Register No. 7.15

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

Joseph Gilbon
Joseph O. Gilson Carlyle All
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CONTENTS
CONTENTS
Admission Paper/
Army Discharge /
Certificate of Service
Pension Certificate / # 794, /3.5 Will Will
Admitted May 10, 1888
Recd. papers May 7, 1888 Dis Oct. 19, 1892
Dis Oct. 19, 1892
Readmitted Oct. 11, 1900.
Dis. on furlough
Oct. 16, 1902.

ILLINOIS SOLDIERS AND SAILORS HOME

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	ace Octobra 1/11908
Respectfully intendent. I h	returned to the Super-
and the second of the second of	ave carefully examined
Joseph, a	D. Lepson
late Co. F. K	Regt. I Sel- Ear
late CoR	legt.
and found him	Jennetty.
disabled by be	118 / 1/2
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Jesun	Permetty Lewertules Est - of the Eyes
2.00	
	2 Alder

Il Souis Mo Would rite noon, a fin lines a know Tha an well and hope you are the same all I will ask you to send me all of my frapers and my discharge from the home ph Odibson 2352 Minard St St. Louis No

IN THE NAME OF GOD, AMEN. Illinois Soldiers and Sailors Home, Quincy, Ill.

1, Joseph O Sils Soldiers & Sailoge Home Quancy Ill, in
the County of Adams and State of Illinois being of sound mind and memory, and considering
the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish and declare,
this to be my last Will and Testament.
First. I order and direct that my Execut or hereinafter named, pay all my just debts
and funeral expenses as soon after my decease as conveniently may be.
Second. After the payment of such funeral expenses and debts, I give, devise and bequeath
My my effects to my Cousin Mrs Mary Whomist
1500 Hary Would
of 512 Hariow It Jacksonvill Sel.
Lastly, I make, constitute and appoint & Journal Sup or his successor in
Spice on his personal bond to be Execut or of this, my last
will and Testament, hereby revoking all former Wills by me made.
In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the
Clevent day of October in the year of our Lord,
One Thousand Eight Hundred and
1 16 hist.
Jesiph C X Deban OSBALO
This instrument was, on the day of the date thereof, signed, published and declared by the said
testator Josefol O Gebrow to be his last Will and Testament, in the
presence of us who at his request have subscribed our names hereto as witnesses, in his
presence, and in the presence of each other.
W Lawren
5 1 1k
E L Higgins
ti Prod
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APPLICATION FOR ADMISSION

TO THE

Illimois Soldiers' and Sailors' Home

AT QUINCY

DANIEL DUSTIN, Sycamore, DeKalb County, Ill. L. T. DICKASON, Danville, Vermillion County, Ill. THOMAS W. MACFALL, Quincy, Adams County, Ill.			S. B. R. H R. W	J. G. ROWLAND, Superintendent. S. B. SHERER, Secretary and Adjutant. R. H. CARNAHAN, Quartermaster and Commissary. R. W. McMAHAN, Surgeon. JAMES D. MORGAN, Treasurer.		
STATE OF	Deline	oco,				
COUNTY (of Adam	day of	may	4 D 189	rsonally appeared before me	
(1) $\int_{\mathbb{R}^{2}} \int_{\mathbb{R}^{2}} \int_{\mathbb{R}^{2$	Miferberia	se a so	tan Dubli	2.0	County and State aforesaid,	
complexion	Light, eyes B	luz, hair Ligh	a resident of (*)_	1 . 1		
County of	Winten	_State of _State	, who, being	g duly sworn, deposes a	and says, that he was born in	
(4) lel	uitan les.	. Il	and b	as been enlisted in the	service of the United States	
(5)	two		imes during the (6)	ate civil	<u></u>	
war, and hor	norably discharged from	m each enlistment, as t	follows:	9	œ.	
No. of Enlistments.	When Enlisted, With Rank.	Where Enlisted, Town and State.	Company and Regiment Mustered in.	Date and Place of Dis- charge, with Rank,	Cause of Discharge.	
1st.	aug 10 1861	Collegen	Co. X Regt 3/" Let fus	18		
2d.	March 4 1864	levelyhan Luc	Co. H. Regt 2 Lel Car,	San automo	Mustwork A los.	
3d.	18		CoRegt	18		
4th.	18		CoRegt	18	r v a	
That he i	s disabled as follows : (7) <u>so</u> st	while by	e, amin	y surjean	
	et.					
20 18	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			* .		
nd has been	receiving	Dollars per	r month Pension, on C	ertificate No.	payable at	

account of his disability, to earn his living by manual labor, desires admission to the Illinois Soldiers' and Sailors' Home.

