

REGISTER NO. 8048

22

ILLINOIS SOLDIERS AND SAILORS HOME
QUINCY, ILLINOIS.

John Watts
Carlyle Division Co
Inf. Co. D & E 15 Reg't 1st Cav

Co. Reg't

Co. Reg't

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FEB 18 1908

Admitted 190

Aug 27 - 10 Dis on Dur
ReAdmitted Nov 24 1910
June 16 - 1911 Died in Hospital

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

FEB 13 1908

John Watts, (0) of the town of *Early*, in the County of *Clinton*, and State of *ILLINOIS*, formerly a Soldier of the United States of America, in the war against (1) *Rebels*, 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 *73* years old; that he is *5* feet and *4* inches high; that he is of *light* complexion, *blue* eyes, and *gray* hair; that he was born in the town of *Febry* in the *Irland* of *Irland*, on the *22* day of *Febry*, 1836; that he has been (2) *1* enrolled in the U. S. A. service; *1* in the war against *Rebels*, and *1* in the war of the late Rebellion; and that he has been (3) *1* 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>Sept 24 1861</i>	<i>Oct 14 1864</i>	<i>Pvt</i>	<i>Co. 15 Regt. Ill Cav</i>	<i>Wound</i>
2nd.				<i>E. Co. 15 Regt. " "</i>	<i>M.D.</i>
3rd.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *1023.007*, a pension of *15* dollars a month, payable the *1st* day of next *May*, at the *Quincy* Pension Office.

That he owns property, real and personal, of the value of *no* 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 *Blacksmith*

That he has (4) *no* wife; that he has *1* children now living; ages, respectfully, (5) *45* years. That his postoffice address is *no*, State of Illinois; that his nearest railway station is *no*, on the *no* Railway, in *no* 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 *Mary Satchfield 420 3/4 John Cr.*, County of *Clinton*, State of *Ill*

of *no*; that, in case of his death, he desires all his personal effects to be sent to *no*, at *no* County of *no*, State of *no*

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

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) *Old age. G.S. sound*

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 *13* day of *Febry*, 1908

(9) *J. Hanson* Witness.

(8) *John Watts* Applicant.

STATE OF ILLINOIS

County of Quincy

ss

I,

J. H. Rawson

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.

(11) John Watts

Affiant.

Subscribed and sworn to before me, this

18

day of

July

A. D. 1908

Witness my hand and official seal.

[L. S.]

J. H. Rawson

(12)

Notary Public

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 _____ 190__ 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

John Watts

the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Tuesday the 18 day of July, 1908; and that I 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)

Seriaty - Old gunshot wound left hand
Rheumatism & Chr Bronchitis

Witness my hand

C. E. Keller

asst Home Hospital Surgeon.

2260
JOHN WATTS,

Name: I023007 MCH 24 1911

INV ALID. 3

\$ 60

June 16 - 1911 Paid in Topeka

Return this voucher for payment to

ABRAM W. SMITH,
U. S. Pension Agent,
TOPEKA,
KANS.

2164

INSTRUCTIONS TO OFFICER BEFORE WHOM THIS VOUCHER IS EXECUTED.

In every case requiring the exhibition of the pension certificate and certification thereto, the officer should carefully compare it with the voucher. Vouchers may be executed in the United States before any officer authorized to administer oaths for general purposes or before any fourth-class postmaster of the United States; in foreign countries, before an ambassador, minister, or consul, or other consular officer of the United States, or before any civil officer of the country duly authorized to administer oaths, or to authenticate extra-judicial documents, and whose official character and signature shall be authenticated by the certificate of an ambassador, minister, or consul, or other consular officer of the United States. If the officer be required by law to have and use a seal to authenticate his official acts, it must be affixed to his jurat. In the case of officers in the United States not required by law to use a seal, a certificate of the proper officer as to their official character, signature, and term of office must be filed in this agency. One such certificate will suffice for the term of the officer. Fourth-class postmasters are required to use their mailing stamps as seals.

The officer will also see that post-office addresses are correctly inserted in the proper spaces in the voucher, particularly the address to which the check is to be mailed. He will also give his own post-office address after his official title on face of voucher. The officer will be held strictly responsible for the correctness of his certificate of identity in every particular, pursuant to Act of July 7, 1898, which provides:

"That every person who knowingly or willfully makes or aids, or assists in the making, or in any wise procures the making or presentation of any false or fraudulent affidavit, declaration, certificate, voucher, or paper or writing purporting to be such, concerning any claim for pension or payment thereof, or pertaining to any other matter within the jurisdiction of the Commissioner of Pensions or of the Secretary of the Interior, or who knowingly or willfully makes or causes to be made, or aids or assists in the making, or presents or causes to be presented at any pension agency any power of attorney or other paper required as a voucher in drawing a pension, which paper bears a date subsequent to that upon which it was actually signed or acknowledged by the pensioner, and every person before whom any declaration, affidavit, voucher, or other paper or writing to be used in the aid of the prosecution of any claim for pension or bounty land, or payment thereof, purports to have been executed, who shall knowingly certify that the declarant, affiant, or witness named in such declaration, affidavit, voucher, or other paper or writing personally appeared before him and was sworn thereto, or acknowledged the execution thereof, when, in fact, such declarant, affiant, or witness did not personally appear before him or was not sworn thereto, or did not acknowledge the execution thereof, shall be punished by a fine not exceeding five hundred dollars, or by imprisonment for a term of not more than five years."

*All acts involved in the execution or correction of vouchers must be performed in the presence of the officiating officer, who must certify to the corrections over his own signature, on the face of the voucher in the space indicated.

