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MAJOR GEORGE W. FOGG, SUPERINTENDENT.
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CAPTAIN B. P. MCDANIEL, ADJUTANT.
CAPTAIN JAMES P. MOORMAN, QUARTERMASTER.
EDMUND B. MONTGOMERY, SURGEON.

EDWARD W. GOODENOUGH, ASS'T SURGEON.

EMILY W. LIPPENCOTT, MATRON.

TRUSTEES:

CAPTAIN WILLIAM STEINWEDELL, QUINCY, ILL.
COLONEL JAMES A. SEXTON, CHICAGO, ILL.
GENERAL LEWIS B. PARSONS, FLORA, ILL.

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois,

January 18, 1898.

John H Utley, (of the Town of Trenton, in the County of Clinton, and State of Illinois, formerly a soldier of the United States of America, in the war against 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 60 years old, that he is 5 feet and 11 1/2 inches high; that he is of fair complexion, blue eyes, and brown hair; that he was born in the town of ... in the Co. of Anderson of Kentucky, on the 3 day of February, 1838; that he has been (2) 2 enrolled in the U. S. A. service; ... in the war against Mexico, and 2 in the war of the late Rebellion; and that he has been (3) three honorably discharged from the service of the United States. That the following is a true statement of the time and places 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:

Table with 6 columns: No., When and Where Enrolled, When and Where Discharged, Rank, Company and Regiment, Cause of Discharge. Contains 3 entries for John H. Utley.

That he now receives, on pension certificate number ... a pension of 12 dollars a month, payable the 4 day of next February, at the Topeka 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 that above named; that his trade or occupation is that of a Farmer

That he has (4) ... wife; that he has ... children now living; aged, respectively, (6) ... years. That his postoffice address is Trenton, State of Illinois; that his nearest railway station is Trenton, on the O & M 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 Calvin Lee, of near Trenton, County of Clinton, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to S & S Home Quincy, at Quincy, County of Adams, State of Illinois

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

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.

That he is so far disabled by (7) Dropsy, Heart dis., Asthma

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 18 day of January, 1898.

John H. Utley

John H. Utley

COUNTY OF Adams } ss. I, Giles St. Rush, a⁽¹⁰⁾ Notary Public
of the town of Quincy, 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.

Witness John W. Utley (11) John W. Utley ^{my} mark Affiant.

Subscribed and sworn to before me, this 18 day of January A. D. 1898. Witness my hand
and official seal.

L. S.

Giles St. Rush (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known John W. Utley,
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. 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) Richard R. Stilton,

(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 _____, A. D. 189____. 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, as an honest man and a capable physician, in the commu-
nity and among his fellow physicians where he lives.

(16)

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined John W. Utley,
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Jan
the 18 day of Jan, 1898; and that I then found him to be of a sound mind, and to be
incapable of earning his living by reason of his physical disability arising from (17) Valvular

Heart Disease causing Dropsy & Cardiac Asthma.

Witness my hand,

C. E. Chubb

Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said John M. Utley, 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 applicant has shown himself to be lawfully entitled to admission to the Home,—it is hereby ordered that he be and that he now is duly admitted as a member thereof, this 10th day of Jan, 1897.

W. S. Minn
GEORGE W. FOGG,
Superintendent.

HOW TO FILL APPLICATION BLANKS.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 0. Give full name of the Applicant. 1. Either "Mexico and the late Rebellion," or one of them. 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, <i>in his own words</i>, 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 <i>his</i> name. 10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court." | <ol style="list-style-type: none"> 11. Here Applicant will sign his <i>full name</i>, or make his mark. 12. Signature and title of the Justice or Notary. 13. To be made and signed by any Judge of 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. Post. 14. Here write official title. 15. The physician will here state tersely, but fully, as far as he can learn, <i>every</i> cause or disorder that tends in any degree to render the Applicant <i>incapable of earning his own living</i>. 16. Name and official title of Notary or Justice. 17. Here state <i>minutely</i> what disorder, ailment, disease, or cause, it is that, in your judgment, <i>disables the Applicant and renders him incapable of earning his own living</i>. |
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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 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 Home 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* your statements are found to be true, and the Surgeon finds 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 citizens 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, or in the late Rebellion.
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.
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 reason of some other PRESENT DISABILITY.
5. That you shall now 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-defence.
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.

W. S. Minn
GEORGE W. FOGG,
Superintendent.

In the Name of God, Amen.

