APPLICATION FOR ADMISSION

Illinois Soldiers' and Sailors' Home

L. T. DICK	TRUSTEES USTIN, Sycamore, De ASON, Danville, Vorm W. MACFALL, Quincy	Kalb 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.		
On this (1) 20 (2) 2 complexion County of	01	blic verne ser, hair Dors State of Steer	and h	within and for the _years; height@Cluston g duly sworn, deposes a has been enlisted in the	sonally appeared before me County and State aforesaid, feet 6 inches, and says, that he was born in service of the United States	
No. of Enlistments.	When Enlisted, With Rank.		Company and Regiment Mustered in.	Date and Place of Dis- charge, with Rank,	Cause of Discharge.	
1st.	aug/ 1862		Co. D Regt 107 Lu In	Jun 2 3 18 66 Springfiel	Muster out of 6	
2d.	18		Co	18		
3d.	18		Co	18		
4th.	18	94	Regt	18		
That he i	s disabled as follows: (")—————————————————————————————————————				

Dollars per month Pension, on Certificate No.

Agency, from

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

payable at

18____, and being unable, on

and has been receiving

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,		2 3	his	
Johnny		(*) Caron	Doru	<u> </u>
ay & Blone)	Post Office Ad	ldress,	m.
Sworn to and subscribed before n	ne, the day and year first above	e written, and I hereby	certify that the foregoing	g affidavit was read over
and fully explained to Cas	on Born	<u></u>	_before he executed it.	
	(71).	Lohn	- More	n,
		0	potan	Public
			/	
	CERTIFICATE O	F IDENTIFICAT	ION.	
The following Certificate mus		y Clerk of the city, or by by an official seal.)	a County Officer, or by a	Justice of the Peace,
I HERRBY CERTIFY that I know	the above named	6 5		
and that I believe the declaration s		Laulia ?	2 les	
and that I believe the decimalion i	gave of man to be made	(°) 2	an allen	7
		ou !	2 mos	751
			La Za	R. "
	URGEON'S	CERTIFICATE.	See.	& cufferedo
T	and a	rou !	Boruni	had the
I certify that I have carefully ex	ramined (*)			
Co. D / Reg't	u sugy	Volunteers, and tha	it he is (10) permanently	temporarily disabled
or obtaining his subsistence by ma	nual labor.			/ 3
Date of Injury or Disease,		day		18_63
Place of New	market	State of	Thy	
_/.	288/10 2			
Character of Disability,	avilor-		56	
Complications, Effect	7 8 Suns	non-		
Present condition of Applicant,	converd b	besient a	conditie	- hour
Present condition of Applicant,	1 111	1	15 1/-	in M
and offiara	- e gulle	7 m-rea	ey. In	-430/
in from on	- Sallow	- Ligga	To all	es puocla
their might of	as any man	Mi- Home	21-	July -
Tilled to man	Caron (10) 10)	19	Memah	SURGEON.
Sworn to and subscribed before m	e, this 30 day	of nov	A. D. 1888, and	I hereby certify that the
eaid		vn to me as a Surgeon is	n actual practice and rep	utable in his profession.
		220		
	(,	1)		

Occupation, Loborer	NAME AND ADDRESS OF NEAREST RELATIVE,
Married or Single, Hidown ([If a widower, so state.] Children under 16 years, Munz	9. J. Edunds - Friend
Children under 16 years, Muss.	- Loursona Illo.

ORDER FOR ADMISSION.

		December 7", 188 8
The above application is hereby	approved, and ()	en Borun
Home at Quincy.	Reg't Su Juf Vol	s., will be admitted to the Illinois Soldiers' and Sailors'
	50	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.
- 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.

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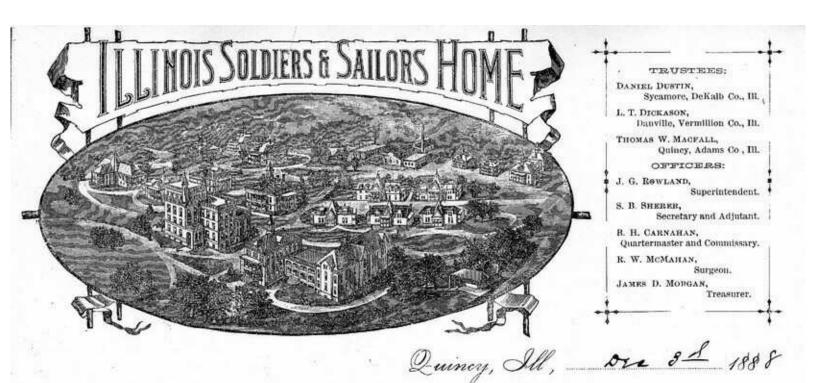
TO THE

ILLINOIS SOLDIERS' AND SAILORS' HOME

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M. Tallmadge, Attorney-at-Law and Solicitor of Claims For Prosecution before Government Departments or Courts. PIONEER CLAIM AGENCY,-27 YEARS EXPERIENCE. PENSIONS AND PATENTS A SPECIALTY. 1423 F Street, Washington, D. C. 1100. 25 1889. J. K. Lott Dear Sir 1-Dam entremely obliged to you for the interest you have already shorming the claim of the nison of forme Boneme. Frould line you to fremish me with one on my thisis; Anhief he deed, could in any may be read to the Chrice Neonhoro firmhet te apple Ithe pothological sequence contr show send me a full statement showing such connection from the Thypecian Who ettented line executed & Ingel payallenpenses Jon 16 pechally J. W Talhuron



O.J. Edmunds Ly.

Drawsir

Righ let. Luf is here anxing admission admission to the Homen. He states he has been surployed by your for amund your fash, Can your state that he has been a mident of Securioris for the last two years fash, and has no means of support other than by meaning labor! Phase raply on this shut,

Sep 13 1889 déto pite la sels Sir is there a quan in Soldiers have by The Grane of aarons Barun as anot if So let cuje one of him as he is any father and if ded did he leave any thing that will lead to his to have feared that he died yard if it Be him, he has Same Pictures that cruite lead to his I dentity Send then to cine mit and tell one who he died and Office Edward Borund Soldiers have quincy lel

one what Ricture and other things diea 7 d1 1784 Borum (Sur) no res. me Tes. Clinton Lee

Dear Sir: in regards to 7 mother mrs. arone home. When can you receive her there as a patient. Let me know as soon as possible and I will bring her over.

Hoping her over.

Hoping to hear from your immediately. I am yours Respit. I must be st.

The J. W. O'daniel

114 W. Maple St.

Shellina Mo.

	Quincy, III., Jan,	1912ء - ق
To the Adjutant:		
died in Hospital at 2 45 P.M.,	Jane Dorum Co.	Reg
died in Hospital at 2 45 P.M.,	aged 78 years.	
Names and addresses of Relatives	and Friends Martha O'D	amils (Da
Shellong mo	and Friends Mis Martha O'D	
是我们的家庭,但是我们也就是这种,但是我们的一个人,我们就是这个人的人,我们就是这个人的人,我们就是这个人的人,我们就是这个人,不是这个人,我们就是这个人,我们	Jail Swuh	
Reg No. 10 86	Day swun	Hospital Stewar

	Hospital	Illinois S	Soldiers' and	Sailors' Home	
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ied in	for putal	. agr	78 yrs. Cause of	death Cerebral.	Hemonting
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Register No. / 0 # 8

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

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