

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

Alfred Stone (0) of the town of *Keaysport*, in the County of *Bond*, and State of *Illinois*, formerly a Soldier of the United States of America, in the war against (1) *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 *66* years old; that he is *5* feet and *7* inches high; that he is of *Light* complexion, *Gray* eyes, and *Brown* hair; that he was born in the town of *Country* in the County of *Fayette, Ill*, on the *10* day of *November*, 18*44*; that he has been (2) *once* 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) *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.	<i>February 23 - 1864</i> <i>Mattoon, Ill</i>	<i>Oct 15 - 1865</i> <i>Little Rock, Ark</i>	<i>Pt.</i>	<i>Co. K Regt. 54 Ill Inf</i>	<i>End of War</i>
2nd.				<i>Co. Regt.</i>	
3rd.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *297649*, a pension of *16* dollars a month, payable the *4* day of next *July*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *_____* 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) *no* wife; that he has *8* children now living; ages, respectively, (5) *20 to 38* years. That his postoffice address is *J. S. S. H. Quincy*, State of Illinois; that his nearest railway station is *Quincy*, on the *E. B. & O.* Railway, in *Adams* 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 *Joseph Egerton*, of *Keaysport*, County of *Bond*, State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *The 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) *None*

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) *Hernia & Impaired Vision* 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 *1* day of *July*, 19*11*.
 (9) *Fred O. Edler* Witness.
 (8) *Alfred Stone* Applicant.

STATE OF ILLINOIS

} SS

County of..... I, & (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)..... Affiant.

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

Witness my hand and official seal.

[L. S.] (12).....

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).....

(14).....

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 (15).....

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.

....., M. D.

Subscribed and sworn to before me, this..... day of..... 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.

(16).....

CERTIFICATE OF A SOLDIERS' HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Alfred Stone the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Saturday the 1st day of July, 1911; and that I found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Right Surgical Hemiparesis and Impaired Vision

Witness my hand H. M. Landon 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....., 19....

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 Public 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.

Register No. 9501

Alfred L. Stone

APPLICATION FOR ADMISSION

TO THE

ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION APPROVED BY

Superintendent.

Admission Granted _____, 19____

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC WELFARE

GENERAL OFFICE, SPRINGFIELD

RODNEY H. BRANDON, DIRECTOR
MRS. MARY L. SILVIS, ASSISTANT DIRECTOR
A. L. BOWEN, SUPERINTENDENT OF CHARITIES
FRANK D. WHIPP, SUPERINTENDENT OF PRISONS
E. F. THROGMORTON, FISCAL SUPERVISOR
PAUL L. SCHROEDER, M. D., CRIMINOLOGIST
SIDNEY D. WILGUS, M. D., ALIENIST
W. C. JONES, SUPERVISOR OF PAROLES

ADDRESS ALL COMMUNICATIONS TO THE MANAGING OFFICER

THE ILLINOIS SOLDIERS' AND
SAILORS' HOME

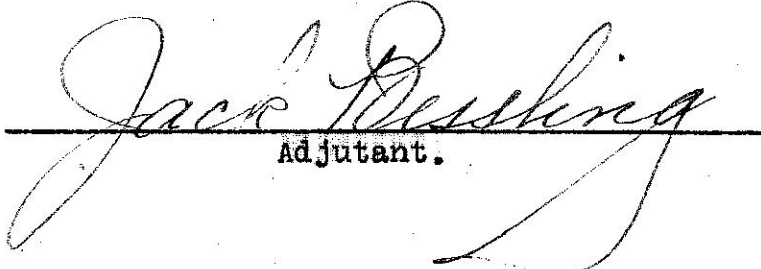
H. H. FLETCHER, M. D., MANAGING OFFICER
QUINCY

Adjutant General of the Army,
Washington, D. C.

RE: Payment of Federal Aid to States.

Dear Sir:

It is respectfully requested you furnish a statement of the last Service of Alfred Eyestone (Alias Stone) 9501 a member of this Home, who claims Service as a Private Co. K Regt. 54 Illinois Infantry From February 23, 1864 to October 15, 1865 and date of termination of Service and a character of his last discharge.


