

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. CABNAHAN, Quartermaster and Commissary.
 R. W. McMAHAN, Surgeon.
 JAMES D. MORGAN, Treasurer.

STATE OF Illinois
 COUNTY OF Clinton } ss.

On this 16 day of March A. D. 1888, personally appeared before me
 (1) Alonzo Pfister about, Clerk within and for the County and State aforesaid,
 (2) Alonzo Pfister aged 57 years; height 5 feet 5 1/4 inches,
 complexion fair, eyes blue, hair dark a resident of (3) Clinton Carhyle
 County of Clinton State of Illinois, who, being duly sworn, deposes and says, that he was born in
 (4) Germany and has been enlisted in the service of the United States
 (5) one times during the (6) war of the Rebellion
 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>Sept 1st 1861</u>	<u>Carhyle Ill.</u>	Co. <u>D.</u> Regt. <u>15 Regt.</u>	<u>July 25 1864</u> <u>Springfield Ill.</u>	<u>Expiration of Term of Service</u>
2d.	18		Co. <u>2d Co.</u> Regt.	18	
3d.	18		Co. Regt.	18	
4th.	18		Co. Regt.	18	

That he is disabled as follows: (?) General Debility

and has been receiving no 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,
Henry Bennett
W. Browning

(8) Alonzo P. Pister
Post Office Address, Chelye 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 Alonzo Pister before he executed it.

(11) Louis Elwaney
County Clerk

CERTIFICATE OF IDENTIFICATION.

(12) 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 Alonzo Pister and that I believe the declaration signed by him to be true.

(9) Louis Elwaney
County Clerk

SURGEON'S CERTIFICATE.

I certify that I have carefully examined (3) Alonzo Pister Co. D. Reg't 15 Ill. Cavalry 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, Age

Complications, _____

Present condition of Applicant, poor - cannot make a living by manual labor

(10) W. Browning, SURGEON.

Sworn to and subscribed before me, this 16th day of March A. D. 1888, and I hereby certify that the said Alonzo Pister is known to me as a Surgeon in actual practice and reputable in his profession.

(11) Louis Elwaney
County Clerk
Culb Co. Ill

Occupation, laborer } NAME AND ADDRESS OF NEAREST RELATIVE,
 Married or Single, single } has none
 [If a widower, so state.] }
 Children under 16 years, none }

ORDER FOR ADMISSION.

March 23rd, 1888

The above application is hereby approved, and (2) Alonzo Pfister

D Co., 15th Reg't Ill Cav Vols., will be admitted to the Illinois Soldiers' and Sailors' Home at Quincy.

J. G. Runkel
 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.

(Do not fill out this blank.)

Register No. 720

APPLICATION FOR ADMISSION

TO THE

ILLINOIS SOLDIERS' AND SAILORS' HOME

OF

Alonzo Pieter

D Co. 15th Reg't Ill Cav Vols.

____ Co. ____ Reg't ____ Vols.

____ Co. ____ Reg't ____ Vols.

Admitted March 22nd 1888

APPROVED BY



SUPERINTENDENT.

No. _____

Received March 17th 1888

Notice of approval sent _____ 1888

Illinois Soldiers' and Sailors' Home,

Quincy, Ill. *March 22 1888*

TO THE SUPERINTENDENT

Illinois Soldiers' and Sailors' Home,

Quincy, Ill.

Dear Sir :

Having been admitted as a member of the Home, I make this request, that in case of my unaccountable disappearance, dangerous illness or decease while a member thereof, you shall advise

Commander G. A. R. Post
who resides at *Corlyle Ill*

In the event of my decease while a member of this Home, it is my request, and I do hereby direct that you shall deliver to *Ill. S. & S. Home* ~~who resides at~~

any and all my personal effects of every kind and nature whatever, including any and all papers I may have relating to my enlistment and discharge from the army, and Pension papers.

This request I make voluntarily, being of sound mind, fully realizing the intent and effect thereof.

WITNESSES TO SIGNATURE:

[Handwritten signatures of witnesses]

Mr. P. J. Fisher
Late of _____ Co. _____ Regt.

And now a Member of the Illinois Soldiers' and Sailors' Home.

Register No. *720*

JOHN W. SLADE, M. D.

Late Surg. 11th Mo. Cav.

Great Western Pension Agency.

ALL CLASSES OF CLAIMS SUCCESSFULLY PROSECUTED
BEFORE ANY OF THE DEPARTMENTS.



