Head Quarters

CAPTAIN WILLIAM STEINWEDELL, QUINCY, ILL. COLONEL JAMES A. SEXTON, CHICAGO, ILL. GENERAL LEWIS B. PARSONS, FLORA, ILL.

Illinois Holdiers and Hailors Home

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10 moy gove	nell	(°) of the	Town of	Carry	in the
County of Aliston	and State of	Illi		, formerly a s	oldier of the United
States of America, in the war	-	leon			, respectfully
asks that he be admitted as a m		90 eq			92 ·
To enable the authorities to	determine whether or no	t he is leg	ally entitled	d to become a m	ember of said Home,
he declares and states the facts	to be that he is now	years	old, that 1	ne is 5 feet and	inches high;
that he is of con	nplexion, Street ey	es, and			
Joseph in	the Count of the		- E	lo, on the	
of The transfer 18	that he has been (2)				
war against Mexico, and Moze	on the war of the late Re	bellion; ar	nd that he	has been (3) hou	honorably dis-
charged from the service of the his enrollment, and discharge.	United States. That the	of the cau	18 a true st	atement of the t	of his rank at the
respective datethereof, namel	y:			and and	of his rank at the
	1771 1771 7.1	, T., .			1
No. When and Where Enrolled.	When and Where Discharge	d. Rank.	Company	y and Regiment.	Cause of Discharge.
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3d, /	(HD)		Co. Re	egt.	
That he now receives, on per	asion certificate number	48130	69 a nen	sion of 8	dollars a month
payable the day of nex	the thicky	at the	Coloro	Pensi	on Office
That he owns property, real	and personal of the valu	e of /0	/	dollars and no m	on Once.
means of self-support other than	•				
That he has (4) 220 wife; that					71.
years. That his postoffice addre				171 E000 16767 2677	st railway station is
barlyle on t		Rai Pai	lway in	is, that his heare	st ranway station isCounty, in said
State; that the name and addres	e of the person to when	he degires	notice of	his illnoon or doe	th shall be at
177- 71-74 Notes	si , or large	The desires	Countr	of Market	un snam de given, is
LOCA that in a	case of his death, he desir	So all his r	organal off	osta to be sent to	hic hall
for there explis child, a	to leavel	1.0	alen		7012
That he has not heretofore		· //			
excepting the (6)	shotwar at	any time		oner Charleanie I	tome or institution,
That he is now a bona fide res		ois, and has	s continuous	slu lined and reci	ded in said State for
the last two years. All this to	grane .	. 0		, , ,	ching Kun and
That he is so far disabled by	(1) Mulana	-	as you		The and
autilijants, as		100 m		us left am	Kle, Aliving be
broken - 3 years	, ago and has lem	demay to	ewell an	spoin on	Thomas & Wester -
as to now be incapable of earning		harad to th	A MATTANTAN	• • • •	1
That he has at all times, here and that he has not at any time l	been engaged in, or counts	nanced, or	e governme aided, or ab	etted, the cause o	States of America, of the late Rebellion
That if he shall be admitted t	to be a member of the sa	id Home, k	ne will, in a	ill things and in a	every respect, com-
ply with and conform to the rul discipline of the same; and that h	es and regulations made ne will cheerfully do and	, or that si	nv and all	er be made, for t things that shall	he government and
by those there in authority over	him, and that he will pro	mptly, and	willingly,	obey all lawful o	rders that he shall
receive from any officer of the H	ome, so long as he shall	remain a m ~/ &	nember ther	eof.	2
In testimony whereof he has	вет пр папа ппр	day of	10 am	, 18	39. ō
James William	***************************************	(8) /	mon	Times	
,	Witness.		1		Annlicant

COUNTY OF Pellister) I, James IV Manson, 3(10) Justin of the P
of the town of leaving 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) Hranding H
Affiant.
Subscribed and sworn to before me, this 15 day of fantaay A. D. 1898. Witness my hand
and official seal. L. S.
L. S. Sillansoz(12)
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known formy your the
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. 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, (18) fames Millamson
e p Greg
(i) - fr 1, - (ii)
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named Applicant, Jenny
, as to his disability, and I now find that he has (16) Maduruel Break
Rhumulian and trouble with antile
to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, mani-
fest, 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 5 day of January , A. D. 189 8. 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 commu-
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.
to be a physician in active practice, and in good repute, as an honest man and a capable physician, in the commu-
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]
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. CERTIFICATE OF SOLDIERS HOME SURGEON.
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. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined Hungy Gunnett,
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. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined Herry Gument the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Manager
CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined Hereby Community and Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Inday. the day of July 1891; and that I then found him to be of sound mind, and to be
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. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined home for this Institution, on home the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on home the home has a solution of the home has a solution of the home has a solution of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living by reason of his physical disability arising from (17) has the home has been capable of earning his living his living his living his living his living his living his
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The application of the said fellow, 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 and that he now is duly admitted as a member thereof, this day of the lawfully entitled to admission to the Home, it is hereby ordered that he be and that he now is duly admitted as a member thereof, this

HOW TO FILL APPLICATION BLANKS.

GEORGE W. FOGG,
Superintendent.

0. Give full name of the Applicant.

- Either "Mexico and the late Rebellion," or one of them.
- 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.
- Here state, in his own words, what it is that ails or disables him.
- Here Applicant will sign his full name, or make his mark.
- 9. Here the witness will sign his name.
- Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."

- 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. Post.
- 14. Here write official title.
- 15. The physician will here 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 finds 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 citizens 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, or in the late Rebellion.
 - 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.
- 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 reason of some other PRESENT DISABILITY.
 - 5. That you shall now have NO PROPERTY OR OTHER SUFFICIENT MEANS OF LIVING.
- 6. That you shall be of same 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 OF CARED FOR THIS INSTITUTION. The State has else where provided for the care and treatment of such persons.

Pegister No. 4442

Geny Lundt

Application for Admission

O THE

Illinais Saldiers' and Saitars' Pame.

Application deprensed by

Superintendent

Transportation and Order to Report in person

Admission Denied

sent

Admission Granted JUL 15 1898, 189...

Cottage No.

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., May 9 1903

The undersigned hereby instruct the clerk in charge of Post Office at Soldiers Home to deliver all mail from the Pension Department to the Superintendent.

NAME	Registered Number	Co.	Reg't	· State.	Trm of Service	Number of Certificate.	WITNESS.
Henry Ginnell	12412)	460	60	see see	HI South	481369	Jos. N. Shahan

STATE OF ILLINOIS, ss. GOUNTY OF ADAMS.

that he is married, t	hat his wife, and that	t the names, relationship and
at this time, are as follows, to-		heirs in the event of his death
NAMES.	RELATIONSHIP.	RESIDENCE.
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REGISTER No. Illinois Soldiers' Sailors' CONTENTS Admission Paper .. Army Discharge. Certificate of Service Pension Gertificate JUL 15 1898 Admitted . OCT 9 _ 1899 Sis

Illinois Soldiers and Sailors Home.

List of clothing returned by Members to Q. M.

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Blouse.	Trousers.	Vests.	Shirts.	Undershirts.	Drawers.	Shoes	Socks	Hats	Suspenders.	Wight Shirts.	Over Coats.			
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