

34-
Register No. 2606

ILLINOIS SOLDIERS' AND SAILORS' HOME
QUINCY, ILLINOIS

Robert J. Young
Brighton, Macoupin Co.
L CO 1st REG'T Colo Cav.
L CO 1st REG'T Colo Vet Cav.
CO REG'T

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Admitted Aug. 3, 1893, 194

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In the matter of the relationship of Robert J. Young

says that he formerly resided at _____,
that he is _____ married, that his wife, _____
resides at _____, 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.
Mrs John Lock	Niece	Alton Ill.
Helen L. Young	"	310 State St.
		Wokomis Ill.

Robert J. Young
Subscribed this _____ day of November 1911

APPLICATION FOR ADMISSION TO THE ILLINOIS SOLDIERS AND SAILORS HOME, AT QUINCY.

TRUSTEES.

WILLIAM STEINWEDELL, Pres., Quincy, Ill.
LEWIS B. PARSONS, Flora, Ill.
JAMES A. SEXTON, Chicago, Ill.

OFFICERS.

GEORGE W. FOGG, Superintendent.
JAMES S. MORGAN, Treasurer.

Before filling in the blanks read carefully the explanations and directions on the margin, and extracts from the rules on third page.

Army Discharge, or Certificates of Service, or Pension Certificate, must be sent with this application and all the directions carefully complied with, or the application will be returned, and much delay result.

DIRECTIONS. Fill all the blank spaces carefully.

STATE OF Illinois } ss.
COUNTY OF Macoupin

On this the 14th day of July A. D. 18 93, before me Justice of the Peace within and for the County and State aforesaid, personally appeared Robert J. Young aged 4 years, height 5 feet 7 1/2 inches, complexion Fair, eyes grey, hair fair, a resident of Brighton County of Macoupin State of Ill, who being duly sworn, deposes and says, that he was born in France and has been enlisted in the service of the United States twice during the war; and was honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

No. of Enlistments.	When Enlisted, With Rank.	When Enlisted—Town and State.	Company and Regiment Mustered in	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	Sept 9 th 1861 Private	Central City Colorado	Co G Regt 1 st Col, Cav	April 1 st 1864 Private	Go Enlist again.
2d.	April 1 st 1864 Private	Camp Elmwood Col	Co E Regt 1 st Col, Cav	Nov 1865 First Louisiana Private	End of War
3d.	18	(50 Mo)	Co Regt.	18	

Here the applicant should state, in his own way, what his disability is.

That he is disabled as follows: by Gun shot wound of the right arm, and various veins of legs and deterioration

If no pension is received, so state.

and has been receiving ten Dollars per month, pension, on Certificate No. 69452 payable at Washington D C Agency, from June 1st 1889

The applicant further states that he has no property nor means of support, and being unable on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The applicant must sign this, and swear to the statement.

The said applicant further swears that he has not been engaged in, or aided, or abetted, the late Rebellion in the United States; and further that he has been a bona fide resident of the State of Illinois for the last two years. And said applicant further stipulates and agrees that he will abide by and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him and obey all lawful orders of the Officers of the Home.

WITNESS:

Have two witnesses sign and fill all the blanks carefully

C. Harold
Hally Glenn

Robt J Young
Nearest R. R. Station, *Binghlem* On what R. R. *at*
Post-office Address *Binghlem* Ill.

To be sworn to before an officer having a seal, or a J. P.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to *Robt J Young* before he executed it

Fill all these blanks carefully.

Read? *Yes* Write? *Yes*
Occupation *Laborer*
Married or Single *Widower*
[If a widower, so state,]
Children under 16 years *one*

[Name of Magistrate.] *W. H. Stall*
NAME AND ADDRESS OF NEAREST RELATIVE.
(Name) *Wm Young* Relation *Brother*
(Address) *Godfrey, Madison Co Ill*

CERTIFICATE OF IDENTIFICATION.

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, a Mayor or City Clerk, or by a County officer, or by a Justice of the Peace, and attested by seal.)

This is very important. Have it signed as directed.

I HEREBY CERTIFY that I have known the above named *Robt J Young* for the last two years past, and that I believe the declaration signed by him to be true, and I further state that he is not mentally afflicted so as to require a special attendant, and can safely be quartered in a sleeping room with others.
C. Harold G. L. Laid Com
(Give Official Title) *Post 210 G A R*

LOCAL PHYSICIAN'S CERTIFICATE.

This is to be filled out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.

I certify that I have carefully examined *Robt J Young* of Company *E* Regiment *First Voted* Volunteers, and that he is disabled as follows.
Character of Disability *Gunshot wound of right arm*
Complications *varicose veins of left leg & Rheumatism*
Present Condition of Applicant *Unable to do more than path for able body*
I further certify that said Applicant is sane, and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

If signed by U. S. Examining Surgeon this need not be sworn to.

