APPLICATION FOR ADMISSION

Illimois Soldiers

T. DIOKASON, Danville, Vermillion County, III. 10 MAS W. MAOFALL, Quincy, Adams County, III. ATE OF CLINICAL On this	سايد.	TRUSTEE	5.				CERS.\
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int of his disability, to earn his living by manual labor, desires admission to the Illinois Soldiers' and Soilow' Home	ount of his	disability to com his			admission 4-		

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. Post Office Address, me, the day and year first above written, and I hereby certify that the Goregoing affidavit was read over and fully explained to fore he executed it. CERTIFICATE OF IDENTIFICATION. The following Certificate 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 seal.) I HEREBY CERTIFY that I know the above named and that I believe the declaration signed by him to be true. J URGEON'S CERTIFICATE Volunteers, and that he is (10) nerman for obtaining his subsistence by manual labor. Date of Injury or Disease,_ Place of. Character of Disability, Complications, Present condition of Applicant, A. D. 188 8, and I hereby certify that the Sworn to and subscribed before me, this is known to me as a Surgeon in actual practice and reputable in his profession.

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Children under 16 years, MA				
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	EXPLANATION:	S AND DIRECTION	š.	
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1. Name and Title of Magistrate.		96		
2. Applicant's Name.				W.
3. Post Office Address.		00		n n
4. Town, County, State (or Nation).				***
5. State the number of times actually	mustered into the serv	ice of the United States	50 ⁽¹¹⁾	
6. Give the name of the War (Mexica	4			

- 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.

Do not fill out this blank.)

Register No. 720

APPLICATION FOR ADMISSION

TO THE

LLINOIS SOLDIERS' AND SAILORS' HOME

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Notice of approval sent_____188

Illimois Soldiers' and Sailors' Home,

Quincy, Ill. Mosch 22 1888

TO THE SUPERINTENDENT

Illinois Soldiers' and Sailors' Home,

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4_JOHN W. SLADE) M. D., CLAIMS FOR ORIGINAL PENSION. Late Surg. 11th Mo. Cay. CLAIMS FOR LOST HORSES. CLAIMS FOR BOUNTY AND BACK PAY. Great Western Pension Agency. CLAIMS FOR COMMUTATION OF RATIONS. CLAIMS FOR RESTORATION OF PENSION. ALL CLASSES OF CLAIMS SUCCESSFULLY PROSECUTED REJECTED OR DELAYED CLAIMS A SPECIALTY. BEFORE ANY OF THE DEPARTMENTS. Quincy, Oll. 12/15 1891. Trank of Pease, Es, Sir & Counde! florezo (history the beaver) has brought me his discharge fowing to the prest discrepancy in his name in the Version During the difference between the Dischouse 4 the Odit. Fins Ceprosts, I find it ruces Sary to file his discharge in order to show, his name properly. If will be returned when his claim is adjudicated, Kenytruly in Ot. V. J. John W. Stoile M.D. Cartoffied.

Register No. 720

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

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	By order of	
	J. G. ROWLA	NTD
		intendent.
	Adj	utant.
	(over.)	

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, III., Agy / 1860/

To the Adjutant:

Quincy, III., Agy / 1860/

Co. 15 Clubral Regt.

died in Hospital at 5 2 M., aged 6 8 years.

Names and address of Relatives or Friends Mrs. Associated Stoods

Reg. No. 220

Hospital Steward.

	HOSPITAL ILLINOIS SOLDIERS AND S	AILORS HOME:
	QUINI	CY, 111 mary / //g/ 18_
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	This is to certify that Albury	1 1 1 May 1 /901
la'e of 2. Co. 15	Reg Mc Laxuel Vol., died in Africa	i faranti muaj i ingili in
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ILLINOIS SOLDIERS AND SAILORS HOME.

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We certify that the above Inventory is correct of Lucy 190/, carefully examined	ct, and that we have, this	anned and have servitten
opposite each our estimate of its value, and what di		
Q	Ed Higgins	
APPROVED:	Herry	Board of
Superintendent		Appraisers.
Funds on hand \$322,00	F.,	