



Before filling in the blanks read carefully the explanations and directions on the margin, and again on third page.

Army Discharge, or Certificate of Service or Pension Certificate, must be sent with this application, and all the directions carefully complied with, or the application will be returned, and much delay result.

NOTE THE EXPLANATIONS AND DIRECTIONS.

APPLICATION FOR ADMISSION  
TO THE  
**Illinois Soldiers and Sailors Home**  
AT QUINCY

**TRUSTEES.**  
DANIEL DUSTIN, Sycamore, DeKalb County, Ill.  
L. T. DICKASON, Danville, Vermillion County, Ill.  
THOMAS W. MACFALL, Quincy, Adams Co., Ill.

**OFFICERS.**  
J. G. ROWLAND, Superintendent.  
J. R. LOTT, Secretary and Adjutant.  
R. H. CARNAHAN, Quartermaster and Commissary  
R. W. McMAHAN, Surgeon.  
JAMES D. MORGAN, Treasurer.

**DIRECTIONS.**

Fill all the blank spaces carefully.

STATE OF Illinois  
County of Macoupin  
On this fourth day of December A. D. 1890, before me  
(1) Leah B. Smith a Notary Public within and for the County and State aforesaid,  
personally appeared (2) Joseph C. Starnes aged 55 years, height 5 feet 10  
inches, complexion Dark, eyes Blue, hair Dark, a resident of (3) Scottville  
County of Macoupin State of Illinois, who being duly sworn, deposes and says, that he was born in  
(4) Barnes Macoupin Co Ill and has been enlisted in the service of the United States  
(5) One times during the (6) for 3 years  
war; and honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

No. of Enlistment	When Enlisted, With Rank.	Where Enlisted—Town and State.	Company and Regiment Mustered in.	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>July 20<sup>th</sup> 1862</u>	<u>Scottville Illinois</u>	<u>Regt 12 Ill Co. 10<sup>th</sup> Walts</u>	<u>July 15<sup>th</sup> 1868</u> <u>at Scottville</u> <u>Illinois</u>	<u>Loss of War</u>
2nd.	18		Regt	18	
3rd.	18		Co.	18	
4th.	18		Regt	18	

Here the applicant should state, in his own way, what his disability is.

That he is disabled as follows: (7) Spasmodic Asthma ever returning  
Back ever hurting, Blives ever hurting  
Shamble

If no pension is received, so state.

and has been receiving not Dollars per month, pension, on Certificate No. \_\_\_\_\_  
payable at \_\_\_\_\_ Agency, from \_\_\_\_\_ 18 \_\_\_\_\_

The applicant further states that he has no property nor means of support, and being unable, on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The applicant must sign this, and swear to the statement.

The said applicant further swears that he has not been engaged in, aided or abetted the late Rebellion in the United States; and that he was not a member of any Soldiers or Sailors Home, June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years past. And said applicant further stipulates and agrees that he will abide by, and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him and obey all lawful orders of the Officers of the Home.

Have two witnesses sign and fill all the blanks carefully.

WITNESSES,  
J. B. Hettick  
Robert Hettick

(\*) Hoopson Arnold  
Nearst E. E. Butler, Paulding & Childs at what E. E. Butler  
Post-office Address, Scottville Ill.

To be sworn to before an officer having a seal, or a J. P.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to Hoopson Arnold before he executed it.

Read? long Write? yes  
Occupation: Farmer  
Married or Single: Widower  
Children under 16 years: None

(\*) John B. Smith  
Notary Public  
NAME AND ADDRESS OF NEAREST RELATIVE  
(Name) William Arnold (Relation) Son  
(Address) Scottville Ill

Fill all these blanks carefully.

CERTIFICATE OF IDENTIFICATION.

(\*) The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, the Mayor or City Clerk of the city, or by a County officer, or by a Justice of the Peace, and attested by an official seal.

I Henry Curry that I have known the above named Hoopson Arnold for the last two years past, and that I believe the declaration signed by him to be true, and I further state that he is not mentally afflicted so as to require a special attendant; and can safely be quartered in a sleeping room with others.

(\*) W. W. Dudderan  
(Give Official Title) of Richmond Post No 505  
G. A. R.

This is very important. Have it signed as directed.

LOCAL PHYSICIAN'S CERTIFICATE.

I certify that I have carefully examined (\*) Hoopson Arnold

Company: B Regiment: 122 Volunteers, and that he is disabled as follows:  
He has Asthma most of the time to that extent that he is not able to work  
Character of Disability: He is nearly blind from granular  
Complications: Sore Eyes  
Present Condition of Applicant: He is not able to work at present

I further certify that said applicant is sane, and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

(\*) W. B. Dalton SURGEON.

Sworn to and subscribed before me, this 5 day of Dec A. D. 1880, and I hereby certify that the said W. B. Dalton is known to me as a Surgeon in actual practice and reputable in his profession.

(\*) John B. Smith  
Notary Public

This is to be filled out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.

