

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS.

Carlyle Ill Aug 1903

Oliver Killian (9) of the Town of *Carlyle*, 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 (1861)*, 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 *61* years old; that he is *5* feet and *10* inches high; that he is of *Yellow* complexion, *blue* eyes, and *black* hair; that he was born in the town of *Galena* in the State of *Ill.*, on the *seventh* day of *September*, 18*42*; that he has been (2) *once* 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) *once* honorably discharged from the service of the United States. What 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.
<i>1st.</i>	<i>April 18 1864 Boston Mass</i>	<i>31st day of October 1865 Belleville Ill.</i>	<i>Private</i>	<i>Co. L Regt. 5 Mass</i>	<i>the master and of his Company</i>
<i>2d.</i>				<i>Co. Regt.</i>	
<i>3d.</i>				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *375846*, a pension of *Eight* dollars a month payable the *4* day of next *October*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *five hundred* 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 *carpenter*.

That he has (4) *a* wife; that he has *one* children now living; ages, respectively, (5) *13 years* years. That his postoffice address is *Carlyle*, State of Illinois; that his nearest railway station is *Carlyle*, on the *B. & 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 *Wm H. Harris*, of *Carlyle*, County of *Clinton*, State of *Ill.*; that, in case of his death, he desires all his personal *effects* to be sent to *Jasper Killian*, *my wife*, at *Carlyle*, County of *Clinton*, State of *Kansas*.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) *never*.

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. *He has been in Ill since was discharged*

That he is so far disabled by (7) *chronic Rheumatism and injury to back*

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 *5* day of *August*, 1903

(9) *W. G. Gordon*,
Witness.

(8) *Oliver Killian*,
Applicant.

STATE OF ILLINOIS,
COUNTY OF Clinton } ss.

William H. Morris, a (10) Notary Public

of the town of Carlyle, 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) Oliver Killian,
Affiant.

Subscribed and sworn to before me, this August day of 1903, A. D. Witness my hand and official seal.

L. S.

William H. Morris (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Oliver Killian since 1860 or '61; 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 5 years 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) W. H. Morris, Notary Public
He is same person who took his brother's name Killian (14) & Distraint of Carlyle Ill to "Home" last week, partially paralyzed.

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined Oliver Killian above named Applicant, as to his disability, and I now find that he has (15) Chronic Rheumatism and injury to back

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.

W. F. Gordon, M. D.

Subscribed and sworn to before me, this Fifth day of August 1903. And I certify that I am personally acquainted with said affiant, W. F. Gordon, 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.

William H. Morris (16) Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined _____ the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on _____ the _____ day of _____, 18____; and that I then found him to be of _____ sound mind, and to be _____ capable of earning his living by reason of his physical disability arising from (17) _____

Witness my hand

Home Hospital Surgeon.

S. P. Murney

Adj. U.S. Home Springfield

Captain

Springfield Ill
Aug 27, 1904

I am presenting an Iner
claim for Pension and Mr Thompson of this city
is assisting me and I find that I need my
discharge paper which is on file with you
will you kindly send the discharge to
me I shall only need for a short
time. I ^{will} bring back to you at the expiration
of my furlough or I can return to you
at once just as you say

I have the Pension # 375886 yours Respectfully

Oliver Killion

late Pri Co L. 5 Regt Mass
colored vol cavalry

My P. O. 819 East Washington St

Springfield Ill

Oliver Killion

Discharge sent 8-28-04

6434
4

Capt S P Mooney
Adj

Springfield Ill

Sept 17, 1904

S. S. Home

Quincy Ill

Adjutant

I send you my furlough
which expires Sept 25, 1904. and I find it impossible
to report till after the fair. Hence I do ask
you my honorable discharge. please send
to my name in care J. S. Thompson 221. S. 5th
St Springfield Ill. I go to Chicago Ill tonight
and will be away a week or so.

Yours very Respectfully

Oscar Killian
Co L. 5th Mass Cal Cavalry

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., Oct 31st 1904

The undersigned hereby instruct the clerk in charge of Post Office at Soldiers Home to deliver all mail from the Pension Department to the Superintendent.

NAME	Registered Number	Co.	Reg't	State	Term of Service	Number of Certificate.	WITNESS.
Oliver Kellian	4738	A. 5	Inds	Inds		375886	C. J. Williamson
							Oliver Kellian

HEADQUARTERS
ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., Oct 19 1904

By Order of the Superintendent: Oliver Kellian

who is years old, who has a yellow complexion, black hair and black eyes, and weighs about 120 pounds, and is 5 feet and 12 inches high, in L Company, 5th Regiment, M. I. is this day honorably discharged from this Home, by reason of his own request.

OFFICIAL: O. P. Marshall, Adjutant
Superintendent

REGISTER No. 6438

Illinois Soldiers' and Sailors' Home
QUINCY, ILLINOIS.

Oliver Killion
Carlyle Clinton Co Ill

Co. _____ Reg't _____
L Co. 5th Reg't Mass Cav
Colonel
Co. _____ Reg't _____

CONTENTS

Admission Paper 1
Army Discharge 1 Sept 8-23-04
Certificate of Service _____
Pension Certificate 75,886 Will 1

Admitted August 25th 1903

Sept 19'04 Discharged on fuel

Re-Admitted Oct 31-1904

~~Dead on fuel on ^{error} ~~Chicago~~ ^{May 22-10}~~

~~Discharge sent wife ^{May 24/10}~~

May 23-1911 Dropped on fuel