

REGISTER NO. 10761

ILLINOIS SOLDIERS' AND SAILORS' HOME
QUINCY, ILLINOIS

Richard Vayles
Margaret Vayles his wife
864
Box Co. "D" 122nd Reg't Ill Inf
Co. _____ Reg't _____
Co. _____ Reg't _____

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Admitted November 5th 1915

This OR Mar 12 1917

Register No. _____

APPLICATION FOR ADMISSION
TO THE
ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION APPROVED BY

Superintendent.

Admission Granted _____ 191_____

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

..... November 5th 1915.....
 Richard Doyle, (0) of the town of Gillespie, in the County of Macoupin, and State of Illinois, formerly a Soldier of the United States of America, in the war..... against (1)....., 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 74 years old; that he is 5 feet and 6 inches high; that he is of Tan complexion, Blue eyes, and Gray hair; that he was born in the town of Olive, in the State of Illinois, on the 16th day of September, 1840; that he has been (2) once enrolled in the U. S. A. service;..... in the war against....., and..... 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.	Carlinville Ill. Aug 14. 1862.	Granton Tenn Dec 13. 1862	Co. 1st	1st Reg Ill Inf	Disability
2nd.				Co. Regt.	
3rd.		(af)		Co. Regt.	

That he now receives, on pension certificate number 575,777, a pension of \$18 dollars a month, payable the 1st day of next Jan., at the Washington 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) a wife; that he has 6 children now living; ages, respectfully, (5) 17, 14, 11, 8, 6, 4 years. That his postoffice address is Gillespie, State of Illinois; that his nearest railway station is Gillespie, on the Big Four 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 Margaret Doyle, of Gillespie, County of Macoupin, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to his wife Margaret Doyle, at Gillespie, 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) None.

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

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 5th day of November 1915.
 (9) Robert E. Farn, Witness.
 (8) Richard Doyle, Applicant.

STATE OF ILLINOIS

County of

ss

....., a (10).....

to the town of, in and for said County, do hereby certify that the above named applicant, to me personally and well known to be 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. 191 ...

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 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.....191.... 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..... the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on..... the..... day of....., 191.....; 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)

Incapable of earning his living by reason of his physical disability arising from (17) Insanity

Witness my hand.....

..... Home Hospital Surgeon.

ORDER ADMITTING APPLICANT

The application of the said....., together with the said several certificates, signatures, and jurates, 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 now duly admitted as a member thereof, this.....day of....., 191....

Superintendent.

HOW TO FILL APPLICATION BLANKS

- | | |
|---|--|
| <ol style="list-style-type: none">6. Give full name of the Applicant.1. Either "Mexico, the late Rebellion, or Spain.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, <i>in his own words</i>, 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 <i>his</i> name.10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."11. Here Applicant will sign his <i>full name</i>, or make his mark. | <ol style="list-style-type: none">12. Signature and title of Justice or Notary.13. To be made and signed by any Judge or 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. R. Post.14. Here write official title.15. The physician here will state <i>tersely</i>, but fully, as far as he can learn, <i>every</i> cause or disorder that tends in any degree to render the Applicant <i>incapable of earning his own living</i>.16. Name and official title of Notary or Justice.17. Here state <i>minutely</i> what disorder, ailment, disease, or cause, it is that, in your judgment, <i>disables the Applicant and renders him incapable of earning his own living</i>. |
|---|--|

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 that 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 the 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 found 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 citizen's 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, the late Rebellion, or the Spanish war.*
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, or served in an Illinois organization.*
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 means of some other present disability.*
5. *That you shall 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-defense.*
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.*

Superintendent.

**Joint Application for
ADMISSION**

to the
**Illinois
Soldiers' and Sailors'
Home**

of _____
and wife.

Application approved by _____

Supl.

Admission granted _____

19__

ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION.

May 9 1916

Richard Woyles of the town of Gillespie
in the County of Macoupin and State of Illinois
an honorably discharged
of the U. S. in the war against Rebellion
and his wife Margaret Woyles respectfully ask to be admitted
as members of said Home.

To enable the authorities to pass on their eligibility, the said Richard Woyles
declares the following statements to be true and correct: that his personal description is as follows: age 72 yrs.;
height 5 ft. 6 inches.; complexion Fair; eyes Blue;
hair Gray.
That he was born in Illinois County of Macoupin
State of Illinois, on the 16 day of Sept, 1843;
that he has been once enrolled; and once honorably discharged
from the U. S. service as follows, to-wit:

S	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
1st.	<u>Carlinville Ill</u> <u>Aug 12 1862</u>	<u>Franklin Tenn</u> <u>Dec 23 1862</u>	<u>Pvt</u>	<u>Co. 122 Regt. Ill</u>	<u>Wounded</u>
2nd.				<u>Co. Regt.</u>	
3rd.				<u>Co. Regt.</u>	

said Richard Woyles further avers that he and his said wife
Margaret (who is now of the age of fifty years or older),
were lawfully married prior to the first day of January, A. D. 1890; and that he has ever since been living with her
and supported her as his lawful wife.
That he is now a bona fide resident of the State of Illinois and has continuously lived in the said state for the
last two consecutive years; or, that he has served in an Illinois organization.