ORDER FOR ADMISSION.

The above application is hereby approved, and (\*) Hoopson Arnold  
B. Co. 122 Regt. Ill. Sol. & Sail. will be admitted  
to the Illinois Soldiers and Sailors Home, at Quincy.

Dec 23 1880  
M. A. Mack  
Superintendent Illinois Soldiers and Sailors Home.

## EXPLANATIONS AND DIRECTIONS.

THE FIGURES IN THE BODY OF THIS APPLICATION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED IN FILLING THE BLANKS.

1. Name and Title of Magistrate.
2. Applicant's Name.
3. Post-office Address.
4. Town, County, State (or Nation).
5. State the number of times actually mustered into the service of the United States.
6. Give the name of the War (Mexican or Civil).
7. *Here state minutely the cause and nature of the disability; if by wounds, state the nature of the wounds, and when and where received; if by disease, state the nature of disease, and when and where contracted.*
8. Signature of Applicant and Post-office address. Two witnesses are required.
9. This Certificate must be signed by a Commander or Adjutant G. A. R. Post, the Mayor or City Clerk of the City, by a County Officer, or Justice of the Peace of the Town in which the applicant resides. No application will be approved until this direction has been complied with.
10. If the Certificate of Examination is officially signed by a Surgeon-general of a State, or by a United States Examining Surgeon, or by a Surgeon designated for that purpose by the Superintendent of the Home, it need not be sworn to.
11. Official Signature of Magistrate or Notary.  
Give name of nearest Railroad Station and on what Railroad.

## SPECIAL NOTICE.

Applicants must send their discharge, or a certified copy thereof, from their last enlistment, with their application; if discharge is lost, destroyed, or is in the Pension Office at Washington, D. C., then write to the Adjutant-general of the State to which you were accredited, for a certified copy of your last enlistment and discharge, giving your full name, Company and Regiment. If a pensioner send pension certificate also. *These papers will be retained by the Superintendent, and returned to the member when he is discharged. This rule is adopted to prevent the loss of such papers and certificates, and to hinder fraudulent practices.*

If the "explanations and directions" as above are fully complied with, prompt attention will be given to them; otherwise there must be delay.

Applicants are notified that the notice sent them of the approval of their application, does not insure their admission to the Home. The final order for admission is not given until the applicant has been examined by the Home Surgeon, and such examination must clearly prove the disability of the applicant.

The applicant should bring a serviceable suit of clothing with him, if possible, to be used when he leaves the Home. It is not expected that members will wear the clothing belonging to the State when they go away on furlough, or are discharged. A valise may be brought; but a trunk is objectionable.

After filling out this application and executing it as above directed, forward it, with the other papers, to the Superintendent, whose name is printed on the first page of this sheet.

## ILLINOIS SOLDIERS AND SAILORS HOME.

QUINCY, November 14th, 1887.

The law governing admissions to the Home, as laid down in Section 3 of the Act to Establish and Maintain a Soldiers and Sailors Home, approved June 20, 1885, and the Amendment thereto, in force June 15, 1887, is as follows:

"The object of the Soldiers and Sailors Home shall be to provide a home and subsistence for honorably discharged ex-soldiers and sailors who served in the War of the Rebellion and the Mexican War, who are now, and shall be prior to the time they may apply, *bona fide* residents of the State for two years, and who are not now inmates of National Soldiers and Sailors Homes, claiming residence in this State, who may have become disabled through the exigencies of such service, or who, by reason of old age or other disabilities, are disqualified from earning a livelihood: *Provided*, that soldiers who are in the poor-houses of this State shall be admitted to the Home in the first instance."

## EXTRACTS FROM THE RULES AND REGULATIONS OF THE BOARD OF TRUSTEES.

### ADMISSION.

No person shall be admitted to the benefits of the Home until he shall have submitted a formal application in writing or print, signed by himself, and the same shall have been favorably acted upon by the Superintendent of the Home. Such application shall be accompanied by an honorable discharge, or proof thereof, and evidence satisfactory to said Superintendent, as follows:

- 1st. That he served in the army or navy of the United States during the late Rebellion or the Mexican War.
- 2nd. That he has been a *bona fide* resident of Illinois for the last two years past preceding his application.
- 3rd. That he was not an inmate of any Soldiers or Sailors Home, June 15th, 1887.
- 4th. That he is disabled from a wound or wounds received while in the service of the United States, or from sickness or disability contracted therein, or needs the aid or benefits of the Home, in consequence of physical disability.
- 5th. That he has, at the date of his application, no property or means of support, and that he is unable to support himself by his own efforts and labors.
- 6th. Applicant's name in full, his age and occupation, place of nativity, and place of residence at the time of application.
- 7th. The Company and Regiment or Vessel in which he served.
- 8th. The dates and places of his enlistment and discharge.
- 9th. If the applicant is a United States pensioner, he must file his pension certificate with his application, for safe keeping by the Home while he remains a member thereof. Under present rules, the pensioner has full control of his pension money.
- 10th. The applicant's agreement to conduct himself properly, and submit to the rules, regulations and discipline of the Home.
- 11th. The applicant shall also furnish satisfactory proof of his identity.
- 12th. The friends of applicants are hereby notified that insane, or men of unsound minds, and those requiring a special attendant, must not be sent here, as the Home can not give them the care and attention such cases require.

