

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

Nov. 23^d 1909

Robert Jackson, (10) of the town of Carlinville, in the County of Macoupin, and State of Illinois, formerly a Soldier of the United States of America, in the war against (1) The 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 67 years old; that he is 5 feet and 11 inches high; that he is of Fair complexion, Hazel eyes, and Gray hair; that he was born in the town of Carlinville in the State of Illinois, on the 12 day of March, 1842; that he has been (2) once enrolled in the U. S. A. service; once in the war against The Rebellion, and once 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 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.	Nov 30 1864	Nov 2 ^d 1865	Pri	H Co. 49 Regt. 5 th Ind. Inf.	ex of service
2nd.	La Mo	Montgomery Ala		Co. Regt.	
3rd.		(12 mo)		Co. Regt.	

That he now receives, on pension certificate number 1047.782, a pension of Twelve dollars a month, payable the 4th day of next Feb, at the Knobsville 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 the above named; that his trade or occupation is that of a Farmer.

That he has (4) _____ wife; that he has _____ children now living; ages, respectfully, (5) _____ years. That his postoffice address is Carlinville, State of Illinois; that his nearest railway station is Carlinville, on the Ch A Railway, in Macoupin 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 Anna Harris, of Carlinville, County of Macoupin, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to Same, at _____ County of _____, State of _____.

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) Ruptured

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 23^d day of Nov, 1909.

(9) B. H. Gaster Witness,

(8) Robert Jackson Applicant.

STATE OF ILLINOIS

} ss

County of..... I,, a (10).....

of the town of....., 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)..... Affiant.

Subscribed and sworn to before me, this.....day of....., A. D. 190...

Witness my hand and official seal.

[L. S.] (12).....

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 Robert Jackson the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Sunday the 23rd day of November, 1907; and that I found him to be of sound mind, and to be capable of earning his living by reason of his physical disability arising from (17) Left Inguinal Hernia and Lumbago

Witness my hand. D. M. C. Kardon Home Hospital Surgeon.

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

In the matter of the relationship of Robert Jackson

, being first duly sworn according to law,
deposes and says that he formerly resided at Carlinville Illinois,
that he is single 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.
[A large diagonal line is drawn across the table, indicating no further information.]		

And further affiant saith not.

Robert Jackson
his
23^d day of Nov

Subscribed and sworn to before me, this _____
A. D. 1909. B. V. Bester A P

ILLINOIS SOLDIERS & SAILORS HOME

QUINCY, ILL.,

July 17 1912

Co. *H* Reg't *49* Register No. *8885* Cot. *8*

is hereby _____ honorably DISCHARGED from this Home by

reason of *Army Request*

J. M. Elder

ADJUTANT

SUPERINTENDENT

Robert Jackson
Anderson
DATE

Sept 9. 1913

Adj. Murphy:
Dear Sir

*Please assign Robert Jackson to the
Army.*

Respectfully,

J. M. Elder

ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill.,

NOV 23

19

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>Robert Jackson</i>	<i>8885-4</i>	<i>49</i>	<i>Sm.</i>	<i>Ill.</i>	<i>2</i>	<i>1047.782</i>	<i>W. Gester</i>

REGISTER NO. 8885

ILLINOIS SOLDIERS AND SAILORS HOME
QUINCY, ILLINOIS.

Robert Jackson
Carlinville, Missouri

Co. 49 Reg't 1st Inf

Co. Reg't

Co. Reg't

CONTENTS.

Admission Paper /

Army Discharge /

Certificate of Service

Pension Certificate 1047.782 Will /

Admitted

NOV 23 1909

190

April 17-1911 Dis on furl

Oct-6-1911 - R. A.

Dis on Feb 12 1912

Re-admitted, mod. mod. 1912

Dis on Jan 14 1913

Re-admitted Sept. 9th 1913

Dis on June 27 1914

No army discharge when last R. A.