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REGISTER NO. 9692

ILLINOIS SOLDIERS AND SAILORS HOME

X QUINCY, ILLINOIS.

W. M. F. Fries
Shipman Macoupin
Co. F. 27 *Reg't Ill Vol. Inf.*

Co. _____ Reg't _____
Co. _____ Reg't _____

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Admission Paper /
Army Discharge /
Certificate of Service
Pension Certificate / - 323781 / ~~WHH~~
Admitted *Nov - 19* 19*11*

Died in St. Louis July 27 1917

To the Adjutant:

Quincy, Ill., 1127 1917

Henry W. F. Quinn Regt. Co. 27000 Inf

died in Hospital at 630 A.M., aged 89 years.

Names and address of Relatives and Friends
Claim Wm Quinn, Granite City

Reg. No. 9692

Wm. Conway Hospital Steward.

TO THE ADJUTANT:

Quincy, Ill., July, 27, 1917

Hospital Illinois Soldiers and Sailors Home.

This is to Certify, That Henry W. Quinn, Reg. No. 9692

late of Co. H

died in Hospital Aug. 10, Cause of Death Impassable Obstruction of Intestines

W. E. Quinn Surgeon.

#24825 Pay on amended muster allowed by Ofc 99369, Sept. 21, 1888.

Claim disallowed
Settlement 183172
Nov 15, 1892.
S. J. N. Johnson
S. J. N. Auditor

Acting Second Comptroller



Know ye, That Henry M. S. Weiss a
Lieutenant of Captain John Glenn's

Company, (F.) 27th Regiment of Illinois Infantry
VOLUNTEERS who was enrolled on the 10th day of August
one thousand eight hundred and Sixty one to serve three years or
during the war, is hereby Discharged from the service of the United States,
this 20th day of September, 1864, at Springfield
Illinois by reason of expiration of term of service
(No objection to his being re-enlisted is known to exist.)

Said Henry M. S. Weiss was born in Donnegal
in the State of Ireland, is thirty five years of age.
Five feet 11 inches high, Light complexion, Grey eyes,
St Brown hair, and by occupation, when enrolled, a Clerk

Given at Springfield this Twentieth day of
September 1864.

S. S. Sumner
Lieut. 3rd U. S. Cavalry
Commanding the Regt.
Mustering Officer

* This sentence will be erased should there be anything in the conduct or physical condition of the soldier rendering him unfit for the Army

[a. G. O. No. 99]

W. M. S. Sumner
Capt. Company 27th
Ill. Inf.

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

190...

.....
N. M. F. Weiss....., (0) of the town of *Shipman*....., in the
 County of *Macoupin*....., and State of *Illinois*....., formerly a Soldier of the United States
 of America, in the war..... against (1) *The 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 de-
 clares and states the facts to be that he is now *83* years old; that he is *5* feet and *10* inches high; that he is
 of *Light* complexion, *Grey* eyes, and *Gray w/ coarse* hair; that he was born in the town of
County of..... in the *Domegal* of *Ireland*....., on the..... day
 of *April*....., 18*28*; 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.	<i>Springfield, Ill</i>	<i>Springfield, Ill</i>	<i>Private</i>	<i>Co. F Regt. 27th Ill.</i>	<i>Expiration of</i>
2nd.	<i>9th August 1861</i>	<i>20th September 1864</i>	<i>Private</i>	<i>Co. F Regt. 27th Ill.</i>	<i>Term of service</i>
3rd.		<i>(37 mos)</i>		<i>Co. Regt.</i>	

That he now receives, on pension certificate number *323781*, a pension of *Twenty* dollars a month,
 payable the *fourth* day of next *October*, at the *U. S.* 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 *Shoemaker, &c*

That he has (4) *a* wife; that he has *Five* children now living; ages, respectfully, (5) *33-44-46-49-56*
 years. That his postoffice address is *Shipman*....., State of Illinois; that his nearest railway station
 is *Shipman*....., on the *C 2nd 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
, of....., County of....., State
 of.....; that, in case of his death, he desires all his personal effects to be sent to.....
, 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) *various ailments, weaknesses of body*
and limbs, due to advanced age &c. Chronic Constipation,
on, Piles, and supposed cancer of nose, Eczema on limbs,
 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 *18th* day of *October* 190*11*
 (9) *August Adams*..... Witness..... (8) *Henry M. F. Weiss*..... Applicant.

