

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.

WITNESS,

Wm. M. Grof
A. McDonald

(*) *John Grant*
 Nearest R. R. Station *Hillespie* on what R. R. *Sand St. R.*
 Post-office Address, *Hillespie* Ill.

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 *John Grant* before he executed it.

Read? *yes* Write? *no.*
 Occupation *Farming*
 Married or Single *single*
 [If a Widower so state.]
 Children under 16 years *none*

(11) *Robt Brown*
Natany Public
 NAME AND ADDRESS OF NEAREST RELATIVE.
 (Name) _____ (Relation) _____
 (Address) _____

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 HEREBY CERTIFY that I have known the above named *John Grant* for the last two years past, and that I believe the declaration signed by him to be true.

(*) *H. Koenig*
 (Give Official Title) *Post Comm*

SURGEON'S CERTIFICATE.

I certify that I have carefully examined (*) *John Grant*
 Co. *Ill* Regt. *1st Missouri Cavalry Volunteers*, and that he is (10) permanently ~~temporarily~~ disabled as follows: *Shortening of the right leg resulting from fracture of neck of femur*
 Date of Injury or Disease *16th* day *July* 18*83*
 Place of *St. Jacobs*, State of *Illinois*
 Character of Disability *Severe*
 Complications *Rheumatism*
 Present Condition of Applicant *Feeble and emaciated and unable to do manual labor*

Wm. M. Grof M.D.
 (10) *Marcel Thomas M.D.* SURGEON'S

Sworn to and subscribed before me, this *30th* day of *December* A. D. 188*9*, and I hereby certify that the said *Grof and Thomas* are known to me as a Surgeon in actual practice and reputable in ~~his~~ *their* profession.

(11) *Robt Brown*
Natany Public

ORDER FOR ADMISSION.

The above application is hereby approved, and (*) *Jan 6*, 18*90*
m d Co., *1* Regt. *Ill* Vols. will be admitted to the
 Illinois Soldiers and Sailors Home, at Quincy.

Superintendent Illinois Soldiers and Sailors Home.

APPROVED,
 J. G. ROWLAND, Supt.

DO NOT FILL OUT THIS BLANK.

Register No. 1449

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers and Sailors Home

John Grant OF
In Co. 1 Reg't Mo Len Vols

Co. _____ Reg't _____ Vols

Co. _____ Reg't _____ Vols

Admitted _____ 18 _____

APPROVED BY
[Signature]

Superintendent.

No. _____

Received, Dec 31 1889

Notice of approval sent Dec 31 1889
& transfer from St. Charles

N. E. Keeler
Thos. E. Gallagher

Keeler & Gallagher,
General Agents,
Cincinnati.

WESTERN BRANCH

ÆTNA INSURANCE COMPANY

LOUIS ZERWECK, AGENT

HARTFORD, CONN.

LEBANON, ILLS. March 23 1905.

Capt. W^m M. Summerville

Dept. Soldiers Home

Quincy Illinois

Dear Sir

Mrs. John Grant of here requested me to write to you asking you to send to him his personal papers and his discharge from the home, please do not delay this as he wants the papers here on the 4th of April so as to get his pension.

Please send the papers to Lebanon Ills in care of James Rogers and Oblige
Yours Respectfully
Louis Zerweck

CERTIFICATE OF SERVICE.



To all Whom it May Concern:

This is to Certify, That John Grant ^{who was enrolled}

on the 1st day of August, one thousand eight hundred and sixty one, to

serve three years, was discharged on the 25th day of August, 1864,

& with detachment at St. Louis Mo., while holding

the grade of Private in Company M 1st Regiment of

Missouri Cavalry Volunteers.

This Certificate is given upon evidence that the original discharge has been lost or destroyed, and in all cases upon the condition imposed by the Act of Congress approved March 3, 1873, that it "shall not be accepted as a voucher for the payment of any claim against the United States for pay, bounty, or other allowance, or as evidence in any other case."

Given at the War Department, Washington, D. C., this 24th day of

December A. D. 1889.

By authority of the Secretary of War:

W. H. Mumford
Captain & Surgeon U.S.A.

Gillespie Ill June 6th 1892
Frank L. Peats, Adjutant. Soldiers Home Quincy Ill.
You will please extend my furlough for
another 60 days from June 11th -92 and send
me with my furlough my Pension papers
so I can draw my Pension in July
And oblige yours John. G. Peats.

5-1449 Sept 11

Sent him June 7-92
Adjt.