1. Signatures by mark should appear thus—
John X. Doe
mark.
2. Street and number, P. O. box number, R. F. D. route, or General Delivery, must appear in P. O. address in case of residence within carrier delivery. General Delivery address will be accepted in such case only if no other address as above is available.
3. A married woman must sign her own Christian name, not that of her husband.
4. Fourth-class postmasters only are authorized to officiate in the execution of vouchers. Deputy acting or assistant postmasters, or other postal employees, not qualified.
5. Legible impression of postmarking stamp showing same date as jurat required. M. O. P. or M. R. D. stamps or additions to impression with pen or pencil will not be accepted.
6. Postmaster must write "Fourth-class postmaster" after his signature.
7. Jurat must be dated.

INVALID. 3

2260

JOHN WATTS,

I, _____, make oath that I am the identical person named in pension certificate No. 1023007, dated MCH 24 1911, in my possession and now exhibited; that I performed the service upon which said certificate was issued; that I have not been employed or paid in the Army, Navy, or Marine Corps of the United States during any part of the period for which pension is therein provided or is now due thereon; that I am entitled to and hereby make claim for payment of SIXTY DOLLARS **\$60** pension now due, at the rate of 20 dollars per month, from MAY 4, 1911, to AUGUST 4, 1911,

and that my post-office address to which I desire the check in payment mailed is as follows:

Street and No. or R. F. D. route.

Pensioner's signature must be written here in full as name appears in the head of this voucher.

Post office.

If pensioner signs by mark or illegibly, two witnesses who write.

State.

State of _____, County of _____, ss:

Subscribed and sworn to before me this _____ day of _____, 1911, and I certify that the pensioner, above named, *has this day exhibited to me his pension certificate*, above described, and was fully identified as the pensioner named therein.

[L. S.]

Magistrate's signature.

Official character.

(Seal must be above this line.)

Post-office address.

2153-2159-2164-2167-2173-2864

(If any erasures or alterations appear on this voucher, the magistrate must certify above his signature to the jurat that they were made before its execution.)

3-1000.

\$ **60**

From MAY 4, 1911, To AUGUST 4, 1911.

**PAYMENT WILL NOT BE MADE ON THIS VOUCHER IF EXECUTED BEFORE THE DATE LAST GIVEN.
PENSIONER'S NAME MUST BE SIGNED HERE AND POST-OFFICE ADDRESS GIVEN AS ABOVE.**

Name.

Street and No. or R. F. D. route.

Post office.

State.

1023007

UNITED STATES OF AMERICA
STATE OF ILLINOIS.

Adjutant General's Office
Springfield, May 27th 1897

It is hereby Certified, That it appears from the Records of this Office, that
Samuel enlisted on the 24th day of September 1861
at Carroll 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 24th day of September 1861
Blacksmith's Company A-B E and Mustered
out October 14th 1861 as Blacksmith.

His residence at date of enlistment is stated as Carroll
This Certificate is issued at the request of Samuel
Samuel

Adjutant General of Illinois.

To all whom it may Concern:



Know Ye, That JOHN WATTS,
late G Co. 15th Regiment Ill. Cav.,

a member of THE NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS, who was
admitted on the 7th day of October, one
thousand ~~two~~ ^{eight} hundred and ninety-seven, is hereby

Honorably Discharged

by reason of his own request.
No objection to his readmission is known to exist

Said JOHN WATTS was born in Ireland,
is 73 years of age 5 feet 4 inches high, Light,
complexion, Light eyes, Blue hair, and by occupation when
admitted a Blacksmith.

Pensioner at \$ 15.00 per month. Certificate No. 1,023,007.

Given at WESTERN Branch, National Home D. V. S.,
this 11th day of February, 1908


Governor.

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., Nov 24 1910

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
<i>John Watts</i>	<i>8048</i>	<i>D+ E</i>	<i>15</i>	<i>Ill.</i>	<i>36</i>	<i>1023007</i>	<i>Charles Jones</i>

Hospital Illinois Soldiers' and Sailors' Home.

Quincy, Ill. June 16 1911

TO THE ADJUTANT:

This is to Certify, That *John Watts* Reg. No. *8048*
 late of Co. *D* *15* Reg't *Ill. Cav.*
 died in *Hospital aged 76* Cause of death *Fatty infiltration of Heart.*
Chas E. Truism
 Surgeon.

Illinois Soldiers and Sailors Home.

Quincy, Ill. June 16 1911

To the Adjutant:

John Watts Co. *D 15 Ill Cav* Regt.
 died in Hospital at *S.H.O.H.* M., aged *76* years.

Names and address of Relatives and Friends

Reg. No. *8048*

L. B. Barnes Hospital Steward.

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

In the matter of the relationship of John Watts
Carlyle Clinton Co Ill., being first duly sworn according to law,
 deposes and says that he formerly resided at Carlyle Clinton Co Ill.
 that he is no 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.
<u>Mary Sattersfield</u>	<u>Daughter</u>	<u>St Louis Mo 4253 John Ave</u>

And further affiant saith not.

John W Watts
his wife
24 day of Nov

Subscribed and sworn to before me, this

A. D. 1910

8048

Copy

WILL OF

John W. Wills

Copy

SHORT WILL.

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

IN THE NAME OF GOD, AMEN.

I, John Watts 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 or 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 Daughter Mary Sattersfield
4253 John ave
St Louis, Mo

Lastly, I make, constitute and appoint Wm Somerville Supt or his Successors 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 24 day of Nov in the year of our Lord One Thousand Nine Hundred 1910

John Watts his mark [SEAL]

This instrument was, on the day of the date thereof, signed, published and declared by the said testator John Watts 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.

Witness his mark signed Charles P Jones
signed J M Elder
Fred O Edler