

Register No. ....

*David B. Welser*

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers and Sailors Home

Application Approved by

.....  
Superintendent.

Admission Granted ..... 1

— HEADQUARTERS —

# Illinois Soldiers and Sailors Home, QUINCY, ILLINOIS.

David B. Wacaser, (1) of the Town of Mt. Pleasant, in the County of Lagan, 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 declares and states the facts to be that he is now 5-8 years old; that he is Five feet and Eight inches high; that he is of Light complexion, Grey eyes, and Brown hair; that he was born in the town of Spring Place in the State of Georgia, on the Third day of May, 1842; that he has been (2) Three Times 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) 3 Times honorably discharged from the service of the United States. That the following is a true statement of the time, place, 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.	<u>at Springfield Ill April 22 1861</u>	<u>mustered out by Republic of 3 months at Camp 24 1861</u>	<u>Private</u>	<u>Co. G Regt. 8 Ill Inf</u>	<u>expiration of 3 months service by Reason of Reenlistment</u>
2d.	<u>at Camp Butler Ills February 1862</u>	<u>at Clear Creek Mississippi Feb'y 14 1864</u>	<u>Private</u>	<u>Co. G Regt. 5 Ill Cav</u>	<u>by Reason of Reenlistment</u>
3d.	<u>at Clear Creek Mississippi Feb'y 14 1864</u>	<u>at Spring field Ills Oct 27 1865</u>	<u>Private</u>	<u>Co. G Regt. 5 Ill Cav</u>	<u>by Reason of Reenlistment</u>

That he now receives, on pension certificate number 527027, a pension of twelve dollars a month, payable the 4<sup>th</sup> day of next July, 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 the above named; that his trade or occupation is that of a laborer.

That he has (4) a wife; that he has 9 children now living; ages, respectively, (5) 8-10-28 years. That his postoffice address is Mt. Pleasant, State of Illinois, that his nearest railway station is Mt. Pleasant, on the Illinois Central Railway, in Lagan 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 David Walter Wacaser, of Mt. Pleasant, County of Lagan, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to David Walter Wacaser, at Mt. Pleasant, County of Lagan, 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) Chronic Dysentery and Resulting Piles, Rheumatism and Disease of Heart

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 5<sup>th</sup> day of May, 1900

(8) Geo. A. Horn,  
Witness.

(9) David B. Wacaser,  
Applicant.

STATE OF ILLINOIS,

COUNTY OF Legan } ss. I, Joel Horn, a (10) Notary Public

of the town of Ont. Pulaski, 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) David B. Wacaser,  
Affiant.

Subscribed and sworn to before me, this 5 day of May, A. D. 1902. Witness my hand and official seal.

L. S.

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known David B. Wacaser 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) X W A Schaper,  
(14) Police Magistrate

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, David B. Wacaser, as to his disability, and I now find that he has (15) Chronic Diarrhoea Piles & Rheumatism & disease of the vertebrae 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.

X J. W. Rigg, M. D.

Subscribed and sworn to before me, this 5 day of May, 1902. 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, as an honest man and a capable physician, in the community and among his fellow physicians where he lives.

Joel Horn, (16) Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined David B. Wacaser the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thursday the 24 day of May, 1902; and that I then found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Rheumatism and Hemorrhoids

Witness my hand J. J. Galbraith,  
Home Hospital Surgeon.

## ORDER ADMITTING APPLICANT.

The application of the said....., 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.....day of....., 1.....

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 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. 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 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.



—OFFICE OF—

**JOE. A. HORN**

ATTORNEY AND COUNSELLOR AT LAW.

Mt. Pulaski, Ill., May 5<sup>th</sup> 1900

Capt Summerwill Supt of S. F. S. Home

Jmney All

Dear Sir

find enclosed my application for admission to S. F. S. Home which is expedited in accordance with directions. Please let me hear as soon as possible as to the result of its consideration and oblige

yours Truly

David B. Wacaser  
Mt Pulaski Illinois

REGISTER No. 5230

Illinois Soldiers' and Sailors' Home  
QUINCY, ILLINOIS.

David D. Macosus  
Mt Pulaski Logans

Co. G. Reg't 5  
Reg't M Cas

Co. Reg't

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Admission Paper 1  
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Certificate of Service  
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Admitted May 24 1900

Discharged on feet. O.R. Oct: 9<sup>th</sup>  
1901

Aug 27 1903 Re-admitted

Jan 9 1905 Disch'd on feet

April 11 1906 Re-admitted

Mar 16 1907 Disch'd on feet

Illinois Soldiers And Sailors Home.

Surgeon's Office *Apr. 11* 190*6*

Respectfully returned to the Superintendent.

I have carefully examined.....

*David B. Wacaser*

late Co. .... Regt. ....

late Co. .... Regt. ....

and found him .....

disabled by *Rheumatism*

*Loss of all fingers  
except thumb left  
hand. Loss little finger  
right hand + ankylosis  
right wrist*

*C. J. Cole,*  
asst Surgeon.

12  
5230

Fort Pulaski Illinois

March 12th 1907

Capt Somerville I. S. Home Quincy Ill

My Dear Sir you will please  
forward my army and  
Pension Papers together with  
Discharge from the Soldiers  
and Sailors Home at Quincy  
Illinois and oblige very  
Respectfully

David B. Wacker

Fort Pulaski  
Illinois