Adopted November 14th, 1887.

J. G. ROWLAND,

Superintendent.

*W. H. ...*

DO NOT FILL OUT THIS BLANK.

Register No. *1807*

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers and Sailors Home

*Hobson ...*

*Co. 122 Reg't 111. Reg't 111.*

Co. \_\_\_\_\_ Reg't \_\_\_\_\_ Vols. \_\_\_\_\_

Co. \_\_\_\_\_ Reg't \_\_\_\_\_ Vols. \_\_\_\_\_

Admitted \_\_\_\_\_ 1890

*J. H. ...*  
A. H. ...  
Superintendent

No. \_\_\_\_\_

Received *Jan 7* 1890

Notice of approval sent *Dec 16* 1890

Register No. 1807

**ILLINOIS SOLDIERS' AND SAILORS' HOME**  
QUINCY, ILLINOIS

Hopson Arnold  
Scottsville, Macoupin Co.

B CO. 122 REG'T. 2d Inf.

CO. \_\_\_\_\_ REG'T \_\_\_\_\_

CO. \_\_\_\_\_ REG'T \_\_\_\_\_

CONTENTS

Admission Paper 1

Army Discharge \_\_\_\_\_

Certificate of Service 1

Pension Certificate 793,690 Will \_\_\_\_\_

Admitted Dec. 23, 1890

App. Received 12/23/90

Discharged 3/13/93

Readmitted 11/7/94

Died in Hospital 2/15/1917

Body shipped to Drake Sta., Ia.  
2/16/17



Scottville Illinois Dec 5-1890  
To the Superintendent of the Soldiers Home  
Quincy Illinois

We here by certify to you  
That Hopson entered the Within and trace  
applicant was a member of Our Co  
that is Co B 122 Regt Ills Volt Infy  
and that he was enlisted on the 13 of  
August 1862 and discharged on the 15  
day of July 1865 - and that his discharge  
was honorable and that we believe  
his discharge was sent in his hands  
hence saw 7 years ago

G. W. Dudders

Commander of Ruckham  
factory add 109 - 5th St  
Levi B. Smith  
Notary Public

## Illinois Soldiers' and Sailors' Home.

Quincy, Ill., Feb 15 1917

To the Adjutant:

Hopson Arnold

Co. B 122 Ill Inf Regt.

died in Hospital at 8.30 P M., aged 81 years.

Names and address of Relatives and Friends not transferred

Reg. No. 1807

G. S. Barnes Hospital Steward.

DUPLICATE

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *Arnold Hopson* Reg. No. *1807* Co. *B* Regt. *122* Inf State *Ill*

REG. FORM NO. 10, MAR 1917, U.S. GOVERNMENT PRINTING OFFICE

MONTH	DATE		PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
	DAY	YEAR				
			<i>Wm Arnold</i>	<i>Scottsville Ill</i>	<i>Son.</i>	
<b>COTTAGE INVENTORY</b>						
<i>Feb</i>	<i>16</i>	<i>1917</i>	<i>12</i>			
						<i>2 pr Overalls 1 Shirt 3 Handkerchiefs 1 pr over shoes</i>
						<i>1 Ricker Nat Bank book showing deposit 431.39</i>
						<i>1 Deposit Check on Ricker Nat Bank 110.00</i>
						<i>1 " " " " 100.00</i>
						<i>1 S S Home Bank Book Deposit 90.00</i>

Received the above described personal effects of

*J. M. Pfeiffer*

Sergeant, Cottage No. *19*

Registry No. \_\_\_\_\_

Registry No. \_\_\_\_\_

Hospital Steward \_\_\_\_\_

**HOSPITAL RECORD**

*Received above effects.*

*William E. Arnold.*

**HOSPITAL INVENTORY**

*Value of Effects \$100.*

I hereby certify that the above is a true and correct inventory of the personal effects of \_\_\_\_\_ Deceased.

\_\_\_\_\_ Hospital Steward

Approved:

*W. Murphy*  
\_\_\_\_\_ Adjutant



SHORT WILL.

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

IN THE NAME OF GOD, AMEN.

I, Hopson Arnold 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 Executor 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 worldly goods of which I may die possessed,

to My son  
Wm Edward Arnold  
Pasadena California  
My Daughter  
Don Kibler  
Pasadena California  
Shun & Sharon Alice

Lastly, I make, constitute and appoint Wm Samuel Supt or his successor in office to be Executor 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 3 day of July in the year of our Lord One Thousand Nine Hundred & Six

Hopson Arnold [SEAL]

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

D. H. Lawson  
J. E. Minger