

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

EMILY W. LIPPENCOTT, MATRON.

TRUSTEES:

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

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois,

March 13th, 1894.

Daniel A. Simmons (¹) 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) *of the Civil War*, 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 *50* years old, that he is *6* feet and *1/2* inches high; that he is of *Light* complexion, *Blue* eyes, and *Light* hair; that he was born in the town of *Carlinville* in the County of *Macoupin* Ills., on the *25th* day of *May*, 1842; that he has been (²) enrolled in the U. S. A. service; in the war ~~against Mexico~~, and in the war of the late Rebellion; and that he has been (³) 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 of 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>1st Oct 1861</i>	<i>28th May 28, 1862</i>		<i>Co. F, Regt. 12th Ill. Inf.</i>	<i>Disability</i>
2d.	<i>27th of Sept 1864</i>	<i>27th July 1865</i>		<i>Co. B, Regt. 61st Ill. Inf.</i>	<i>Loss of War</i>
3d.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *367041*, a pension of *Four* dollars a month, payable the *4th* day of next *April*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *nothing* 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 *Leather*.

That he has (⁴) *No* wife; that he has *no* children now living; aged, respectively, (⁵) years.

That his postoffice address is *Carlinville*, State of Illinois; that his nearest railway station is *Carlinville*, on the *Land O* 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 *Robert A. Tolack*, of *Wentzick* County of *Macoupin*, State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Wentzick*, *Macoupin*, County of *Macoupin*, State of *Illinois*.

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.

That he is so far disabled by (⁷) *Result of Measles affecting the Spine*

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 *13th* day of *March*, 1894.

(⁸) *W. W. Freeman*, Witness. (⁹) *Daniel A. Simmons*, Applicant.

Simmons' Back - 581
 N High St - Paris, Ill

COUNTY OF Macoupin ss.

I, W. W. Freeman, a(10) Notary Public

of the town of Carlinville, 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) Daniel A. Simons
Affiant.

Subscribed and sworn to before me, this 22nd day of March A. D. 1894. Witness my hand and official seal.

L. S.

W. W. Freeman (12)
Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Daniel A. Simons, 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) W. W. Freeman,

(14) Notary Public

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, Daniel A. Simons, as to his disability, and I now find that he has (15) heart trouble and rheumatism. Heart beating 120 beats per min. and pain in the chest confined up in joints of extremities so he can not work. 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.

Subscribed and sworn to before me, this 22nd day of March, A. D. 1894. And I certify that I am personally acquainted with said affiant, A. G. Leary, 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 community and among his fellow physicians where he lives.

W. W. Freeman
Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Daniel A. Simons the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thursday the 14th day of June, 1894; and that I then found him to be of sound mind, and to be in capable of earning his living by reason of his physical disability arising from (17) Spinal cord congestion

C. B. Montgomery

ORDER ADMITTING APPLICANT.

The application of the said David A. Swinson, 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 14 day of June, 1894.

GEORGE W. FOGG,
Superintendent.

HOW TO FILL APPLICATION BLANKS.

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, *in his own words*, 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 *his* name.
10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."
11. Here Applicant will sign his *full name*, 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, *every* cause or disorder that tends in any degree to render the Applicant *incapable of earning his own living*.
16. Name and official title of Notary or Justice.
17. Here state *minutely* what disorder, ailment, disease, or cause, it is that, in your judgment, *disables the Applicant and renders him incapable of earning his own living*.

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.

GEORGE W. FOGG,
Superintendent.

UNITED STATES OF AMERICA
STATE OF ILLINOIS
Adjutant General's Office,
Springfield, April 24, 1904

It is hereby Certified, That it appears from the Records of this Office, that
Samuel R. Slaughter enlisted on the 7th day of October 1861
at Springfield, Illinois and was mustered into the service of the United States as a
Private in Company F, 13th Regiment, Illinois Vol. Cavalry
for the period of Three years on the 30th day of December 1861
Discharged: May 25, 1862,
Re-enlisted September 27, 1864, Unassigned
1st Regiment, Ill. Col. Infantry.

His residence at date of enlistment is stated as William, Illinois
This Certificate is issued at the request of Art. S. S. & Son

Arthur H. Scott
Adjutant General of Illinois.

Illinois Soldiers' and Sailors' Home.

Quincy, Ill., March 11 - 1915

To the Adjutant:

Daniel A Simons Co. 712 Ill Cav Regt.

died in Hospital at 11⁵⁰ a.m., aged 84 years.

Names and address of Relatives and Friends Jas. A Baker 5217 High St
Paris, Ill.

Reg. No. 2807

Gail J Webber Hospital Steward.

7754

(15)

HONORABLE DISCHARGE.

DANVILLE BRANCH, NATIONAL HOME FOR D. V. S.

April 9th 1920

Daniel A. Simons Late B Co., 61st Regt. Ills Infly

Admitted to the Home April 26, 1906, is hereby
discharged on his own request.

W. E. Pines

Governor.

ACT OF MAY 11, 1912.
AMENDED BY ACT, MARCH 4, 1913.

Reissue from
General Law.

N^o 367,041



BUREAU OF PENSIONS

It is hereby certified That, in conformity with the laws of the

United States Daniel A. Simons *ret. R.*

who was a Private, Co. F, 12th Regiment Illinois Cavalry

is entitled to a pension at the rate of

Twenty dollars per month from April 7, 1915

and Twenty-four dollars per month from May 25, 1918

dollars per month from

Given at the Department of the Interior this

twenty-second day of September

one thousand nine hundred and fifteen

and of the Independence of the United States

of America the one hundred and fortieth

Mustin A. Lee

Secretary of the Interior.

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W. J. ...

Commissioner of Pensions.
W. J.

ments, covering any portion of the same, to be deducted.

STATE OF ILLINOIS }
ADAMS COUNTY } ss.

IN THE MATTER OF THE INQUISITION on the body of Daniel A. Simmons
deceased, held at Illinois Soldiers & Sailors Home
in the County of Adams and State of Illinois, on the 11th day of March A. D. 1928

We, the undersigned Jurors, sworn to inquire of the death of Daniel A. Simmons
on oath do find that he came to his death by

accidentally choking while eating his dinner in
Cottage # 21 of the Illinois Soldiers & Sailors Home,
Riverside Township, Adams County, Illinois.

Contributory Cause Senility and General
Arterio Sclerosis.

R. C. Emery FOREMAN
B. D. Coyle
Wm. Boggs
G. W. Thompson
John W. Lammie
J. E. McDonald

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of Walter C. Linnane

Reg. No. 2807

Co. F

Regt. 12

State

BAKER-VANIER CO. - MANUFACTURERS CHICAGO-HOLYOKE

MONTH	DATE		Cot No.	PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
	DAY	YEAR					
<u>Mar</u>	<u>11</u>	<u>1925</u>					

COTTAGE INVENTORY

Received the above described personal effects of _____

Sergeant, Cottage No. _____

Registry No. _____

Hospital Steward _____

HOSPITAL RECORD

HOSPITAL INVENTORY

Levick case & contents
Candle
1 Pt. Crumb
Blood water & charcoal (bank)

X James A Baker

I hereby certify that the above is a true and correct inventory of the personal effects of David A. Sumner Deceased.

James A Baker Hospital Steward

Approved: _____ Adjutant