

— HEADQUARTERS —

# Illinois Soldiers and Sailors Home, QUINCY, ILLINOIS.

*Keyesport Ill. Nov 4<sup>th</sup> 1901*

*David W. Troyer*, (1) of the Town of *Keyesport*, in the County of *Clinton*, and State of *Illinois*, formerly a Soldier of the United States of America, in the war against (2) *Spain*, 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 *27* years old; that he is *5* feet and *8* inches high; that he is of *Light* complexion, *Brown* eyes, and *Dark* hair; that he was born in the town of *Oakwood* in the State of *Ohio*, on the *23<sup>rd</sup>* day of *June*, 1874; that he has been (2) *once* enrolled in the U. S. A. service; in the war against *Spain*, 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 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>April 26 1898 Springfield Ill.</i>	<i>May 2 1899 Augusta Georgia</i>		<i>1st Infantry Co D Regt. 4<sup>th</sup></i>	<i>order of muster out of Regt.</i>
2d.				<i>Co. Regt.</i>	
3d.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number \_\_\_\_\_, a pension of \_\_\_\_\_ dollars a month, payable the \_\_\_\_\_ day of next \_\_\_\_\_, at the \_\_\_\_\_ Pension Office.

That he owns property, real and personal, of the value of *100.* 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 *Slave printer*.

That he has (4) *no* wife; that he has *no* children now living; ages, respectively, (5) \_\_\_\_\_ years. That his postoffice address is *Keyesport*, State of Illinois, that his nearest railway station is *Keyesport*, on the *Grand St L* 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 *Mrs Ellen Porter*, of *Vere*, County of *Fayette*, State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Mrs Ellen Porter*, at *Vere*, County of *Fayette*, State of *Ill.*

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

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) *blindness of right eye and* \_\_\_\_\_

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, 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 *4* day of *Nov* 1901.

(8) *E Porter*  
Witness.

(9) *David W. Troyer*  
Applicant.

STATE OF ILLINOIS,

COUNTY OF Bond } ss. I, Olivier B. Welch, a (10) Notary Public

of the town of New Keyesport, 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) David W. Troyer, Affiant.

Subscribed and sworn to before me, this 4<sup>th</sup> day of November, A. D. 1901. Witness my hand and official seal.

L. S.

O. B. Welch (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known David W. Troyer 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)

J. A. McDonald, (14) Police Magistrate

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, David W. Troyer, as to his disability, and I now find that he has (15) Elect. Fract.

Lam. vertebra 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 4<sup>th</sup> day of November, 1901. And I certify that I am

personally acquainted with said affiant J. A. McDonald, 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.

O. B. Welch (16) Notary Public

CERTIFICATE OF SOLDIERS' HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined David W. Troyer the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Sunday the 10 day of Nov, 1901; and that I then found him to be of a sound mind, and to be not capable of earning his living by reason of his physical disability arising from (17) Elect.

Witness my hand

W. C. Ellis

Home Hospital Surgeon.

Register No. 5780

*David W. Gray*

APPLICATION FOR ADMISSION

— TO THE —

Illinois Soldiers and Sailors Home

Application Approved by

Superintendent.

