

HEADQUARTERS

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS.

Frederick Haverkamp, *Saniansville, Ills. Jan. 19th 1899*
 of the Town of *Lookingglass*, in the
 County of *Clinton*, 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.....*57*.....years old; that he is.....*5*.....feet and.....*8*.....inches high; that
 he is of *Fair* complexion, *Gray* eyes, and.....*Sandy*.....hair; that he was born in the town of
Blumhorst No 31 Arrenkamp in the.....*State*.....of *Prussia*....., on the.....*3rd*.....day
 of.....*October*....., 18.....*41*.....; that he has been (2).....*twice*.....enrolled in the U. S. A. service;.....*in the war*
~~against Mexico, 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.	<i>First part May 1861</i>	<i>July 30/1861</i>	<i>Pri</i>	<i>Co. H Regt. 2nd Mo</i>	<i>Reenlist for 3 yrs.</i>
2d.	<i>August 15/1861</i>	<i>Sept 28/1864</i>	<i>"</i>	<i>Co. D Regt. " "</i>	<i>Expiration of service.</i>
3d.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number.....*808 705*....., a pension of.....*Six*.....dollars a month
 payable the.....*4th*.....day of next.....*April*....., at the.....*Chicago*.....Pension Office.

That he owns property, real and personal, of the value of.....*\$25⁰⁰*.....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.....*Laborer and Peddler*.....

That he has (4).....*no*.....wife; that he has.....*no*.....children now living; ages, respectively, (5).....*not able*.....

That his postoffice address is.....*Saniansville Ills*....., State of Illinois; that his nearest railway station is
Albers....., on the.....*L. E. & C. R.R.*.....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
Hy. Haverkamp....., of.....*Chattanooga*....., County of.....*Penn.*....., State of.....*Penn.*.....

....., at.....*Chattanooga*....., County of.....*Penn.*....., State of.....*Penn.*.....

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the
 (6).....*U. S. R. Post. 568. Prenton Ills.*.....

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).....*Disease of Lungs, piles but not at present*
time and injury to right Elbow, near breasted
Stiffness and toothless.
 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.....*19th*.....day of.....*January*....., 18.....*99*.....

(8).....*John H. Mieller*....., Witness. (9).....*Frederick Haverkamp*....., Applicant.

STATE OF ILLINOIS,
COUNTY OF Clinton } ss.
Lookingglass,

I, Balthasar Heber, a (10) Notary Public.

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) Fredrick Haverkamp,
Affiant.

Subscribed and sworn to before me, this 19th day of January, A. D. 1899. Witness my hand and official seal.

L. S.

Balthasar Heber, (12) Notary Public.

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.

Witness my hand, (13) Balthasar Heber,
(14) Notary Public.

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, Fredrick Haverkamp, as to his disability, and I now find that he has (15) lung trouble and general disability 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 23rd day of January, 1899. And I certify that I am personally acquainted with said affiant, Ph. H. Leibrock, 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.

Ph. H. Leibrock, M. D.
Balthasar Heber Notary Public.

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Fredrick Haverkamp the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Sat. the 28 day of Jan, 1899; 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) Chronic Bronchitis & General Debility

Witness my hand.....

B. E. Heber
Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said Frederick Newer Kamp, 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 28th day of July 1899.

W. B. Somerville
Superintendent.

HOW TO FILL APPLICATION BLANKS.

0. Give full name of the Applicant.
1. Either "Mexico or the late Rebellion."
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 will here 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 finds 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, or in the late Rebellion.*
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.*

W. B. Somerville
Superintendent.

Register No. 4939

Frederick N. ...

APPLICATION FOR ADMISSION

— TO THE —

ILLINOIS SOLDIERS AND SAILORS HOME.

Application Approved by

W. B. ...

Superintendent.

Admission Granted JAN 28 1899, 18

Copy

SHORT WILL.

ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL.

IN THE NAME OF GOD, AMEN.

I, Frederick Havenkamp of Illinois Soldiers' and Sailors' Home, in the County of Adams and State of Illinois, being of sound mind and memory, and considering the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish and declare, this to be my last Will and Testament.

First. I order and direct that my Execut or hereinafter named, pay all my just debts and funeral expenses as soon after my decease as conveniently may be.

Second. After the payment of such funeral expenses and debts, I give, devise and bequeath all worldly goods of which I may die possessed,

to Henry Havenkamp Chattanooga Tenn

Lastly, I make, constitute and appoint Mr Somerville Supt of this Home successor in office to be Execut or of this my last Will and Testament, hereby revoking all former Wills by me made.

In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the 28 day of January in the year of our Lord One Thousand Eight Hundred 99

Frederick Havenkamp [SEAL]

This instrument was, on the day of the date thereof, signed, published and declared by the said testator Frederick Havenkamp to be his last Will and Testament, in the presence of us, who at his request have subscribed our names hereto as witnesses in his presence, and in the presence of each other.