Subscribed and sworn to before me, this *13* day of *July* A. D. 189 *3*, and I hereby certify that the said *John Ash* is known to me as a Surgeon in actual practice and reputable in his profession. *W. H. Stall*

ORDER FOR ADMISSION.

The above application is hereby approved, and *Aug 3* 189 *3*
Robert J. Young
E-1 Co. *1st* Reg't *Vet. Colo. Cav.* Vols., will be admitted to the Illinois Soldiers and Sailors Home at Quincy.

George W. Foggy
Superintendent Illinois Soldiers and Sailors Home.

(DO NOT FILL OUT THIS BLANK)

Register No. 2602

APPLICATION FOR ADMISSION

FOR THE

ILLINOIS SOLDIERS AND SAILORS HOME

OF

Robert J. Young
Co. 1st Reg't 20th Vols.
E. Co. 1st Reg't 10th Ill. Vols.

Co. 1st Reg't 20th Vols.

Admitted 189

APPROVED BY

George M. Hoop
Superintendent.

No. 189

Received 189

Notice of approval sent July 17 1893

— HEADQUARTERS —

Illinois Soldiers and Sailors Home, QUINCY, ILLINOIS.

April 26th 1900

Robert J Young, (son) of the Town of Godfrey, in the County of Madison, and State of Illinois, formerly a Soldier of the United States of America, in the war against (1) 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 63 years old; that he is 5 feet and 7² inches high; that he is of dark complexion, blue eyes, and dark hair; that he was born in the town of Drummer in the Ireland of on the 13 day of December 1837; that he has been (2) twice enrolled in the U. S. A. service: in the war against Rebellion, and in the war of the late Rebellion; and that he has been (3) twice 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.	Cambria City Col. Camp Julmon	Sept 2 nd 1864	Priv	Co. L Regt. 1 Col. Can Div, to Mexico	
2d.	Camp Julmon Col. 2 nd Leavenworth	Nov 24 th 1865	Priv	Co. E Regt. 1 " "	Ret
3d.				Co. Regt.	

That he now receives, on pension certificate number 69452, a pension of 10 dollars a month, payable the 4th day of next July, at the Chicago 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 Miner.

That he has (4) no wife; that he has 4 children now living; ages, respectively, (5) 23, 26, 27, 30 years. That his postoffice address is Godfrey, State of Illinois, that his nearest railway station is _____, on the _____ Railway, in _____ 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 Mrs Robert Miller, of Upper Allen, County of Madison, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to Mrs Robert Miller, at Upper Allen, County of Madison, State of Ill.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) Leavenworth M. H.

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) Gun Shot Wound Rheumatism Neuritic Traces

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 26th day of April 1900

(2) B. Harrison Witness. (3) Robert J. Young Applicant.

STATE OF ILLINOIS,

COUNTY OF Adams } ss.

I, J. H. Kenson, a (10) M. D.

of the town of St. A. Quin, 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.

Subscribed and sworn to before me, this 26th day of April, A. D. 1900. Witness my hand and official seal.

L. S.

(12)

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Robert J. Young 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)

David H. Mueber

(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 I personally acquainted with said affiant, 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.

(16)

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Robert J. Young the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thursday the 26th day of April, 1900; 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) Rheumatism and Gunshot wound of Right arm

Witness my hand.

J. Golden

Home Hospital Surgeon.

Sent to Wash. D.C.

Also - Sandbach

ORDER ADMITTING APPLICANT.

The application of the said Robt J Young, 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 now duly admitted as a member thereof, this 26 day of April 1900.

Superintendent.

HOW TO FILL APPLICATION BLANKS.

1. Give full name of the Applicant.
2. Either "Mexico, the late Rebellion, or Spain."
3. Here say once, twice, or three times.
4. Here say once, twice, or three times.
5. Here say a wife, or no wife.
6. Here give their ages, from youngest to oldest.
7. Here give the name of any Home or other Institution of which he has been a member.
8. Here state, *in his own words*, what it is that ails or disables him.
9. Here Applicant will sign his full name, or make his mark.
10. Here the witness will sign *his* name.
11. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."
12. Here Applicant will sign his *full name*, or make his mark.
13. Signature and title of the Justice or Notary.
14. 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. R. Post.
15. Here write official title.
16. 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*.
17. Name and official title of Notary or Justice.
18. 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 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-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.*

Superintendent.

Register No. 52003

Robert D. Young

APPLICATION FOR ADMISSION

— TO THE —

Illinois Soldiers and Sailors Home

Application Approved by

Wm. S. McNeill

Superintendent.

Admission Granted

Feb 13th 1900