

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

Thomas Rimmer, (0) 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 as a member of said Home.

Carlyle, Ill. April 16 1909

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 77 years old; that he is 5 feet and 10 1/2 inches high; that he is of fair complexion, blue eyes, and fair hair; that he was born in the town of Carlyle in the County of Madison, Ill., on the 15th day of April, 1831; that he has been (2) once enrolled in the U. S. A. service; once in the war against Rebellion, and once in the war of the late Rebellion; and that he has been (3) once 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.	<u>July 27 1864</u> <u>Carlyle</u>	<u>Nov 5 1865</u> <u>Springfield Ill</u>	<u>Private</u>	<u>Co. G. 6th Regt. Ill Cav.</u>	<u>surrendered</u>
2nd.				<u>Co. Regt.</u>	
3rd.				<u>Co. Regt.</u>	

That he now receives, on pension certificate number 654062, a pension of Twenty dollars a month, payable the fourth of month day of next July 4th, at the Chicago, Ill. Pension Office.

That he owns property, real and personal, of the value of two or three 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 farmer.

That he has (4) one wife; that he has 2 children now living; ages, respectfully, (5) near 27 & 26 years. That his postoffice address is Carlyle, Ill., State of Illinois; that his nearest railway station is Carlyle, Ill., on the W. & W. V. 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 his wife, of Carlyle, County of Clinton, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to his at Carlyle County of Clinton, State of Illinois.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) W. & W. V.

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) Rheumatism - old age.

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 Sixteenth day of April, 1909.

(9) J. W. Jones
D. W. Norris Witness.

(8) Thomas Rimmer Applicant.

STATE OF ILLINOIS

County of Clinton } SS

I, Wm Morris, a (10) Notary Public

of the town of Carlyle Ill, 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.

Subscribed and sworn to before me, this 16th day of April, A. D. 1909.
(11) Thomas Rimmer Affiant.

Witness my hand and official seal.

[L. S.] Wm Morris (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Thomas Rimmer for many years 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 to have help in out of bed. he can get up in bed or chair

Witness my hand, (13) Wm Morris.

(14) Post Card no 525 Dept of Ill

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named applicant Thomas Rimmer

as to his disability, and I now find that he has (15) Chronic Rheumatism and has been confined to his bed since Nov 1908. that he is not able to walk or himself and perhaps never will be again. 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 17th day of April, 1909. And I

certify that I am personally acquainted with said affiant Dr W.P. Gordon, M.D. Mail, 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.

Wm Morris, (16) Notary Public

CERTIFICATE OF A SOLDIERS' HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Thomas Rimmer the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on

the 30 day of April, 1909; and that I found him to be of sound mind, and to be

in capable of earning his living by reason of his physical disability arising from (17) Arise ability unable to walk or help himself.

Witness my hand J.B. K... M.D. asst. Home Hospital Surgeon.

ILLINOIS SOLDIERS AND SAILORS HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

STATE OF ILLINOIS }
County of Adams } ss.

On this 18th day of February, A. D., 1909, personally appeared before me, Thomas Rimmer, who being duly sworn, upon oath says:—

1. My name is (1) Thomas Rimmer, and my age is, 77 years. I am 5 feet and 10 inches high. I am of light complexion, blue eyes and light hair. I was born in the town of in Country in the county of Madison, state of Illinois, on the 10th day of April, 1831.

I have been enrolled in the U. S. A. service, was in the war against (2) Rebellion, and in the war of the late Rebellion. I have been (3) 1 times discharged from the service of the United States. The following is a true statement of the time and place of my enrollment and discharge from said service, and the cause of my discharge, and my rank at the respective date, is as follows:

No.	When and where enrolled	When and where discharged	Rank	Company and regiment	Cause of discharge
1st.	<u>Feb. 27, 1867, Olney Ill.</u>	<u>May 15, 1868, Springfield Ill.</u>	<u>Private</u>	<u>Co. "G" Regt. 6th Camp Ill.</u>	<u>End of war</u>
2nd.				Co. Regt.	
3rd.				Co. Regt.	

2. I now receive on pension certificate numbered 6521062, a pension of 20 dollars per month, payable the 4 day of next April, at the Chicago, Illinois Pension Office.

