

12  
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REGISTER NO. 9224

ILLINOIS SOLDIERS AND SAILORS HOME  
X QUINCY, ILLINOIS.

John Weed  
Girard Macoupin Co. Ill.

Pr. Co. F. 133 Reg't Ill Inf.

Co. Reg't

Co. Reg't

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Certificate of Service

Pension Certificate 1,148 227 Will 1

Admitted Sept. 27 1910

Died 11:40 AM. July 28-33

Transf. sent 9-24-10

3345  
 John Reed  
 was buried in Oin 6  
 Row 16 1/3 Letter K  
 July 31 - 1933  
 Age 87  
 Ed Dillon

## ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., Sept 27 1960

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
John Reed	9224	F	133 Inf	Ill	4	1148227	

JUL 31 1933

Per. of A. T. Curry Capt. The  
 Discharge Papers of John Reed  
 Pension Certificate  
 T. L. Ward

NAME	Weed John		REG. No.	44
DATE OF BIRTH	May 10, 1846	PLACE	Altam, Ill.	
SOCIAL CONDITION		COLOR	W	RELIGION
ADMITTED	Sept 27, 1910		OCCUPATION Cooper	
ADMITTED FROM		TOWN	Girard	COUNTY Macoupin
HUSBAND'S NAME				
RANK	Private	Co.	F 133	REG. Ill. Inf WAR Civil
RELATIVES ADDRESS	George B. Weed, Girard, Ill.			
ASSIGNED TO COTTAGE				
TRANSFERRED TO	15	DATE	Sept 27, 1910	
"	"	"	"	
PENSION \$	75.	CERT. No.	1,148,227	
(67688-1M-4-22)			1929-83	

### Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. July 29 1933

To the Adjutant:

THIS IS TO CERTIFY, That

late of Co.

died in

John Weed

Reg. No. F 133 Ill.

Reg't

Cause of death

Chronic myocarditis  
Septicemia

Martin A. Kachman M.D.  
Surgeon

(81495-500-1-28)

(19083-1m-6-29)

### Illinois Soldiers' and Sailors' Home

Quincy, Ill., July 28. 1933

To the Adjutant:

died in Hospital at 11:40 AM., aged 87 years.

Names and address of Relatives and Friends

Reg. No. 9224

John Weed Co. F 133 Ill. Inf Regt.

Byron Armstrong (nephew)  
Jacksonville, Ill.

Gail J. Webb Hospital Steward.

Name Ward John Cot. \_\_\_\_\_ Home No. 9224  
Rank \_\_\_\_\_ Co. \_\_\_\_\_ Reg't \_\_\_\_\_ War Civil  
Length of Service, Months \_\_\_\_\_ Nativity Illinois  
Age at Date of Original Admission \_\_\_\_\_ Yrs. \_\_\_\_\_  
Enlisted in \_\_\_\_\_ Admitted from Macoupin  
Pension \$ \_\_\_\_\_ Cert. No. \_\_\_\_\_ Occupation \_\_\_\_\_  
Social Condition \_\_\_\_\_ Read and Write 81

MAJOR CHARGE

MINOR CHARGES

Penal Offense _____	A. W. O. L. _____
Bringing Liq. _____	Drunkenness _____
Drunk on Duty _____	Disord'y Cond. <u>Guard</u>
A. W. O. L. Und. Sen. _____	Lying or False Ac. _____
Insubordination _____	Violation of Rules _____
Other Misconduct _____	Jumping Fence _____



*Pat # 133 Dec 2nd  
May 17-64 Sept 24-64*

Date

Date

READMITTED

Date and Cause

Date and Cause

DISCHARGED

Date of Return

Address

Expires

Date

FURLONGHS

# HEADQUARTERS

## Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

John Reed, (0) of the town of Girard, in the County of Macoupin and State of Illinois, formerly a Soldier of the United States of America, in the war against (1) late 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 64 years old; that he is 5 feet and 5 inches high; that he is of Dark complexion, gray eyes, and Brown hair; that he was born in the town of Alton in the County of Madison, Ill. on the 10th day of May, 1846; that he has been (2)..... enrolled in the U. S. A. service;..... in the war against....., 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.	<u>May 12 1864</u> <u>Jak Girard Ill</u>	<u>Sept 24 1864</u> <u>at Springfield, Ill</u>	<u>Private</u>	<u>Co. F Regt. 133rd</u>	<u>Time expired</u>
2nd.				<u>Co. Regt.</u>	
3rd.				<u>Co. Regt.</u>	

That he now receives, on pension certificate number 1148227, a pension of Seven dollars a month, payable the 4th day of next Oct, at the Chicago Pension Office.