CLAIMS FOR ORIGINAL PENSION.

CLAIMS FOR LOST HORSES.

CLAIMS FOR BOUNTY AND BACK PAY.

CLAIMS FOR COMMUTATION OF RATIONS.

CLAIMS FOR RESTORATION OF PENSION.

REJECTED OR DELAYED CLAIMS A SPECIALTY.

Quincy, Ill., 12/15 1891.

Fraux S. Pease, Esq.

Adj't. S. S. Home.

Sir and Comrade:-

Alouzo (Phister, the bearer) has brought me his discharge & owing to the great discrepancy in his name in the Pension Bureau, & the difference between the discharge & the Adj't. Gen's Reports, I find it necessary to file his discharge in order to show his name properly. It will be returned when his claim is adjudicated.

Very truly in A.C. & S.

John W. Slade, M.D.
Per. H. H. H.

Register No. 720

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

Alonso Pfister
Carlyle, Illinois

CO. REG'T

D CO 15th REG'T All. Cav.

CO. REG'T

CONTENTS

Admission Paper 1

Army Discharge 1

Certificate of Service

Pension Certificate 1 # 766776 Will (to Home)

Admitted 3-22-88, 188

Application Rec'd. 3-17-88

Died in Hospital ^{5:05} 9:00 5-1-1901

(Effects left to home)



Illinois Soldiers' and Sailors' Home.

Surgeon's Office, Mar 22 1888

Respectfully returned to

J. G. ROWLAND,

Superintendent.

I HAVE CAREFULLY EXAMINED

Alonso Pofister

late Co. *F* 13 Reg't *Ill. Cav.*

late Co. Reg't

and find him disabled by *gen-
eral debility.*

*He is nervous trem-
ulous. Heart easily
disturbed by exertion
action of heart irregular
Impulse strong, jar-
ring.*

*In his present con-
dition he is unfit for
hard work & is therefore
entitled to admission
to the Home*

B. W. West,

SURGEON.

Illinois Soldiers' and Sailors' Home.

188

Dr. R. W. McMAHAN,
SURGEON.

SIR:

PLEASE EXAMINE

late Co. Reg't

late Co. Reg't

and certify if he is sufficiently disabled to
entitle him to admission to the Home.

By order of

J. G. ROWLAND,
Superintendent.

Adjutant.

(OVER.)

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., May 1 1891

To the Adjutant:

Alonso Pfister D Co. 15 Ill Cavl Regt.

died in Hospital at 5⁰⁵ A M., aged 68 years.

Names and address of Relatives or Friends Mrs Annie Huldmeier

Carlyle Ill

Reg. No. 720

Edward Hood Hospital Steward.

HOSPITAL ILLINOIS SOLDIERS AND SAILORS HOME.

QUINCY, ILL., May 1 1891

TO THE ADJUTANT:

This is to certify that Alonso Pfister

of D Co. 15 Regt. Ill Cavl Vol., died in Hospital May 1 1891

Complications Valv Heart Disease

J. Golden Surgeon.

No.

INVENTORY

OF THE EFFECTS OF

Alvigo Pfister

LATE

D. Co. 15th Reg't Ill Cav

WHO DIED ON THE

1st May 1901

AT

ILLINOIS SOLDIERS AND SAILORS HOME.

INVENTORY of the Effects of

Alonso P. Fisher

No. *720*

late *19* Co. *15* Reg't *Ill. Cav*

Vols., who died

on the *1st* day of *May* 190*1*, at Illinois Soldiers and Sailors Home.

ARTICLES.

VALUE.
Dolls. Cts.

HOW DISPOSED OF.

Valise ¹⁵ *coat* ²⁵ *Immers* ²⁵ *Case* ¹⁰
Pr suspenders ⁰¹ *Pipe* ⁰¹ *Pr Ear Muffs* ¹⁰
comb ⁰⁰ *N.Y. A.R. Badge* ¹⁰⁰ *Gar Math* ⁰¹
Knife ⁰⁵ *Photo* ⁰⁰ *4. Halk of H*

75
12
06
09
102

Effects turned over to receipt

We certify that the above Inventory is correct, and that we have, this *2* day of *May* 190*1*, 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:

E. L. Higgins
J. E. Murrin

Board of Appraisers.

Superintendent.

Funds on hand \$*322.00*