Admission Granted

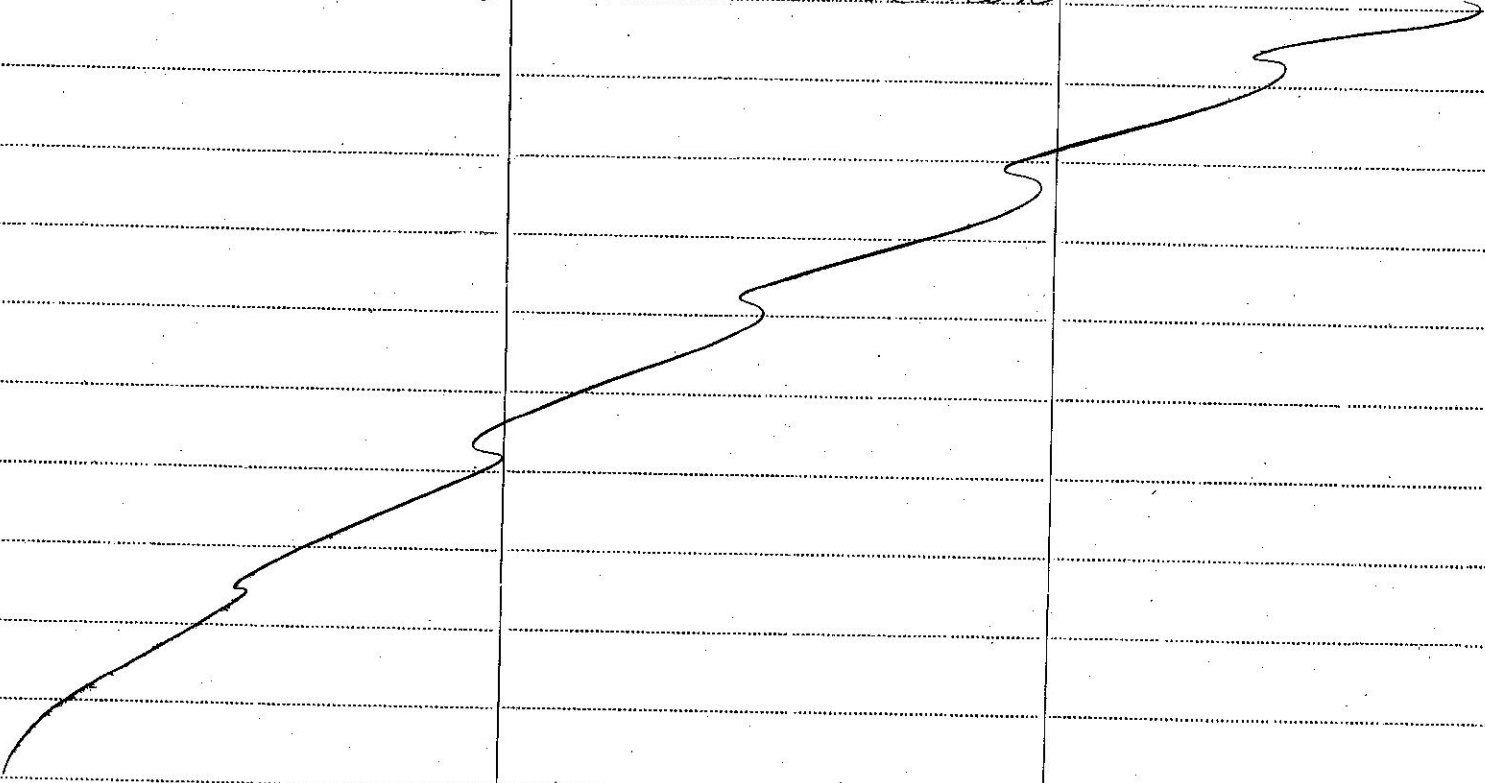
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*David W. Gray*

STATE OF ILLINOIS, }  
 COUNTY OF ADAMS. } ss.

In the matter of the relationship of David W. Troyer

being first duly sworn according to law,  
 deposes and says that he formerly resided at Pezesport Ill,  
 that he is not married, that his wife, \_\_\_\_\_  
 resides at \_\_\_\_\_, 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.
<p><i>Says he is not a married man                  Has no children.</i></p>		
		

And further affiant saith not.

Subscribed and sworn to before me, this Tenth day of November,  
 A. D. 1907.

Havel W. Truog

Uera Ddo 1/8/03

Mr. S. P. Mooney Adj.  
Soldiers & Sailors Home

Dear Sir

Will you please forward  
No 07 of discharge to Uera  
Ddo. I have been sick for  
about - eight - weeks with  
Pneumonia. my lungs are  
in very bad shape and I  
would like to come to the  
home and recruit up.

Can you get me half  
fare from Decatur to  
Spring

Yours in Ft. L. P.

Wanted. Prayer

ILLINOIS SOLDIERS AND SAILORS HOME

Surgeon's Office Uera 27.1903

Respectfully returned to the Super-  
intendent. I have carefully examined

Harold W. Troyer.

late Co. Regt.

late Co. Regt.

and found him

disabled by Exhaustion

following Pneumonia

P.S. This man should be  
sent to the Hospital.

C. E. Eble.

Asst. Surgeon.

REGISTER No. 5780

Illinois Soldiers' & Sailors' Home  
QUINCY, ILLINOIS.

David W. Troyer  
Keyesport Clinton Co Ill

Co. \_\_\_\_\_ Reg't. \_\_\_\_\_  
I Co. 11<sup>th</sup> Reg't. Spanish War  
Co. \_\_\_\_\_ Reg't. Ill Inf.

CONTENTS

Admission Paper /  
Army Discharge /  
Certificate of Service \_\_\_\_\_  
Pension Certificate None Will /

Admitted November 10<sup>th</sup> 1901

Discharged Feb 5 1903 on Fuel  
Re admitted March 27 1903  
Discharged April 8 1903