ill.
THOMAS W. MACFALL, Quincy, Adams County, Ill.

OFFICERS.

J. G. ROWLAND, Superintendent.
S. B. SHERER, Secretary and Adjutant.
R. H. CARNAHAN, Quartermaster and Commissary.
R. W. McMAHAN, Surgeon.
JAMES D. MORGAN, Treasurer.

STATE OF Illinois }
COUNTY OF Clinton } ss.

On this Twentieth day of October A. D. 1888, personally appeared before me

(1) Notary Public within and for the County and State aforesaid,

(2) William S. Dagg aged 57 years; height 5 feet 4 inches,
complexion fair, eyes Blue, hair light a resident of (3) Keosauqua

County of Clinton State of Illinois, who, being duly sworn, deposes and says, that he was born in

(4) Canada and has been enlisted in the service of the United States

(5) Two (2) times during the (6) Civil war, and honorably discharged from each enlistment, as follows:

No. of Enlistments.	When Enlisted, With Rank.	Where Enlisted, Town and State.	Company and Regiment Mustered in.	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>Dec 8th 1861</u>	<u>Sedalia Mo</u>	<u>Co. D 9th Ind. Inf.</u>	<u>1863</u>	<u>for Reenlistment</u>
		<u>Chicago</u>	<u>Regt. 9th " "</u>	<u>Private</u>	
2d.	<u>18</u>		<u>Co. H V.I.R.C.</u>	<u>1863</u>	<u>close of war</u>
			<u>Regt.</u>		
3d.	<u>18</u>		<u>Co.</u>	<u>18</u>	
			<u>Regt.</u>		
4th.	<u>18</u>		<u>Co.</u>	<u>18</u>	
			<u>Regt.</u>		

That he is disabled as follows: (7) with Spinal Trouble & Rheumatism

and has been receiving _____ Dollars per month Pension, on Certificate No. _____ payable at _____ Agency, from _____ 18____, and being unable, on account of his disability, to earn his living by manual labor, desires admission to the Illinois Soldiers' and Sailors' Home.

The said applicant further swears, that he has not been engaged in, or aided or abetted the late rebellion in the United States; and that he was not a member of any Soldiers' or Sailors' Home June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years past. And said applicant further stipulates and agrees that he will abide by and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him, and obey all lawful orders of the Officers of the Home.

WITNESS,

Lon. Castillo
Jela Cooney

(8) William S Daggert
Post Office Address, Keokuk Ill.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to William S Daggert before he executed it.

(11) John M Davis
Natary Public

CERTIFICATE OF IDENTIFICATION.

(9) The following Certificate must be signed by the Mayor or City Clerk of the city, or by a County Officer, or by a Justice of the Peace, and attested by an official seal.

I HEREBY CERTIFY that I know the above named William S Daggert and that I believe the declaration signed by him to be true.

(9) John M Davis
Natary Public

URGEON'S CERTIFICATE.

I certify that I have carefully examined (2) William S Daggert Co. D 9 Reg't 1st Cav Volunteers, and that he is (10) permanently ~~temporarily~~ disabled for obtaining his subsistence by manual labor.

Date of Injury or Disease, _____ day _____ 18. _____

Place of _____ State of _____

Character of Disability, Spinal Trouble.

Complications, Rheumatism

Present condition of Applicant, unable to perform manual labor but can walk about and wait on his self.

(10) Wm J. Hays Physician & SURGEON.

Sworn to and subscribed before me, this 22 day of October A. D. 1888, and I hereby certify that the said Wm J Hays is known to me as a Surgeon in actual practice and reputable in his profession.

(11) John M. Davis
Natary Public

Occupation, Labourer
Married or Single, Wid
[If a widower, so state.]
Children under 16 years, none

NAME AND ADDRESS OF NEAREST RELATIVE,
Nathaniel Dagget - (Bro.)
Soercks - Ill

ORDER FOR ADMISSION.

Nov. 14th, 1888

The above application is hereby approved, and (²) Wm S. Daggett

H Co., 8th Reg't 7. R. C. Vols., will be admitted to the Illinois Soldiers' and Sailors' Home at Quincy.

J. G. Rowland
Superintendent Illinois Soldiers' and Sailors' Home.

EXPLANATIONS AND DIRECTIONS.

THE FIGURES IN THE BODY OF THIS APPLICATION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED IN FILLING THE BLANKS.

1. Name and Title of Magistrate.
2. Applicant's Name.
3. Post Office Address.
4. Town, County, State (or Nation).
5. State the number of times actually mustered into the service of the United States.
6. Give the name of the War, (Mexican, or Civil).
7. Here state minutely the cause and nature of the disability; if by wounds, state the nature of the wounds, and when and where received; if by disease, state the nature of disease, and when and where contracted.
8. Signature of Applicant and Post Office Address. Two witnesses are required if he makes his mark.
9. This Certificate must be signed by the Mayor or City Clerk of the City, by a County Officer, or Justice of the Peace of the Town in which the applicant resides. No application will be approved until this direction has been complied with.
10. If the Certificate of Examination is officially signed by a Surgeon-General of a State, or by a United States Examining Surgeon, or by a Surgeon designated for that purpose by the Superintendent of the Home, it need not be sworn to. One of the words "permanently" or "temporarily" in the Certificate must be erased by the Surgeon.
11. Official Signature of Magistrate or Notary.

The soldier or sailor making this application, must forward to the Superintendent his Discharge, or a certified copy thereof from their last enlistment, and Pension Certificate, before his application will be approved. These papers will be retained by the Superintendent, and returned to the member when he is discharged. This rule is adopted to prevent the loss of such papers and certificates, and to hinder fraudulent practices.

After filling out this application and executing it as above directed, forward it, with the other papers, to the Superintendent, whose name is printed on the first page of this sheet.

June 4th 1884 respect full
Majors Rowland

His will send
me a discharge from home with
my discharge papers and oflice
as my health is so improved that
i can soon my bring now
yours with respect

(W S Duggitt)

Sent
June 6/84

Register No. 1006

ILLINOIS SOLDIERS' AND SAILORS' HOME
QUINCY, ILLINOIS

William S. Daggert
Keysport, Illinois

CO. REG'T

H CO. 8th REG'T V.R.C.

CO. REG'T

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Admitted 11-14-88, 188

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Disch'd on furlough - 12-12-03

1006
22

December 11-1803

1806 Dora one Kansas city-Mr
friend Sumerrill dear Sir
after so long time I write
you know of my where abouts
and that I am better in health
than when I left the home
The home is a good place
and I loved it very much
I am here in Kansas city
with my people and they
dont want me to leave them
They take good care of me
and I ask you to please send
me my discharge papers
and oblige yours with respect
W S Daygett

September 25 88

To the Superintendent-

i wish to come
to the soldiers home i have a blank
application with instructions can i employ
a Justice of the Peace to fill the blank
and will any surgeon do or will
you appoint one to examine me

yours with respect

W. S. Daggott

Keyport Ill

+ Yes

⊙ any surgeon in good repute