3. On the March day of March, A. D. 1871, at Clinton in the county of Clinton, in the state of Illinois, I was lawfully married to Mrs. Ann Blewett Widow, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 2 children now living, ages respectively 45 & 34 years. My postoffice address is Carlyle State of Illinois, my nearest railway station is Carlyle, on the B. & O. Ill. railway, in Clinton County, in said state. In case of illness or death I desire that notice be sent to Carlyle Post 525 in the town of Carlyle, county of Clinton, state of Illinois.

The name and address of the person to whom all my personal effects shall be sent in case of death is, Mary E. Morris, daughter, at Patoka, in the county of Wayne Ill state of Illinois. My trade or occupation is that of a farmer last occupation.

5. I am so far disabled by reason of age and infirmity as to be incapable of earning a living for myself, and my said wife is without separate property or income sufficient to afford herself with a living, or which combined with my means will enable us to live in comfort; that I have not heretofore been a member of any Soldiers or Sailors Home, or other charitable institution, except (5) none.

6. That I desire to become a member of the Illinois Soldiers and Sailors Home, and my said wife

Sophia Rimmer desires to become a member of the home with me, and joins me in this application for membership therein. That I have at all times heretofore, supported and adhered to the government of the United States of America, and that I have not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion. That if we shall be admitted to be members of said Home, we 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 we will cheerfully do and perform any and all things that shall be required of us, by those in authority over us, and that we will promptly and willingly obey all lawful orders that we shall receive from any officer of the Home, so long as we shall remain members thereof. The only discharge I had was burned and destroyed my house by fire on 10/10/08.

IN TESTIMONY WHEREOF we have set our hands this 18th day of February, 1909.

(6) Thomas Rimmer
Mrs. Sophia Rimmer
Applicants

(7) George W. Blackwell
Almira Myers
Witness

CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known Thomas Rimmer and Mrs. Sophia Rimmer the above applicants, for at least two years last past, and that to the best of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that as to the time of their residence in Illinois, or his service in an Illinois organization. And I further state that they have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at large and that they can safely be quartered with feeble and helpless men and women.

His wife has been attending him what he needed, she is just now disabled with bed fever - but using crutches.



WITNESS my hand (8)

William H. Morris
Notary Public
Carle Place, Illinois

(9)

CERTIFICATE OF A LOCAL PHYSICIAN

I hereby depose and state that I have carefully examined the above named applicant Thomas Rimmer as to his disability, and I now find that he has (10) Senility. His wife is recovering from the Grippe to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have ~~no~~ ^{no} need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

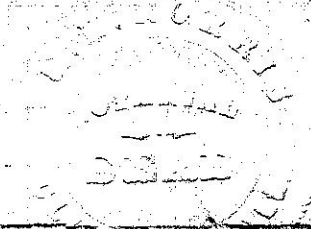
He can not get out of bed by himself.

W. P. Gordon

M. D.

Subscribed and sworn to before me, this 11th day of February, A. D., 1909. And I certify that I am personally acquainted with said affiant W. P. Gordon, 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.

(11) William H. Morris
Notary Public
Carle Place, Ill.



CERTIFICATE OF A SOLDIERS HOME SURGEON

I hereby certify upon honor that I have 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 _____, 19____; 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 (12) _____

Witness my hand _____

Home Hospital Surgeon

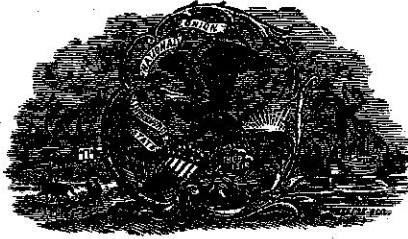
ORDER ADMITTING APPLICANT

The application of the said _____ and _____, 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 applicants have shown themselves to be lawfully entitled to admission to the Home, it is hereby ordered that he is now duly admitted as a member thereof, this _____ day of _____, 19____

Superintendent

United States of America

State of



Illinois

ADJUTANT GENERAL'S OFFICE

Springfield, June 17, 1909.

It is **Hereby Certified**, That it appears from the Records of this Office, that

Thomas Rimer.

Enlisted on the 27th. day of February 1865. at Olney, Illinois.

and was mustered into the service of the United States as a Re-Cruit.

in Company G, 8th. Regiment, Illinois Volunteer Cavalry.

for the period of One Year. on the 27th. day of February 1865.

