

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

J. Matthias Geiger, (9) of the town of *Carlyle Ill*, in the County of *Clinton*, and State of *Illinois*, formerly a Soldier of the United States of America, in the war against (1) *Civil War Rebellion*, respectfully asks that he be admitted 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 *72* years old; that he is *5* feet and *7* inches high; that he is of *Fair* complexion, *blue* eyes, and *bride* hair; that he was born in the town of *Rohbach* in the *Duchy* of *Hesse Cassel*, on the *fourteenth* day of *February*, 1837; 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 that 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>Saint Louis Mo Bellemeille Ill</i>	<i>Dutton Ga</i>	<i>Privt.</i>	<i>Co. C. Regt. 3</i>	<i>5 mos. must. Oct 1/86. Expir of term</i>
2nd.	<i>Bellemeille Ill</i>	<i>Dutton Ga</i>	<i>Privt.</i>	<i>Co. H. Regt. 149 Ill</i>	<i>Genl Order</i>
3rd.	<i>Jan 29th 1865</i>	<i>Jan 27th 1866</i>	<i>(12 mos)</i>	<i>Co. Regt.</i>	

That he now receives, on pension certificate number *873327*, a pension of *Fifteen* dollars a month, payable the *1st* day of next *October*, at the *Chicago* Pension Office. *by mch 16/90*

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 *sluggard*.

That he has (4) *no* wife; that he has *6* children now living; ages, respectfully, (5) *37, 32, 29, 25, 22, 19* years. That his postoffice address is *Carlyle*, State of Illinois; that his nearest railway station is *Carlyle Ill.*, on the *P. & O. S. W.* Railway, in *Clinton* 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 Mary Leonard*, of *Carlyle*, County of *Clinton*, State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *same*, 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) _____

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) _____

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 *12th* day of *September*, 190*9*,
 (9) *Wm H Morris* Witness.
 (8) *Mr. Geiger* Applicant.

STATE OF ILLINOIS

County of Clinton } SS

I, _____, a (10) _____

of the town of _____, 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) [Signature] Applicant.

Subscribed and sworn to before me, this _____ day of _____, A. D. 1907

Witness my hand and official seal.

[L. S.] _____ (12)

CERTIFICATE OF IDENTIFICATION.

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

He has got feeble & helpless himself. Can do no work just eat sleep. Should be in Hospital

Witness my hand, (13) [Signature]

(14) Post Card No 525 Opt of Ill

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named applicant Mathias Geiger

_____ as to his disability, and I now find that he has (15) General Debility and childish feeble mind, scarcely able to walk 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 14th day of September, 1907. And I

certify that I am personally acquainted with said affiant he is not a physician, 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.

T. C. Alsop, M. D.
[Signature] (16) Notary Public

CERTIFICATE OF A SOLDIERS' HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Mathias Geiger the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thursday the 17 day of Sept, 1907; and that I found him to be of sound mind, and to be capable of earning his living by reason of his physical disability arising from (17) elementary.

Witness my hand [Signature] Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said _____, together with the said several certificates, signatures, and jurates, 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 _____ day of _____, 190_____.

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 Justice or Notary.
13. To be made and signed by any Judge or 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 that 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 the 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-defense.
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.

RECEIVED

OCT 25 1909

Entered
Date Oct 25



CHICAGO & EASTERN ILLINOIS RAILROAD COMPANY

5939 State St
Chicago Oct 25-1909

Old Soldiers Home:
Gentlemen:

I have been informed that my Grandfather has been in your care for a short time. It would be a favor to me if you would keep me informed as to his condition and health and if he should be taken suddenly ill with very little hope of recovery send a telegram to the above address at my expense. Hoping you will act in favor of my request I remain

Yours Respectfully
Ernest C Burkholz
5939 State St
Chicago
Ills

P.S. This is my Grandfather's name

Matthias Geiger
Carlyle
Ills

RECEIVED

JAN 31 1910

Entered

Ans.

5437 Lake Ave
Chicago Jan 29-10
Old address - Sailors Home.

Gentleman: Please note the

change of my address
from 5937 State St. to

5437 Lake Ave % Mrs Mohr.

Kindly keep this on record if

there is any other change in

my address I will again

notify you. How is Grandpa

getting on? (Mr Mathis Liger)

Please keep me posted as to

condition at least once a

month. Hoping you will

2

Keep this litigation remain
Yours Respectfully

Ernest C Berkholz
5437 Lake Ave
670 Mu Mohan Chicago Ill

INVENTORY of the Effects of

Mathias Geger No. *8758*

late *N* Co. *149* Reg't *Ill. Inf.* Vols., who died

on the *5* day of *Feb.* *1912*, at *Illinois Soldiers and Sailors Home.*

ARTICLES

VALUE
Dolls. Cts.

HOW DISPOSED OF.

Nothing

We certify that the above Inventory is correct, and that we have, this _____ day of _____ 19____, carefully examined each of the articles therein named, and have written opposite each our estimate of its value, and what disposition should, in our opinion, be made of it.

APPROVED:

Superintendent.

} Board of
Appraisers.

No. 8750

INVENTORY

OF THE EFFECTS OF

Mathias Gugin

LATE

A. Co. 149 Reg't Ill Inf

WHO DIED ON THE

Feb. 5, 1912

AT

ILLINOIS SOLDIERS AND SAILORS HOME.

Department of the Interior

U. S. Pension Agency at

Chicago, Illinois.

Herewith are transmitted new pension certificate, issued in your case, and voucher for the amount due to the last given date in the receipts. The voucher should be presented after said date and cashed at this Agency for payment. A voucher, the amount of which includes an attorney's fee, can not be accepted if executed before the attorney to whom the fee is payable.

To obtain payment on the new voucher it will be necessary for you to return TO THIS AGENCY your old pension certificate, or furnish an affidavit satisfactorily accounting for your failure to do so. The affidavit must state when, where, and how the old certificate was lost, destroyed, or otherwise disposed of. The old pension certificate or affidavit accounting for it should be mailed WITH THE NEW VOUCHER, and not before.

Any other voucher you may have should also be returned, and you should be careful to see that the envelope is properly addressed to this Agency and that it bears the requisite amount of postage.

These are returned by Charles Bent
Supt
Lester

6-850

U. S. Pension Agent.

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill., 2/7/12 190

TO THE ADJUTANT:

This is to Certify, That

Mathias Geiger Reg. No. 8750

late of Co. H 149

Reg't. See Sup

died in Hosp Age 73

Cause of Death Gaussis

J. B. Hunt

Surgeon.

Illinois Soldiers and Sailors Home.

Quincy, Ill., Feb 6 1912

To the Adjutant:

Mathias Geiger Co. H 149 Ill Regt.

died in Hospital at 9 P M., aged 74 years.

Names and address of Relatives and Friends

Reg. No. 8750

C. S. Barnes Hospital Steward.

ILLINOIS SOLDIERS AND SAILORS HOME
QUINCY, ILLINOIS.

Mathias Geiger
Barlyle Clinton Wells
H Co. 149 Reg't *Ill Vol Inf*
Co. Reg't
Co. Reg't

CONTENTS.

Admission Paper /

Army Discharge /

Certificate of Service

Pension Certificate *843.327* Will

Admitted *Sept 17th* 190*9*

Died in St. Joseph Feb. 6th 1912.
Body shipped to O'Connell
2-6-12