Hinois Soldiers and Sa

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ouincy, illin	IOIS.	(H)M	A. No.

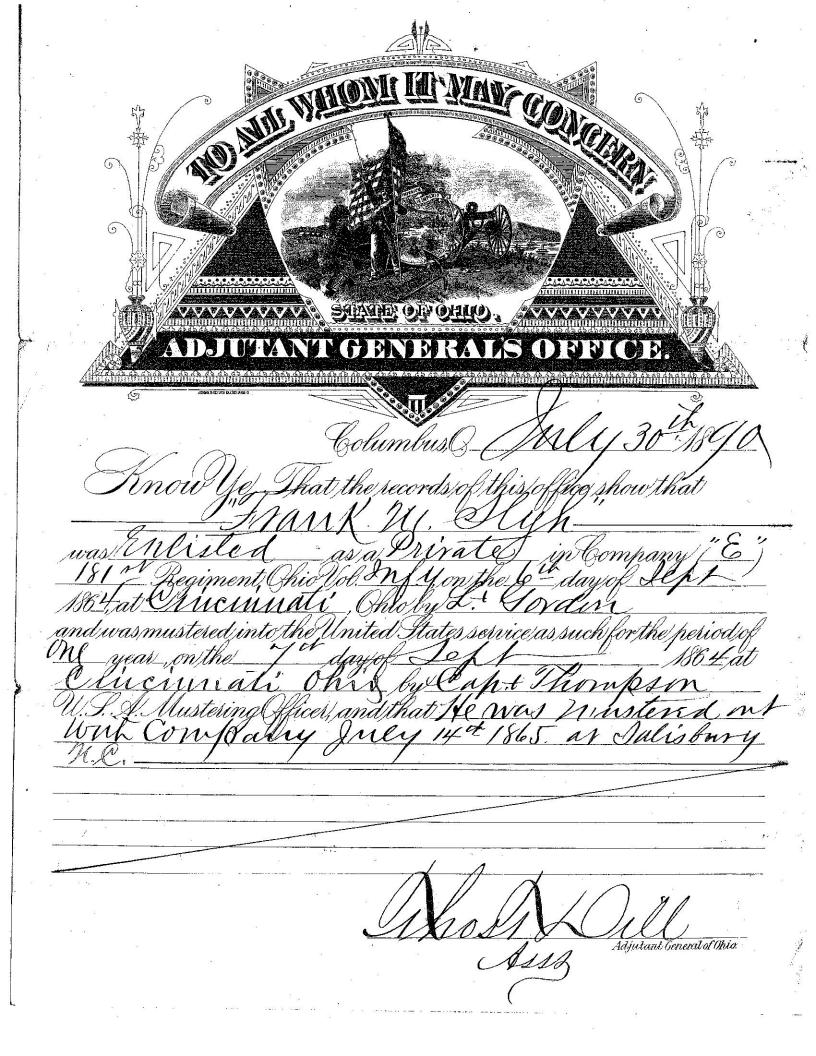
		St. Louis, Mo., Oct	. 16, ₁₉₀ 2,
Frank M. Slyh,	, (0)	of the town of Troncon,	, in the
County of Clinton,	, and State of 111	imois, formerly a	Soldier of the United States
	the late Rebell	ion	
To enable the authorities to de	etermine whether or not he is	legally entified to become a member of	of said Home, he declares and
ates the facts to be that he is now.	62 years old; that I	ne is 5 feet and 6	inches high; that he is
s Sallow complect	ion, blue eyes,	and groy hair; that l	ne was born in the town of
Columbus, in	the Suarc	of Ohio , on	the 11101 day
, August	, 1840 that he has been (2)	Onco enrolled in the U.S. A. se	ervice; in the war
harged from the service of the Unite	ed States. That the following is	Rebellion; and that he has been (8)a true statement of the timeand p, and of his rank at the respectiv	laceof his enrollment,
No. When and Where Enrolled.	When and Where Discharged.	Rank. Company and Regiment.	Cause of Discharge.
Sept. 6, 1864 Cincinnati, 0.	July 14, 1865 New York City	Priv Oo. E, Reg. 181st	C. Close of war.
ed. 3		Co. Regt.	
3d.	2007 200 4	Co. Regt.	
ars. That his postoffice address is Exenton, Illinois	Trencon, Clinton, on the B. & O.	CO. State of Illinois; that hi	s nearest railway station is County, in said
		e desires notice of his illness or	
ss on bords, that in	case of his death, he desires all h	County of this personal effects to be sent to -ho onds, unday will of the first like the county of t	state of specific state of specific spe
That he has not heretofore bee	n a member of any Soldiers', a	Sailors', or other Charitable Home or	Institution, excepting the
)		•	ν,
That he is now a bona fide reside	nt of the State of Illinois, and h	as continuously lived and resided in	said State for the last two
m (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rheumatiem. di	ise as o o f eyes, la	meness of back
icart tr q uble, sv	elling of feet,	discase of kidneys	
That he has at all times, heretofor any time been engaged in, or count. That if he shall be admitted to be the rules and regulations made, or the day of the process of the rules and regulations made, or the day of the rules and perform any and all thing the rules and perform any and all thing the rules are resulted to the rules	own trong. re, supported and adhered to the renanced, or aided, or abetted, the a member of the said Home, he what shall hereafter be made, for the sthat shall be required of him by	government of the United States of An cause of the late Rebellion. vill, in all things and in every respec- he government and discipline of the say y those there in authority over him;	nerica, and that he has not t, comply with and conform ame; and that he will cheer- and that he will promptly,
In testimony whereof, he has set t	is hand this 16th	er of the Home, so long as he shall ren day of Octobox	1 Slub
)	Witness.	()	Applicant.