STATE OF ILLINOIS

County of Macoupin } SS L. Newcomb, a (10) Justice of the Peace
of the town of Shipman

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) Henry M. F. Weiss Affiant.

Subscribed and sworn to before me, this 18 day of October, A. D. 1911.

Witness my hand and official seal.

[L. S.] L. Newcomb Justice of the Peace

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) L. Newcomb
(14) Justice of the Peace

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named applicant H. M. F. Weiss, as to his disability, and I now find that he has (15) cancer of nose and Munch General Debility, Feebleness, 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 18th day of October, 1911. And I

certify that I am personally acquainted with said affiant Joseph L. Kerrell, 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.

Joseph L. Kerrell, M. D.
L. Newcomb, Justice of the Peace

CERTIFICATE OF A SOLDIERS' HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Henry M. F. Weiss the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Sunday the 19th day of November, 1911; and that I found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Carcinoma of nose and General Debility

Assign Hospital Witness my hand D. Mc Landon
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....., 190....

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 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.

Shipman, Wt.

Jan 12, 1935

Superintendent
Soldiers & Sailors Home
Greenway, Del.

My dear Sir:

I will you please furnish
me data of death of
Henry M. J. Weiss, a
Cancer Patient there
Death occurred in
year 1913 or 1914 I
believe.

Enclosed find address
and stamped envelope
"Thanks" Respectfully,
E. B. Stearns.

In the matter of the relationship of H. M. G. Weiss

says that he formerly resided at _____,
that he is _____ married, that his wife, Eliza Weiss
resides at Grove City Ill., and that the names, relationship and
residences of all, relations of affiant who would be his heirs in the event of his death at this time, are as
follows, to-wit:

NAMES.	RELATIONSHIP.	RESIDENCE.
<u>Eliza Weiss</u>	<u>Wife</u>	<u>Grove City Ill.</u>
<u>Mrs. Rev. Randall</u>	<u>daughter</u>	" " "

H. M. G. Weiss

Subscribed this 19 day of Nov.

A. D. 1911

January 14, 1935.

Mr. G.B.Weiss,
Shipman, Illinois.

Dear Sir:

In reply to your letter of January 12, regarding the date of death of Henry M.F. Weiss, you are advised that the records of this institution show that he died in the Hospital here, July 27, 1917.

Yours very truly,

Kenneth A.Elmore.
Managing Officer.

AWM:LW

DUPLICATE

ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *A. M. F. Wilson*

Reg. No. *9692* Co. *7* Regt. *27. 108. Inf.* State

BAKER-PARTER CO. MANUFACTURERS CHICAGO-ILLINOIS

DATE		
MONTH	DAY	YEAR

Cot No.

PERSON TO BE NOTIFIED IN CASE OF DEATH

P. O. ADDRESS

RELATIONSHIP

REMARKS

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COTTAGE INVENTORY

Received the above described personal effects of _____

Sergeant, Cottage No. _____

Registry No. _____

Hospital Steward _____

HOSPITAL RECORD

HOSPITAL INVENTORY

1 Knife
1 silver watch
1 purse
collar buttons
suff
8802 deposited in bank
Mailed to daughter of Shipman Oct 8, 6, 17

I hereby certify that the above is a true and correct inventory of the personal effects of Mr. J. M. ... Deceased

M. Conway Hospital Steward

Approved:

[Signature]

Supt. Assistant