Age, 33: Height, 5ft. 8in.: Hair, Dark: Eyes, Blue: Complexion, Light:

Occupation, Farmer: Native, Illinois.

Mustered Out, November 5, 1865.

His residence at date of enlistment is stated as Harlem, Stephenson Co., Illinois.

This Certificate is issued at the request of J. M. Elder, Adjutant,

Soldiers' Home,

Quincy, Illinois.

Frank S. Dickson,

Acting Adjutant General of Illinois.

STATE OF ILLINOIS, } ss.
COUNTY OF ADAMS.

In the matter of the relationship of Thomas Rimmer
Co. "G" 6th Illinois Cavalry, being first duly sworn according to law,
deposes and says that he formerly resided at Carlyle Illinois,
that he is ~~now~~ married, that his wife, Sophia Rimmer
resides at Carlyle Illinois, and that the names, relationship and
residences of all, and the relations only, of affiant who would be his heirs in the event of his death,
at this time, are as follows, to-wit:

NAMES.	RELATIONSHIP.	RESIDENCE.
<u>Mary Ellen Morris</u>	<u>Daughter</u>	<u>Potoka, Illinois</u>
<u>William W. Rimmer</u>	<u>Son</u>	<u>East St Louis Ill</u> <u>at last account.</u>

And further affiant saith not.

Subscribed and sworn to before me, this thirtieth day of April
A. D. 1907.
Thomas F. Rimmer
mark

ILLINOIS SOLDIERS AND SAILORS HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

STATE OF ILLINOIS } ss.
County of Adams }

On this 24 day of May A. D., 1909, personally appeared before me, Thomas Rimmer, who being duly sworn, upon oath says:—

1. My name is (1) Thomas Rimmer, and my age is 70 years. I am 5 feet and 10 1/2 inches high. I am of Fair complexion, Blue eyes and Gray hair. I was born in the town of _____ in the county of Madison state of Illinois, on the 10 day of April 1831.

I have been enrolled in the U. S. A. service: once in the war against (2) Rebellion, and in the war of the late Rebellion. I have been (3) 1 times discharged from the service of the United States. The following is a true statement of the time and place of my enrollment and discharge from said service, and the cause of my discharge, and my rank at the respective date, is as follows:

No.	When and where enrolled	When and where discharged	Rank	Company and regiment	Cause of discharge
1st.	<u>May 11th 1865</u>	<u>Nov 1 1865</u>	<u>Pri</u>	<u>Co. 6 Regt Illan Ex of Service</u>	
2nd.				Co. Regt.	
3rd.				Co. Regt.	

2. I now receive on pension certificate numbered 654062, a pension of Twenty dollars per month, payable the 4 day of next July, at the Chicago Pension Office.

3. On the 21 day of March A. D. 1882, at Carlyle in the county of Clinton, in the state of Illinois, I was lawfully married to Sophia Murray, with whom I have ever since, and am now living with and supporting as my lawful wife.

4. I have (4) 2 children now living, ages respectively 35 & 40 years. My postoffice address is Carlyle State of Illinois, my nearest railway station is Carlyle, on the B&O railway, in Clinton County, in said state. In case of illness or death I desire that notice be sent to Sophia Rimmer, in the town of Carlyle, county of Clinton, state of Illinois.

The name and address of the person to whom all my personal effects shall be sent in case of death is, Sophia Rimmer at Carlyle, in the county of Clinton state of Illinois. My trade or occupation is that of a Farmer.

5. I am so far disabled by reason of age and infirmity as to be incapable of earning a living for myself, and my said wife is without separate property or income sufficient to afford herself with a living, or which combined with my means will enable us to live in comfort; that I have not heretofore been a member of any Soldiers or Sailors Home, or other charitable institution, except (5) None.

6. That I desire to become a member of the Illinois Soldiers and Sailors Home, and my said wife Sophia Rimmer, desires to become a member of the home with me, and joins me in this application for membership therein. That I have at all times heretofore, supported and adhered to the government of the United States of America, and that I have not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion. That if we shall be admitted to be members of said Home, we 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 we will cheerfully do and perform any and all things that shall be required of us, by those in authority over us, and that we will promptly and willingly obey all lawful orders that we shall receive from any officer of the Home, so long as we shall remain members thereof.

IN TESTIMONY WHEREOF we have set our hands this 24th day of May, 1909.

