See "EXPLANATIONS and DIRECTIONS" on Third Page Jexer de believe in de Univel State; in de Univel State; in de Bantant Colores soldies. Apl suit of the Universal in Home. ng is the terribonics of

Illinois Soldiers, and Sailors, Home

1			TI SOINCY)	
L. T. DIC	DUSTIN, Sycamore, I	eKalb County, Ill.		LIPPINCOTT, SuperSHERER, Secretary	CERS. Printendents and Acting Adjutant.
5. G. AUV	VLAND, Quincy, III.	if byforg he onge	JAM	ES D. MORGAN, Tr	termaster and Commissary
STATE O	111		(47)		
COUNTY	OE - 63	ss.			A Gostano
On the	1		1		Page 1977 A Addition
		ohn day of		A.D. 188	ersonally appeared before me
(1)	To the last of the	or or min py said from	Matienza na potre post	within and for the	ge County and State afgresaid
(2) Emilsonos)	o Tough support in a gr	<u>S. WUALLA.</u> grada bedirenab upana		years; height	f feet $7/2$ inches
complexion	July eyes Ju	easle, hair Dock 9	27, a resident of (3)	Tegeefre	Signed by him is true longie
County of \mathbb{Z}	Chilon	State of	who, bein	g duly sworn, deposes	and says, that he was born in
(4) I	ent to 1	W I	The state of the s		
(5) Och	ther 10 180	6/t		at i	e service of the United States
war, and he	norably discharged from	n each enlistment, as f	imes during the (6) — follows:	o car	
No. of Enlistments.	When Enlisted, With Rank,	Where Enlisted, Town and State.	Company and Regiment	Date and Place of Dis-	<u>ir egga ag ari fi said, Vilipsou li</u>
Freightis) 71	With Rank,		Mustered in.	charge, with Rank.	Cause of Discharge.
A 1st.	00 10 1841	Cambridge (ML)	(Co.2)	Helmany 2 1864	Hor Renlictment
- - 1	frank 101, The	07-11	Regt, / 1 S Mo	1 1	Daig of Injuny or Discour.
2d.	Fex 27 - 1804	Genterville	Co. 20 7	July \$ 1 1865	Lelies of The War
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3d.			Co. Regt	18	
441			Co.	18 - 4	willing kown mai Hormo Income.
4th.	18	And Maria Barrier	Regt		
		1		To the second	
That he	is disabled as follows: () Meur	alge a	Hacral	4 Cansed
The party of	illa. Thos	in My	rillen	Service	<u> </u>
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Wa 3	Trumbfer	ed from	1500.10	1 15-2 %	d Western
and has been	receiving	Dollars per	month Pension, on C	ertificate No	payable at
		Agency, fro	m	18_	, and being unable, on
ecount of his	disability to earn his l	irring by manual lab		A_ so life la	11. (T P

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 has never been a member of either of the Branches of the National Home for Disabled Volunteer Soldiers. 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,	1	i .		. 3
Lavid M. lake	(*)	Ougustu	3 hille	
Min J. Hays		Margery 12		
Sworn to and subscribed before me the day and	year first above writte	n, and I hereby certify t	hat-the foregoing affidavit	vas read over
and fully explained to A 1.1 g u.s.		.00	he executed it.	
	(11)	foly	Myra	<u>'es</u>
	1850S:	1 Na	land Paul	lich
CERTI	FICATE OF IDE	NTIFICATION.	A second	
I HEREBY CERTIFY that I have every reason to	believe, after an exa	mination of his dischar	ge papers, that	
Trugueting Mill	is the ident	ical person described t	herein, and that the above	e declaration
signed by him is true.	· (9)	John	M vanes	7
and the second of the second o		/ <u>/ - </u>	Malary Ruhl	1815
			and a six	1.34
	RGEON'S CERT	IFICATE.		rage, Sa
I certify that I have carefully examined (2)	A reg t	estus	Mille	· >
Co. Reg't 2 Mid	Volument Volument	oteers, and that he is	(10)permanently temporar	ily disabled
for obtaining his subsistence by manual labor.				<u> </u>
Date of Injury or Disease,	da	у-	· diserrate	18,64
Place of Bullamore M		State of //2	1 24	
Character of Disability,	eligen	5 75 77	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Complications,		· · · · · · · · · · · · · · · · · · ·		
Present condition of Applicant,	mul fr	an an	ad Conta	aid
to the Bed	mast	of the	time	E
	·			
	200	22 / 4/	The state of the s	
£	(10)		SUR,	GEON.
Sworn to and subscribed before me, this	n & day of	Tunist /A.	D. 188 7, and I hereby con	tify that the
said 112 / /ce 18	is known to me	s a Surgeon in actual p	ractice, and reputable in hi	and the same
	(11)	Land M	A service	0
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of the second engine the second	t a ministrapida	Madany	Praction	