That he owns property, real and personal, of the value of no 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 Cooper

That he has (4) no wife; that he has no children now living; ages, respectfully, (5)..... years. That his postoffice address is Girard, State of Illinois; that his nearest railway station is Girard, on the Ch & N 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 George B. Reed, of Girard, County of Macoupin State of Ill.; that, in case of his death, he desires all his personal effects to be sent to Geo. B. Reed, at Girard 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, or has served in an Illinois organization.

That he is so far disabled by (7) mostly stomach trouble, & dizziness  
labor, get sick and faint

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 23rd day of September, 1910

(9) G. B. Reed Witness. (8) John Reed Applicant.

STATE OF ILLINOIS

County of Macoupin } SS

I, Frank Wood, a (10) Notary Public

of the town of Grand, 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) John Weed Affiant.

Subscribed and sworn to before me, this 23rd day of September, A. D. 1910

Witness my hand and official seal.

[L. S.]

Frank Wood (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known John Weed 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) Joseph Crawford

(14) Com Luke Mayfield  
576 Grand Ill

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named applicant John Weed

as to his disability, and I now find that he has (15) Cardialgia and has suffered for years from such trouble 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.

R. S. Cowan, M. D.

Subscribed and sworn to before me, this 23rd day of Sept, 1910 And I certify that I am personally acquainted with said affiant R. S. Cowan, 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.

Frank Wood (16) Notary Public

CERTIFICATE OF A SOLDIERS' HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined John Weed the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Tues the 27 day of Sept, 1910; and that I found him to be of a sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17)

Chronic Gastritis

Witness my hand R. P. Peltz 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....., 19....

Superintendent.

HOW TO FILL APPLICATION BLANKS.

- 0. 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, 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 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 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 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 Public 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.



Register No. 9224

*John Wood*  
APPLICATION FOR ADMISSION

TO THE

ILLINOIS SOLDIERS' AND SAILORS' HOME

RECEIVED

SEP 1910

Entered  
in

APPLICATION APPROVED BY

\_\_\_\_\_  
Superintendent.

Admission Granted \_\_\_\_\_, 19\_\_\_\_

**John Weed**

**Born, May, 10th. 1846 at Alton, Ill.**

**Admitted to the Home Sept. 27th. 1910.**

**Died in Hosp. July, 26th. 1933.**

STATE OF ILLINOIS  
DEPARTMENT OF PUBLIC WELFARE  
GENERAL OFFICE, SPRINGFIELD

ADDRESS ALL COMMUNICATIONS TO THE MANAGING OFFICER

THE ILLINOIS SOLDIERS' AND  
SAILORS' HOME

H. H. FLETCHER, M. D., MANAGING OFFICER  
QUINCY

RODNEY H. BRANDON, DIRECTOR  
MRS. MARY L. SILVIS, ASSISTANT DIRECTOR  
A. L. BOWEN, SUPERINTENDENT OF CHARITIES  
FRANK D. WHIPP, SUPERINTENDENT OF PRISONS  
E. F. THROGMORTON, FISCAL SUPERVISOR  
PAUL L. SCHROEDER, M. D., CRIMINOLOGIST  
SIDNEY D. WILGUS, M. D., ALIENIST  
W. C. JONES, SUPERVISOR OF PAROLES

Adjutant General of the Army,  
Washington, D. C.

RE: Payment of Federal Aid to States.

Dear Sir:

It is respectfully requested you furnish a  
statement of the last Service of ✓ John Weed, 9224  
a member of this Home, who claims Service as a ✓ Private  
Co. ✓ F Regt. ✓ 133 Illinois Infantry  
From ✓ May 12, 1864 to ✓ September 24, 1864 and  
date of termination of Service and a character of his last  
discharge.

Jack Bessling  
Adjutant.

APR 23 1931  
OLD RECORDS DIVN

RECORDED A. G. O. APR 11 1931



DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *John Wood* Reg. No. *9224* Co. Regt. State

Date			Cot. No.	Person to Be Notified in Case of Death	P. O. ADDRESS	RELATIONSHIP	REMARKS
Month	Day	Year					
<i>July</i>	<i>28</i>	<i>1933</i>					
COTTAGE INVENTORY							
Received the above described personal effects of _____							
Sergeant, Cottage No. _____							
Registry No. _____							
Hospital Steward _____							
HOSPITAL RECORD							
HOSPITAL INVENTORY							
<i>2 Suit Cases &amp; Contents</i>							
<i>Donated to Ill. S. &amp; S. Home 7/31/33</i>							
<i>Byron Armstrong</i> ✓							
I hereby certify that the above is a true and correct inventory of the personal effects of _____							
<i>John Wood</i> Deceased.							
<i>A. W. Weber</i> Hospital Steward							
Approved: _____							
Adjutant.							