(7) J. B. Knot, M. D.
Witness
B. N. Baxter Asst. Surgeon.

(6) Thomas Rimmer
Sophia Rimmer
Applicants

CERTIFICATE OF IDENTIFICATION

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

and....., the above applicants, for at least two years last past, and that to the best of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that as to the time of their residence in Illinois, or his service in an Illinois organization. And I further state that they have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at large and that they can safely be quartered with feeble and helpless men and women.

WITNESS my hand (8).....

(9).....

CERTIFICATE OF A LOCAL PHYSICIAN

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

....., as to his disability, and I now find that he has (10).....

to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

M. D.

Subscribed and sworn to before me, this.....day of..... A. D., 19..... And I certify

that I am personally acquainted with said affiant....., 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.

(11).....

CERTIFICATE OF A SOLDIERS HOME SURGEON

I hereby certify upon honor that I have carefully and critically examined.....

Thomas Rimmer

and Wife....., the above named applicant as to his mental and physical condition, at the hospital of this Institution, on the *24* day of *May*, 19*09*; and that I found him to be of..... sound mind, and to be *incapable* capable of earning his living by reason of his physical disability arising from (12).....

Husband is a confirmed invalid - confined to hospital and helpless - Wife is 78 years of age and a victim of Chronic Rheumatism

Witness my hand *D. M. Landon*
Home Hospital Surgeon

ORDER ADMITTING APPLICANT

The application of the said..... and..... 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 applicants have shown themselves to be lawfully entitled to admission to the Home, it is hereby ordered that he is now duly admitted as a member thereof, this..... day of....., 19.....

Superintendent

copy

SHORT WILL.

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

IN THE NAME OF GOD, AMEN.

Thomas Rimmer

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 ors hereafter 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 my wife Sophia Rimmer of Carlyle Illinois

Lastly, I make, constitute and appoint William Somerville Supt and his successors in office to be Execut ors 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 30 day of April in the year of our Lord One Thousand Nine Hundred Nineteen

signed Thomas Rimmer his [SEAL] mark

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

signed L B Coakern signed William Henry

REGISTER NO. *857*

ILLINOIS SOLDIERS AND SAILORS HOME
QUINCY, ILLINOIS.

Thomas Rimmer & Sophia (wife) / 88
Carlyle Clinton Co. Illinois
Private Co. 4 6th Reg't Ill Cav

Co. Reg't

Co. Reg't

CONTENTS.

Admission Paper /

Army Discharge

Certificate of Service

Pension Certificate Will

Admitted

APR 30 1909

190

Jan 15th 1910. Died in Hospital

Transmit 4-20

Hospital Illinois Soldiers' and Sailors' Home.

Quincy, Ill. Jan 15 1900

TO THE ADJUTANT:

This is to Certify, That Thos. Rimmer Reg. No. 8559
 late of Co. G 6 Reg't See Cav
 died in Hosp age 78 Cause of death Cancer of Stomach
J B Trout
Surgeon.

Illinois Soldiers and Sailors Home.

Quincy, Ill., Jan 15 1900

To the Adjutant:

Thomas Rimmer Co. G 6 Ill Cav Regt.
 died in Hospital at 5 A M., aged 78 years.
 Names and address of Relatives and Friends

Reg. No. 8559 L S Barnes Hospital Steward.

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., April 30 1909

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 Certificates	WITNESS
<u>Thomas Rimmer</u>	<u>8559</u>	<u>6</u>	<u>Ill</u>	<u>Cav</u>			<u>L. B. Hooker</u> <u>William Henry</u>

Illinois Soldiers and Sailors Home.

Quincy, Ill.

Jan 22

1900

To the Adjutant:

Mrs Sophie Rimmer

Co.

Regt.

died in Hospital at 3:30 AM, aged _____ years.

Names and address of Relatives and Friends _____

Reg. No. 188

C. S. Barnes

Hospital Steward

Hospital Illinois Soldiers' and Sailors' Home.

Quincy, Ill.

Jan 24

1900

TO THE ADJUTANT:

This is to Certify, That

Sophie Rimmer

Reg. No. _____

late of Co. _____

Reg't _____

died in Hosp. Aged 79 yrs

Cause of death

Ac Enteritis +
Dysentery

C. S. Barnes
Surgeon.