I, John W Utley *Illinois Soldiers & Sailors Home Quincy Ill.*
of Goldust Sailors Home
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. or hereinafter 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 the worldly effects of whatever nature of which I may die possessed to the Illinois Soldiers & Sailors Home.

Lastly, I make, constitute and appoint Capt Wm Somerville Supt
or his successor in office to be Execut. or 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 Eighteenth day of January in the year of our Lord, One Thousand Eight Hundred and ninety eight

John W ^{his} Utley 

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

Giles H Bush
E. L. Higgin

INVENTORY of the effects of

John W. Hottel

late *A* Co. *1st* Reg't *Ill^{ve} Cav^{ry}* Vols., who died
 on the *1st* day of *Aug* 189*8*, at Illinois Soldiers and Sailors Home for D. V. S.:

NO. OR QUANTITY.	ARTICLES.	VALUE.		HOW TO BE DISPOSED OF.
		DOLLS.	CTS.	
	<i>Coat</i>		<i>25</i>	
	<i>Trousers</i>		<i>15</i>	
	<i>vest</i>		<i>05</i>	
	<i>Shirt</i>		<i>10</i>	
	<i>2 Hats</i>		<i>02</i>	
	<i>Pipe⁰¹ Knife⁰³</i>		<i>04</i>	
	<i>Money \$⁰⁵ OK</i>			
			<i>61</i>	

We certify that the above Inventory is correct, and that we have, this *2* day of *Aug* 189*8*, 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.

E. L. Higgins
J. M. Wright
H. B. Whittaker

Board
 of
 Appraisers.

APPROVED:

\$1.00 on hand. SUPERINTENDENT.

United States of America,

STATE OF ILLINOIS.

Adjutant General's Office,

Springfield, Sept 10th 1897

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

John W. Gentry enlisted on the 30 day of April 1862
 at St. Louis, Mo. and was mustered into the service of the United States as a
Private in Company A, 1st Regiment, Illinois Infantry
 for the period of three years on the 30 day of April 1862
at St. Louis, Mo.

Mustered out July 10th 1862 at St. Louis, Mo.
Entered in S.C. at Camp Perry Sept 11th 1862 as Cavalry
at Camp Perry, mustered Jan 15th 1863 at Georgia, S.C.

Mustered back June 12th 1865 at Camp Chase, Mo.

His residence at date of enlistment is stated as St. Louis, Mo.

This Certificate is issued at the request of himself.

[Signature]
 Adjutant General of Illinois.

Register No. 4174

Illinois Soldiers and Sailors Home,
QUINCY, ILLINOIS.

John M. Utley
Trenton Clinton Co. Ill
A. Co. 1st Reg't Ill. Cav
Co. Reg't
Co. Reg't

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Aged 60 years
Per Care to Supst

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Illinois Soldiers & Sailors Home.

Surgeon's Office, July 18 1898

To the Superintendent:

I have carefully examined

John W. Utley

late Co. D 1st Reg't Ills Cav

late Co. C 14 Reg't

and find him disabled by General

W. H. Hays

To be sent
to the Hospital

R. H. Jones
Surgeon

John W. Utley -
Co. A. 12th Reg. Ill. Cav.
Co. C. 14 Reg. Ills. Cav.
Admitted Jan. 18. 1898.

Nativity - Ky.

Religion _____
Age 60

Died in Hospital
Aug. 10th 1898 -

Buried in Home
Cemetery with Mil.
Honors 70. 1898 -
at 6:30 p. m.

M. M. Davidson
Captain

HOSPITAL ILLINOIS SOLDIERS AND SAILORS HOME.

QUINCY, ILL., Aug 1st 1898

TO THE ADJUTANT:

This is to certify that John W. Utley no 4174

late of A Co. 1st Reg. Ill. Cav. Vol., died in Hospital aged 60 years

Complications Rheumatic Heart Failure

W. Jones Surgeon.

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., Aug 1st 1898

To the Adjutant:

John W. Utley A. Co. 1st Ill. Cav. Regt.

died in Hospital at 11⁵⁰ A. M., aged 60 years.

Names and address of Relatives or Friends

Calvin Lee

Trenton Ills

Edward Hood

Hospital Steward.

Reg. No. 4174

This man Utley has dropsy and is
totally unable to perform any labor
whatsoever & should be admitted to
Home & Hospital at once

W. Jones