PROVOST COURT

HEADQUARTERS
ILLINOIS S. AND S. HOME
QUINCY, ILLINOIS.

Accusation against John Grant May 29 1909

Register No. 1449 Cottage No. 4

Charge 1st is absent without leave

Specifications: That I was informed that he left about 2 o'clock last night

Charge 2nd _____

Specifications: That _____

Issue 9th 1909
The above John Grant
has been away for the
past few days
Sergey Police

Frederick Schutt

Serg't Provost Guard

Plea to Charge 1st _____ Finding _____

Plea to Charge 2nd _____ Finding _____

Penalty _____ To amt of Fund

506

Illinois Soldiers and Sailors Home.

QUINCY, ILL., *June 8* 190*9*.

Clothing of ~~furloughed and~~ discharged men of Cottage No. 4 which was in laundry at the time they were ~~furloughed or~~ discharged and which is this day received by the Quartermaster Sergeant.

Reg. No.	NAME.	Blouse.	Trousers.	Vest.	Shirts.	Undershirts.	Drawers.	Shoes.	Socks.	Hats.	Suspenders.	DATE OF FURLOUGH OR DISCHARGE.	
												MONTH.	DAY.
<i>1449</i>	<i>John Grant</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>1</i>		<i>1</i>			
	<i>clothing short</i>		<i>1</i>		<i>1</i>	<i>2</i>	<i>2</i>		<i>2</i>		<i>1</i>		

2041, Bureau
John Grant
St. Letter,
15th Row,
5th Division,
Jan 14th 1913

Illinois Soldiers and Sailors Home.

Quincy, Ill., Jan 10 1902

To the Adjutant:

John Grant Co. M. 1st Missouri Regt.

died in Hospital at 2:15 A.M., aged 77 years.

Names and address of Relatives and Friends

Reg. No. 1449

L. S. Barnes Hospital Steward.

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill., Jan. 13, 1903

TO THE ADJUTANT:

This is to Certify, That John Grant Reg. No. 1449

late of Co. M,

1 Reg't, 1st Missouri Cavalry.

died in Hosp. Age. 78

Cause of Death Acute Entero Colitis

Chauncy E. Ellis M.D.
Asst. Surgeon.

Register No. 1449

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

John Grant
Gillespie, Illinois

CO. _____ REG'T _____

M CO. 1st REG'T Mo. Cav.

CO. _____ REG'T _____

CONTENTS

Admission Paper 1
Army Discharge _____
Certificate of Service 1
Pension Certificate 1 - # 572782 Will _____

Admitted 1/6/90, 1890

Application Rec'd 1/6/90
Disch'd - on furlough 3/24/1905
Readmitted 10/21/05
Died in Hospital 1/13/13

copy
SHORT WILL.

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

IN THE NAME OF GOD, AMEN.

I, John Grant of Illinois Soldiers' and Sailors' Home
in the County of Adams and State of Illinois, being of sound mind and memory, and considering the un-
certainty 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 _____ 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

Esther Wilson, Rochester, Illinois.

Lastly, I make, constitute and appoint Wm Somerville, Subt. or his
Successors 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 14th day
of April in the year of our Lord One Thousand ~~Two~~ ^{Eight} Hundred and Ninety nine

(Signed) John Grant [SEAL]

This instrument was, on the day of the date thereof, signed, published and declared by the said testator
John Grant to be his last Will and Testa-
ment, 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.

(Signed) W. B. Whittlesey
J. G. Winger

(copy.)

WILL OF

John Grant.
1849.

Filed in St. Joseph. Jan. 13th 1919.

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of Funeral

Reg. No. 1442 Co. A Regt. 100 Div. 100

State Ill.

BAKER-VAMTIER CO. MANUFACTURERS CHICAGO-HOLYOKE

MONTH	DATE		Col No.
	DAY	YEAR	
2	1	19	16

PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
Geo. M. Jones, Quincy, Ill., Conservator	Doverdale, Ill.		
COTTAGE INVENTORY			
<small>FOR THE USE OF THE SELLER AND BUYER</small>			
Received the above described personal effects of _____ Sergeant, Cottage No. _____			
Registry No. _____ Hospital Steward _____			

HOSPITAL RECORD

Died Jan. 13, 1913 at 2:15 A. M.

HOSPITAL INVENTORY

1 telescope, 1 overcoat, 1 coat, 2 overshirts,
1 hat, 1 cap.

Value of Effects 1.35

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

Approved: Ed S. Warner Hospital Steward

Thompson Admittant