Adjutant.

APR 13 1871
RECEIVED

to President A. G. O. APR 11 1871

NAME	Egestone, Alfred			No. 9501	
NATIVITY	Amer.	SEX	Male	COLOR	W
DATE OF BIRTH	10 Nov. 1844 Ill. Clinton				
RES. IN ILL.,	TOWN	KEYSPORT	COUNTY		
Co.	K	REG'T.	54 2nd Inf	OCCUPATION	Farmer
ADMISSION				RELIGION	
RELATIVE'S ADDRESS	near Mrs. Bell Kyle Joseph Egestone Keaysport, Ill.				
DATE ASSIGNED TO COTTAGE	DIS OR JUN 7 1927				
TRANSFERRED TO	Dis. O.R. Jan 16, 1928				
"	" In alias of Alfred Stone"			"	14 Civil
"	" 100."			"	
PENSION \$	50	CERT. No.	297649		
SOCIAL CONDITION	(41404 - 2m - 10-20)				

Name Egestone, Alfred Cot. _____ Home No. 9501
Rank _____ Co. _____ Reg't _____ War Civil
Length of Service, Months _____ Nativity _____
Age at Date of Original Admission _____ Yrs. _____
Enlisted in _____ Admitted from Ill. Clinton
Pension \$ _____ Cert. No. _____ Occupation _____
Social Condition _____ Read and Write 86
MAJOR CHARGE _____ MINOR CHARGES _____
Penal Offense _____ A. W. O. L. Keaysport
Bringing Liq. _____ Drunkenness _____
Drunk on Duty _____ Disord'y Cond. _____
A. W. O. L. Und. Sen. _____ Lying or False Ac. _____
Insubordination _____ Violation of Rules _____
Other Misconduct 11/6/30 Jumping Fence _____
Dis 5/31

(30733-2M-1-30)

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., July 1 1911

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>Alfred Stone</u>	<u>9501</u>	<u>K</u>	<u>54 2nd</u>	<u>Ill.</u>	<u>20</u>	<u>297649</u>	<u>Fred O'Edler</u>

ILLINOIS SOLDIERS AND SAILORS HOME
QUINCY, ILLINOIS.

Alfred E. Eggestone
Keyport Point Co. Ill
R. Co. No. 54 Reg't Ill Inf

Co. Reg't

Co. Reg't

CONTENTS.

Admission Paper 1

Army Discharge 1

Certificate of Service

under the name of Alfred Eggestone

Pension Certificate

297649

Admitted

July 1 1911

Dis OR Apr 16 1912

R.A. Oct 11⁵⁰ 1912

Dis OR July 15 1914

R.A. August 11, 1914

Dis OR Apr 6 1917

R.A. May 2nd 1917

Dis OR June 7-1927

R.A. Oct. 13, 1927

Dis OR Jan. 16, 1928

R.A. - Nov. 15, 1928

ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION OF ~~HUSBAND AND WIFE~~ ^{male} FOR ADMISSION

Alfred Eyestone ¹¹⁻⁶ 1929
of the town of Keyesport
in the County of Clinton and State of Illinois
an honorably discharged² Soldier
of the U. S. Army in the war against⁴ Rebellion

~~and his wife~~ respectfully ask to be admitted as member of said Home.

To enable the authorities to pass on their eligibility, the said Alfred Eyestone declares the following statements to be true and correct: that his personal description is as follows: Age 85 yrs.; height 5 ft. 7 inches; complexion _____; eyes _____; hair _____

That he was born in _____ County of Fayette State of Illinois, on the 10th day of Nov, 1844 that he has been⁶ Once enrolled from the U. S. service as follows, to-wit:

8	When and where Enrolled.	When and where Discharged.	Rank	Company and Regiment.	Cause of Discharge.
1st.	<u>Feb 23, 1864</u>	<u>Oct 15, 1865</u>	<u>Pvt</u>	<u>Co. K. Regt. 54th Ill</u>	<u>End of</u>
2nd.	<u>Mattoon, Ill</u>	<u>Little Rock</u>		<u>Co. Regt. Inf</u>	<u>war</u>
3rd.		<u>Ark.</u>		<u>Co. Regt.</u>	

said _____ further avers that he and his said wife

(who is now of the age of fifty years or older), were lawfully married prior to the first day of January, A. D. 1890, and that he has ever since been living with her and supported her as his lawful wife.