W B Miller

J E Meyer

REGISTER NO. 4739

Illinois Soldiers' and Sailors' Home
QUINCY, ILLINOIS.

Frederick Haverkamp
Saumansville Clinton Co.
H & D Co. 2nd Reg't Mo. Inf
Co. _____ Reg't _____
Co. _____ Reg't _____

CONTENTS

Admission Paper 1
Army Discharge 1. Southey Haverkamp July 10 1906
Certificate of Service _____
Pension Certificate 1
Will 1 808705
Died June 29 1906

Admitted JAN 28 1899 18 _____

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., June 29 1908

To the Adjutant:

Fredrick Haverkamp Co. 10 2 Mo Inf Regt.

died in Hospital at 8²⁰ P.M., aged 64 years.

Names and address of Relatives or Friends

Reg. No. 4739

W. A. Barnes

Hospital Steward.

Pat 13

Hospital Illinois Soldiers' and Sailors' Home.

Quincy, Ill. June 29 1908

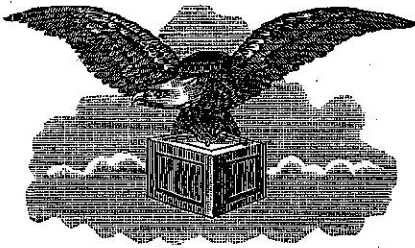
TO THE ADJUTANT:

This is to Certify, That F. Haverkamp Reg. No. 4739

late of Co. 10 2 Mo Inf Reg't

died in Hosp age 64 Cause of death Alcoholic Gastritis

Chauncey E. Chas. M.D.
asst Surgeon.



Form 35.

Southern Express Company,

36 West Ninth Street.

A. McD. MULLINGS, Agent.

CHATTANOOGA, TENN.

July 16, 1906.

Agent, Adams Express Company,

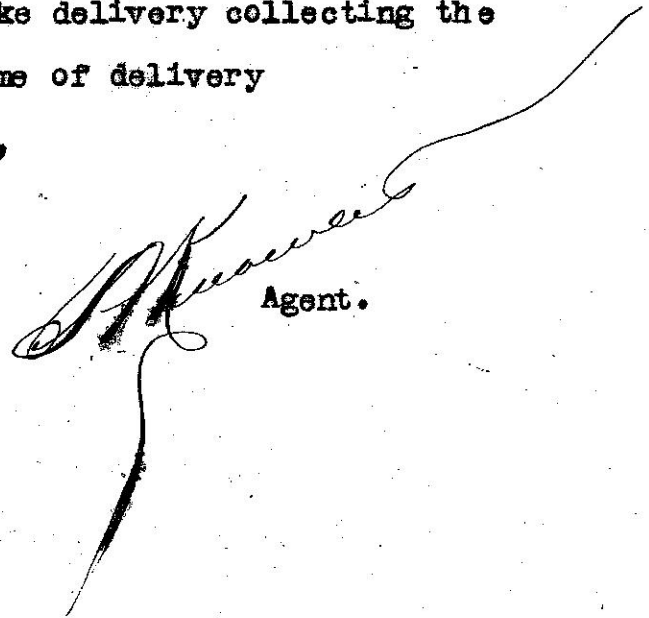
Quincy, Ill.

Dear Sir:—

There will be delivered to you for shipment to Mr. Henry Haverkamp No. 506 Pine St. this city some personal belongings of the late Frederick Haverkamp. These shipments will consist of perhaps a trunk and a grip or clothing of some description.

This will be your authority to forward same collect to this point and I will make delivery collecting the amount from the consignee at the time of delivery

Respectfully,


Agent.

No. 4739

INVENTORY

OF THE EFFECTS OF

Fredrick Bauerkamp

LATE

D. Co. 2 Regt. W. Inf.

WHO DIED ON THE

June 29 190*6*

AT

ILLINOIS SOLDIERS AND SAILORS HOME.

INVENTORY of the Effects of Fredrick Haverkamp No. 4739
 late D Co. 2 Reg't 120 Inf. Vols., who died
 on the 29 day of June 1906 at Illinois Soldiers and Sailors Home.

ARTICLES	VALUE		HOW DISPOSED OF.
	Dolls.	Cts.	
1 telescope		25	
2 coats	1	00	
2 vests		50	
2 Trousers		50	
2 shirts		20	
2 undershirts		25	
2 drawers		20	
2 suspenders		50	
1 pr. socks		00	
2 shawl straps		10	
1 clothes brush		00	
1 razor & strap	1	00	
1 hat		50	
1 pr shoes.		00	4. 25

We certify that the above Inventory is correct, and that we have, this sixth day of July 1906, 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.

J. M. Elder
J. E. Mizer } Board of Appraisers.

Expressed to Henry Haverkamp Chattanooga Tenn July 21 '06.