

YAKES

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

..... William W. Yates ..... (0) of the town of Oldham ..... January 28<sup>th</sup> ..... 1916:....  
 County of Logan ..... and State of Illinois ..... formerly a Soldier of the United States  
 of America, in the war..... against (1) Spain ..... 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 29 years old; that he is 5 feet and 10 inches high; that he is  
 of Slight ..... complexion, Gray ..... eyes, and Slight ..... hair: that he was born in the town of  
Adair County ..... in the State of Kentucky ..... on the 26<sup>th</sup> ..... day  
 of June ..... 1876; 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.	<u>June 13. 1898</u> <u>Madisonville Ky.</u>	<u>May 16. 1899</u> <u>Savannah Ga.</u>	<u>Private</u>	<u>Co. A 3. Regt. Inf.</u>	<u>Mustered out</u>
2nd.				<u>Co. Regt.</u>	
3rd.		(10)		<u>Co. Regt.</u>	

That he now receives, on pension certificate number....., a pension of ..... dollars a month,  
 payable the..... day of next....., at the..... 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) no wife; that he has no children now living; ages, respectfully, (5) .....  
 years. That his postoffice address is Oldham ..... State of Illinois; that his nearest railway station  
 is Oldham ..... on the C. & A. ..... Railway, in Logan ..... 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 Weeden S. Yates ..... of Clear Lake ..... County of Mason ..... State  
 of Indiana .....; that, in case of his death, he desires all his personal effects to be sent to Robert  
Weeden S. Yates ..... at Clear Lake ..... County of Mason ..... State of Indiana .....

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, ex-  
 cepting 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) Rheumatism .....  
 .....  
 .....  
 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 28<sup>th</sup> ..... day of January ..... 1916..  
 (9) Robert S. Farr ..... Witness.  
 (8) William W. Yates ..... Applicant.

STATE OF ILLINOIS

ss

County of ..... 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 Wm W. Yates the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Friday the 28 day of Jan, 1916; 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) .....

Rheumatism (Subjective Symptoms)

Witness my hand.....

R. H. Jacobs  
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

- |   |   |
|---|---|
| 0. Give full name of the Applicant.   | 12. Signature and title of Justice or Notary.   |
| 1. Either "Mexico, the late Rebellion, or Spain.                                      | 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. |
| 2. Here say once, twice, or three times.  | 14. Here write official title.  |
| 3. Here say once, twice, or three times.  | 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.         |
| 4. Here say a wife or no wife.  | 16. Name and official title of Notary or Justice.   |
| 5. Here give their ages, from youngest to oldest.                                     | 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.                        |
| 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.                         |   |

### 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.



WITNESSES FOR

March 21

AM/3 L

with 14

10831. Gates

WITNESSES AGAINST

SUPERINTENDENT'S COURT

ILLINOIS S. AND S. HOME  
QUINCY, ILLINOIS

Feb 22 1914

Accusation against William W Yates

Register No. 10831 Cottage No. 14

Charge 1st Absent without Leave

Specifications: That he went out Monday 21st and has not returned

Charge 2nd \_\_\_\_\_

Specifications: That \_\_\_\_\_

R H Baird Serg't Police

Plea to Charge 1st \_\_\_\_\_ Finding \_\_\_\_\_

Plea to Charge 2nd \_\_\_\_\_ Finding \_\_\_\_\_

Penalty Discharged A. H. O. R.

J. M. Sanders  
Superintendent



1438

# Illinois Soldiers' and Sailors' Home.

List of clothing returned by Members to O. M.

Quincy, Ill. *March 2* 1916

To

Sir  
Comrade *William W. Yates 10831*

this day *Discharged AWOL*

The following is a full list of all the State clothing in his possession:

Blouse	420	Undershirts	6	Shirts		Suspenders	1	Night Shirts		Over Coats	266								
Trousers	310	Drawers	2	Shoes	1	Hats	1												
Vests	110	Socks	2																

Of which the following articles are in the laundry:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I hereby certify that the above is true and correct.

*R. A. Baird*  
Sergeant Cottage No. *14*  
*70-530 202*  
*OH*  
*Borui*

REGISTER NO. 10931.

ILLINOIS SOLDIERS' AND SAILORS' HOME  
QUINCY, ILLINOIS

William W. Yates

Elmhurst - Logan

Post Co. "A" 3<sup>d</sup> Reg't Ky Inf

Co. Reg't

Co. Reg't

CONTENTS:

Admission Paper 1

Army Discharge 1

Certificate of Service

Pension Certificate Will

Admitted January 28<sup>th</sup> 1916

Dis Avol Mar 3 1916  
1/2 clothes 7.<sup>00</sup>

Army discharge sent to Eckhart Dec 10 1917