That he is now a bona fide resident of the State of Illinois and has continuously lived in the said state for the last two consecutive years; or, that he has served in an Illinois organization.

That he now receives, on pension certificate number 297649 a pension of 72. dollars a month, payable the 4th day of next Dec, at the Wash Pension Office.

That he owns property, real or personal, of the value of Nothing 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 no wife; that he has eight children now living; ages, respectively, 38 to 56 years.

That his postoffice address is Keyesport, State of Illinois; that his nearest railway station Keyesport, on the _____ 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 none

Mrs. Bell Kyle, of Keyesport, County of Clinton, State of Illinois, that, in case of his death, he desires all his personal effects to be sent to same

same, at same County of same, State of same

That he has not heretofore been a member of any Soldiers' Sailors' Home or Institution, excepting the Ill. S. & S. Home Quincy, Ill.

That he is so far disabled by (7) Old age

as to be now 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.

~~That if he and his wife shall be admitted to be members of the said Home, he does hereby obligate himself that should his said wife so request, he will deposit with the Superintendent so much of his said pension money as the Superintendent may deem necessary for the purpose of clothing said wife.* And he and his said wife do hereby jointly promise that they will in all things and in every respect, comply with and conform to the rules and regulations now in force, or that shall hereafter be made for the government and discipline of the Home, and they further obligate themselves and promise that they will cheerfully obey all orders they may receive from any officer of the Home, so long as they shall remain members thereof.~~

In testimony whereof they have hereunto set their hands this 6th day of November, 1929
John B. Bessing Witness.
Alfred Eyestone Applicants.
Mark

*See Sec. 3b. of act approved May 13, 1903, under caption of "Soldiers' and Sailors' Home," Chapter 23 Hurd's Revised Statutes of Illinois.

William Bell

Register No. *9501*

made
~~Joint~~ Application for
ADMISSION

TO THE
Illinois
Soldiers' and Sailors'
Home

of *(Edward Carpenter)*
~~and wife.~~

Approved 11/13/29
A. L. Brown

Application approved by

Supt.

Admission granted

March 6 19*29*

How to Fill Out Application Blank

1. Name of Applicant.
2. Soldier or Sailor.
3. Army or Navy.
4. Here insert either Mexico, the late Rebellion, or Spain.
5. Full name of wife.
6. Here state the number of times enrolled.
7. Here state number of times discharged.
8. In this state concisely the exact date and places of enlistment and discharge, Rank, Company, Regiment and Cause of Discharge.

The purpose of all other blank spaces in this application is so self-evident as to require no special explanation.

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 House 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* 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 more than two 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*.
9. Clothing for female members must be furnished by themselves or their husbands, and the Superintendent will hold back all pension money belonging to the husband until the wife is properly clothed, and can use pensioner's money for the purpose of clothing the wife, when pensioner neglects or refuses to do so himself.
10. No transportation can be sent to applicants residing outside the State of Illinois.

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*, 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 or women who are feeble and incapable of self-defense.
7. That in case you have ever been a member of any other Home, you must present a proper discharge from such Home before you can be admitted.
8. *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

Illinois organization

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 dis-
order 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 *Alfred Egeston*
_____, the above named applicant as to his mental and physical condition, at the hospital of this Insti-
tution, on the *6th* day of *Nov.*, 19*29*; and that I found him to be of *a* sound mind, and to
be *in* capable of earning his living by reason of physical disability arising from (12) *Cataract*
both eyes - ruptured right iris & Infinites due
to age
Recommended admission

WITNESS my hand _____

C. E. Egan, M.D.
Home Hospital Surgeon

Order Admitting Applicant

The application of the said *Alfred Egeston* and _____
together with the said several certificates, signatures and jurats, having been found to be duly and formally made, and the Super-
intendent 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 *6th* day of *Nov.*, 19*29*

J. H. Scher
Superintendent