Occupation, Plaster & Brick	Error	Name and Adi	oress of Nearest Relat	NVE,
Married or Single, 19 le		12 (i)	37	
[If a widower, so state.] Children under 16 years,				*
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es es	2 %	*		
9	ORDER FO	R ADMISSION.	*	9.0
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	7		ug, ou	, 188/
		Q	p. 21:1	1
The above application is hereby appro	ved, and(2)	ungusi	us mu	ar
911	all A	<i>J. U.</i>		*.t&r * * *
- Co., C*	regional and	J. Vol's, will be adn	nitted to the Illinois i	soldiers' and Sailors'
Home at Quincy.				
	14 W 200	CESu	Muncott	
	j.	Superif	utendent Illinois Soldiers	and Sailors' Home.
	4		8334	erer Day
and the same of th	7		Wang	/ =
	in	2	W	(C)
				\mathcal{A}_{k}
Z - 1	EXPLANATIONS	AND DIRECTION	NS.	*
	1. D		J. Kring.	
THE FIGURES IN THE BODY OF THIS	APPLICATION REFER TO	THE DIRECTIONS BELOW	, AND MUST BE CAREFUL	LY OBSERVED
	M	2 22	et v	
1. Name and Title of Magistrate.	hy Vi Man	is the lary		
2. Applicant's Name.	of he die	Es Clinton		
 Post Office Address. Town, County, State (or Nation). 	Con the second		The second of th	
5. State the number of times actually mus	tered into the service (of the United States	2 himsely	S 3
6. Give the name of the War (1812, Mexic	an or Civil) Alon	n 1861 16 186	i Give 1000	Lor 1.
7. Here state minutely the cause and nature	of the disability: if by i	vounds state the nature of	f the wounds, and when	and where received; if
 Here state minutely the cause and nature by disease, state the nature of disease 	and when and where c	ontracted. New Va	gia in the	dervis
8. Signature of Applicant. Two witnesses	are required if he mal	ke his mark.		
9. This Certificate must be signed by the				
City, by a County Officer, or some	other respectable and r	responsible citizen of th	ne town in which the a	oplicant resides.
10. "If the Certificate of Examination is of				
or by a Surgeon designated for tha	- DOLUMENTON MANAGEMENT -	ENOMINARIA DIRECTOR NO MINEY ANDVANDEDUCE TOCK TOCK		o. One of the words
"permanently" or "temporarily" in		e erased by the Surgeon	1.	
11. Official Signature of Magistrate or Note	шу.		g.	
· · · · · · · · · · · · · · · · · · ·				
The soldier on poller making this!	tion must former 2 1- 17	. Chimandantan June 12 T	Markener III was 1863	
The soldier or sailor making this applica last enlistment, and Pension Certificate, or rec				
annlicant is admitted to be kent there and re				

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, giving post office address and nearest railroad station.

Register No.

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APPLICATION FOR ADMISSION	ILLINOIS SOLDIERS'AND SAILORS' HOME	Can water Miller	2 Co. ["Reg't? B M/4 Vols.	7 Co. 2 Reg't. 6 21/2 Vols.	Admitted Seft 675 1887	APPROVED BY	Sympanism Coll.
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State Of Allinais Clinton 60 I Augustus Miller Lerly for that My San has My Discharges & he heriotes Membrashy and I all so have Kitning for them Augustera Millers Subscribed and Liveren to be fore me this vetory of angust 1884 John M. Davis Natury Ruhlick State of Allinois? Caunty of Clinton) Is John M. Davis Certify That I have been the Discharge of Comved Miller & now that has Harnarble Discharged of Gertify Over My Oficial seal John M Dawis Malary and Comarder of Past No 604 9 a.R. Majespart Ills

Teyesport Ills aug 29/87 Mr & E. Luffincott Dear Sil Luncey Il in totorial and find my Discharges which I did not have when I mack aplication for admissions To the Soldiers home Level Papers Loon as Pasible Jams a. Miller By Im Davis Camander Kyleport Past No 60H gak

Trinois

SOLDIERS' and Sailors' Home

Quincy, Ill., Aug 2 6 1887
Mr. Augustus Miller
Key afast Ill
DEAR SIR:
Your application for admission to the ILLINOIS
SOLDIERS' AND SAILORS' HOME duly received, and the same
is herewith returned to you for correction and compliance
with the Explanations and Directions given on page 3 of
the application. Your attention is called to Direction
Number which ha wot
How long have you resided in Illinois 1 On presentation of the additional proof required, your
application will receive further consideration.
Very Respectfully,

C. E. LIPPINCOTT,

SUPERINTENDENT.

Regusport Allo Aug 29 1887
Mor GE Luttencott

Luincy Illo

Lean Sir

I Come to Illinois The 5 of april
1871 aand have Bin a Kessolont
of Colinton Co State of Illinos.
Ever Lence
Jours Augustus Muller

Staylehort Ills ang 29 1887
Will C Leppincont
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ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

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Army Discharge	E W
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Pension Certificate Will	-
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Illinois Soldiers' Sailors' Home
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Surgeon's Office, Sept 6 1887.
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PINCOTT, Superintendent.
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Surgeon.

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Fairman Masion County

august 4" 1999

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