Augustus and a second a second and a second
STATE OF HELINOIS:
2 87 Pour 888. (NO) My Maria Protana Rudio
COUNTY OF CONTROLL) I, CONTROL , a (10) fritting mittee
of the of Or Nowo, 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, there-
upon 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 each of them were true in substance and in fact as he had therein stated.
the flad effecting states.
Affiant.
Subscribed and sworn to before me, this day of day of A. D. 190 Witness my hand
and official seal.
L. S. Solany Public (12) Molany Public
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 organi-
zation. 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.
31 Received
Witness my hand, (13)
Hotary Julion There Marietal
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named Applicant Wank M. Sleyh
0 = 1
, as to his disability, and I now find that he has (15) Wisene & Euch
Spinal Disease, Disease & Skind + Midneyol.
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.
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Register No.		9		CATIC
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inois Soldiers 🥷 Sailors H

Admission Granted.



SHORT WILL.

ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL.

IN THE NAME OF GOD, AMEN.

1, Trank M Sligh, of Minaia Galdians and Galdians
in the County of Adams and State of Illinois, being of sound mind and memory, and considering the un-
certainty 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 hereafter 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 all
- The superior with a second, I give, across with vequeum an
worldly goods of which I may die possessed,
to The Illinois Soldiers Saclors Home
- Xopiny
411
Man 1
Lastly, I make, constitute and appoint / During Duft
of His Successor in Office to be Execution 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 day
of thober in the year of our Lord One Thousand Nine Hundred and Two
The ball
[SEAL]
This instrument was, on the day of the date thereof, signed, published and declared by the said testator
Frank Mr Sl. I
to be his tast will and Testa-
ment, in the presence of us, who at his last request have subscribed our names hereto as witnesses in his
- I will be the state of the st
presence, and in the presence of each other.

DUPLICATE ILLINOIS SOLDIERS' AND SAILORS' HOME

Reg. No. 6117 Co. H. Regr. 181 Ohio Inf. State

Record of Frank Slyh

	NON THE STATE OF T	DATE	DATE Cot MONTH DAY YEAR No.	Sot Sot	PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
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	and the same of th		i 			1 A May	Not Serueant	Serreaut Cottage No. A
			Marine Control		Received the above described personal effects of	personal effects of	mank Su	44
	Manager A. P. Speed	A.F. A.Figger - con-consistent					Re	Registry No. 6/1/7
		Magazine Magazine - Min				P 9	Barn	Hospital Steward

Died May 31, 1916 at 7:15 A. H.

HOSPITAL INVENTORY

- . coats. I vest, I pr. trousers, I undershirt.
 - 1 pr. drawers, 2 suspenders.

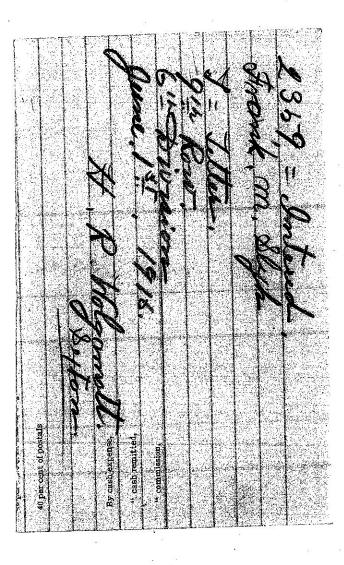
Hospital Steward I hereby certify that the above is a true and correct inventory of the personal Deceased. Frank SturnSlyh

effects of

Approved:

ois Soldiers' and Sailors' Home. Co. & 111 Ch. Preg. C. M., aged P. Joears. attives and Friends. All Control of the Reg. Conincy, III., Mary 31 191 C. Ouincy, III., Mary 31 191 C. Ouincy, III., Mary 31 191 C. All Grant And Reg. Certify, That And Reg. All Grant Cause of Death Cardin of Surgeon. Surgeon.				
	Fo the Adjuta lied in Hospit Vames and ad keg. No. L.L. e of Co. Ce ed in The	Sailors' Home. Saincy, III., Many of Co. & 171 Ch. M.		is to Certify, That Frank My M. Reg. N. J. Reg., M. M. M. M. M. J. Reg., M. J. Lause of Death Cardin Bilds.
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