That he now receives, on pension certificate number 578224, a pension of 18 dollars a month,
payable the 4 day of next July, at the Washington Pension Office.

That he owns property, real or 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 1 wife; that he has 6 children now living; ages, respectively, From 27 to 47
years. That his postoffice address is Gillespie, State of Illinois; that his nearest railway sta-
tion is Gillespie, on the Bay 4 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

Margaret Woyles, of Gillespie, County of Macoupin, State
of Ill; that, in case of his death, he desires all his personal effects to be sent to Margaret
Woyles, at Gillespie County of Macoupin, State of Ill

That he has not heretofore been a member of any Soldiers', Sailors' Home or Institution, excepting the

That he is so far disabled by (1) Old age

as to be now 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.

That if he and his said wife shall be admitted to be members of the said
Home, he does hereby obligate himself that should his said wife so request, he will deposit with the Superintendent
so much of his said pension money as the Superintendent may deem necessary for the purpose of clothing said wife.
And he and his said wife do hereby jointly promise that they will in all things and in every respect, comply with and
conform to the rules and regulations now in force, or that shall hereafter be made for the government and discipline
of the Home, and they further obligate themselves and promise that they will cheerfully obey all orders they may
receive from any officer of the Home, so long as they shall remain members thereof.

In testimony whereof they have hereunto set their hands this 9 day
of May, 1916.

Richard Woyles
Margaret Woyles
Applicants.

Witness.

*See Sec. 3b. of act approved May 13, 1903, under caption of "Soldiers' and Sailors' Home," Chapter 23 Hurd's Revised Statutes of Illinois.

Certificate of Identification

I do hereby certify, upon honor, that I have personally known _____ and _____, the above applicants, for at least two years last past, and that to the best of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that as to the time of their residence in Illinois, or his service in an Illinois organization. And I further state that they have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at large and that they can safely be quartered with feeble and helpless men and women.

WITNESS my hand (8) _____

(9) _____

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 (10) _____

to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and woman who are old and feeble.

M. D.

Subscribed and sworn to before me, this _____ day of _____ A. D., 19____, 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.

(11) _____

Certificate of a Soldiers' Home Surgeon

I hereby certify upon honor that I have carefully and critically examined Richard Voyles ⁸ Phen ⁸ the above named applicant as to his mental and physical condition, at the hospital of this Margaret Voyles Institution, on the 7 day of May, 1916; and that I found him to be of _____ sound mind, and to be uncapable of earning his living by reason of physical disability arising from (12) Old age

Witness my hand R.H. Jacobs
Home Hospital Surgeon

Order Admitting Applicant

The application of the said _____ and _____ 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 applicants have shown themselves to be lawfully entitled to admission to the Home, it is hereby ordered that he is now duly admitted as a member thereof, this _____ day of _____, 19____

Superintendent

How to Fill Out Application Blank

1. Name of Applicant.
2. Soldier or Sailor.
3. Army or Navy.
4. Here insert either Mexico, the late Rebellion, or Spain.
5. Full name of wife.
6. Here state the number of times enrolled.
7. Here state number of times discharged.
8. In this state concisely the exact dates and places of enlistment and discharge, Rank, Company, Regiment and Cause of Discharge.

The purpose of all other blank spaces in this application is so self-evident as to require no special explanation.

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 that you are ignorant* of what is here and here-in 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 House 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 statements are found to be true*, and the Surgeon found 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 more than two days' duration, *you will be required to wear your citizen's clothing*. *You will not be allowed to wear Home or State clothing, when so absent*.
9. Clothing for female members must be furnished by themselves or their husbands, and the Superintendent will hold back all pension money belonging to the husband until the wife is properly clothed, and can use pensioner's money for the purpose of clothing the wife, when pensioner neglects or refuses to do so himself.
10. No transportation can be sent to applicants residing outside the State of Illinois.

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, the late Rebellion, or the Spanish war.
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 or served in an Illinois organization.
4. That you shall have been rendered *incapable of earning your own living*, through the exigencies of your military service, by reason of old age, or by means of some other *present disability*.
5. That you shall 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 or women who are feeble and incapable of self-defense.
7. That in case you have ever been a member of any other Home, you must present a proper discharge from such Home before you can be admitted.
8. *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.

Superintendent.