The said applicant further swears, that he has not been engaged in, or aided or abetted the late rebellion in the United States; and that he was not a member of any Soldiers' or Sailors' Home June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years past. 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, Post Office Address, learly III.
Sworn to and subscribed before me, the day and near tist above written, and I hereby certify that the foregoing officavit was read over
and fully explained to Talfill (Ciscoso before he executed it.
Mufeubeneld motory Public
CERTIFICATE OF IDENTIFICATION.
(AST The following Cerlificate must be signed by the Mayor or City Clerk of the city, or by a County Officer, or by a Justice of the Peace,
and attested by an official seath of the one of the above named of the office of the order of the above named of the order
and that I believe the declaration signed by him to be true
(°) Morning Chairman Co Board
01'-0. 100
SURGEON'S CERTIFICATE.
I certify that I have carefully examined (2)
I certify that I have carefully examined (2) Co. The Reg't Solution (2) Volunteers, and that he is (10) permanently temporarily disabled
Co. The Reg't Sold Cot. Volunteers, and that he is (10) permanently temporarily disabled
Co. The Reg't Sold Volunteers, and that he is (10) permanently temporarily disabled for obtaining his subsistence by manual labor.
Co. The Regit Sold Cost and that he is (10) permanently temporarily disabled for obtaining his subsistence by manual labor. Date of Injury or Disease, day 18.64 Place of State of Calcuma
Co. The Regit Sold Cook and that he is (10) permanently temporarily disabled for obtaining his subsistence by manual labor. Date of Injury or Disease, day 18. Column State of Character of Disability, 2500 Character
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Co. F. Reg't All Cat. Volunteers, and that he is (10) permanently temporarily disabled for obtaining his subsistence by manual labor. Date of Injury or Disease, day 18. Cap. Place of State of Calabrana Character of Disability, Division of Applicant, dair of fluck the present condition of Applicant, dair in the fluck of the present condition of Applicant, dair and the chemical deviation of the present of t
Co. # Reg't all Cav. Volunteers, and that he is (10) permanently temporarily disabled for obtaining his subsistence by manual labor. Date of Injury or Disease, day 18. 64 Place of State of Clabranca Character of Disability, Delicate for State of Clabranca Complications, S. W. A heart of his fluctory Gomplication of Applicant, gain paint of fluctory Gome and initially lides and the chemical advisation of the control o
Co. The Regit Section of State

Occupation, Farmer	NAME AND ADDRESS OF NEAREST RELATIVE,
	John le Gibson (1/2 Brs)
Married or Single, Widow Er	John C. Jordan 2 Tord
Children under 16 years, Murr	Dadwille Mo.

ORDER FOR ADMISSION.

	May 10 Th , 188 8
The above applicat	ion is hereby approved, and (2) Joseph O. Gibson 24 Reg't Lu. Cav, Vols., will be admitted to the Illinois Soldiers' and Sailors'
Home at Quincy.	Reg't vols., will be admitted to the filinois soldiers and saffors
×	Superintendent Illinois Soldiers' and Sailors' Home.

EXPLANATIONS AND DIRECTIONS.

THE FIGURES IN THE BODY OF THIS APPLICATION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED IN FILLING THE BLANKS.

- 1. Name and Title of Magistrate.
- 2. Applicant's Name.
- 3. Post Office Address.
- 4. Town, County, State (or Nation).
- 5. State the number of times actually mustered into the service of the United States.
- 6. Give the name of the War, (Mexican, or Civil).
- 7. Here state minutely the cause and nature of the disability; if by wounds, state the nature of the wounds, and when and where received; if by disease, state the nature of disease, and when and where contracted.
- 8. Signature of Applicant and Post Office Address. Two witnesses are required if he makes his mark.
- 9. This Certificate must be signed by the Mayor or City Clerk of the City, by a County Officer, or Justice of the Peace of the Town in which the applicant resides. No application will be approved until this direction has been complied with.
- 10. If the Certificate of Examination is officially signed by a Surgeon-General of a State, or by a United States Examining Surgeon, or by a Surgeon designated for that purpose by the Superintendent of the Home, it need not be sworn to. One of the words "permanently" or "temporarily" in the Certificate must be erased by the Surgeon.
- 11. Official Signature of Magistrate or Notary.

The soldier or sailor making this application, must forward to the Superintendent his Discharge, or a certified copy thereof from their last enlistment, and Pension Certificate, before his application will be approved. These papers will be retained by the Superintendent, and returned to the member when he is discharged. This rule is adopted to prevent the loss of such papers and certificates, and to hinder fraudulent practices.

After filling out this application and executing it as above directed, forward it, with the other papers, to the Superintendent, whose name is printed on the first page of this sheet.

(ke Do not fill out this blank.)

APPLICATION FOR ADMISSION

TO THE LINOIS SOLDIERS' AND SAILORS' HOME

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CAB ACT	Reg't_	Reg't Ll	Regitalle	De de
1881	Vols.	Che, Vols.	hy Vols.	brown
9.00	•	,50	••	L s.

SUPERINTENDENT.

Notice of approval sent.