## HEADQUARTERS-

## Illinois Soldiers and Sailors Home, QUINCY, ILLINOIS.

				December 1	1500
	Charles	G. Trellyman 10	of the W.	own of Colintor	in the
57770	CO	and State of			St. of the Trailed Chaten
Coun	ty of Leavell				
of An	nerica, in the waragainst (	1) The Rebel	<i>4</i> 23	, 1	espectfully asks that he
	lmitted as a member of said		. Jones		
		determine whether or not he is			
and s		s now 5 14 years old; the			
he is	of light comp	lexion, Blue eyes	, and	clark hair; that he	was born in the town of
6		in the Cale			
		; that he has been (2)			
011					
again		in the war of the late Rebe			
charg		ted States. That the following is			
and d	ischar rom said service	, and of the cause of his discharg	e, and	of his rank at the respective	date thereof namely:
-	- Inglish			Community and Producent	Cause of Discharge,
No.	When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment,	Cause of Discharge,
ıst.	10	it i	-0	152"	11 . 400 10.0
131.	10 feb \$865	11 of Softember 186	Sie	Co. 9 Regt. 13-2	0.0 NO 48
zd.	1- 11	1-1			AJ. A. COL
3110	al Cary Bullar	af Inemphis		Co. Regt.	1 odan Jy
зå.	June 2. 186 291	Left, 26, 1162	KA	28216811	NIM
*	J Decaluty M	(anuf willer	120	Co. Regt. 60 LL	Jenn
10	but he now receives on nen	ion certificate number \$42.	557	pension of Eagel	dollars a month,
1	hat he now receives, on pens	ion certificate number		21.	
payal	ole the day of	next Jannary	, at th	c / W/msago	Pension Office,
T	hat he owns property, real a	nd personal, of the value of		dollars, and	no more; that he has no
		ne above named; that his trade o			u
					-26.29-31
T	hat he has (4)wife;	that he has 4 children nov	111	ages, respectively, (-)	*
years		is Clinton Day			
	Chinton	on the To K K		way, in C Dour M	
State	that the name and addre	ss of the person, to whom he	desires	notice of his illness or de	ath shall be given, is
-	8:00 M	ght of Ch	ila	County of Sun	state of
7					
1	that, in	case of his death, he desires all l			
				Dewill , Sta	
T	hat he has not heretofore bee	n a member of any Soldiers', S	ailors', or	other Charitable Home or Ir	stitution, encepting-the
100	<b>A</b> (	11. B 156			
6)	Aver of	The Headen			
7	hat he is now a bona fide res	ident of the State of Illinois, and	has contin	nuously lived and resided in	said State for the last
wo y	ears, or has served in an Illi	vois organization.		,	
т	hat he is so far disabled by	(1) Rennation	H . 1	on Eyes	
	and the second			0	
	3.				
is to i	now be incapable of carning h	is own living.			
T	hat he has at all times, her	etofore, supported and adhered to	the gove	rnment of the United States	of America, and that he
ias n	ot at any time been engaged	n, or countenanced, or aided, or	abetted, t	in all things and in every re	enect county with and
T	hat if he shall be admitted	to be a member of the said Home as made, or that shall hereafter b	, ne wiii,	or the government and disc	pline of the same: and
onfo	rm to the rules and regulation	orm any and all things that shall	he remir	ed of him by those there in	authority over him; and
nat b	e will promptly and million	y, obey all lawful orders that he	shall rece	ive from any officer of the H	ome, so long as he shall
nat h	e will promptly, and willing. n a member thereof.	y, oney an invited officers that he	The second second	0	
emal	Watimpuvikkedi he has:	set his hand thisd	av of A	le omby	100.
2	the nas	the many three man and the man	- Vanne	Charles & o	ott.
5/	1-0.00m	en	(*)	Charles 5 3	relizarion

STATE OF ILLINOIS, STATE OF ILLI
County pellitt
of the term of James of the term of James of the term of the term of James of the term
ally 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.
Affiant.
Subscribed and sworn to before me, this dayof A.D. 1900. Witness my hand
and official seal.
L.S. Santa Caralla (12) OS (CA)
11- Oldoman Deputy.
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
organization. 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 goont large; and that he can safely be quartered with feeble and helpless men
Witness my hand (1) Police Majorh
(11) Police Magist
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named Applicant, ( has, I as, I as the state of the sta
, as to his disability, and I now find that he has (16)
and of many many
to such an extent as to prevent him from earning his own living. And I hereby tertify that he has no known, manifest, or discov-
erable, mental disorder; that he has no need of an attendant; that he may by properly allowed to go at large; and that he can
safely be quartered with men who are old and feeble.
Subscribed and sworn to before me, this 30 day of 200. And I certify that I am
Managaran 1980 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 1981 - 19
personally acquainted with said affiant
in active practice, and in good repute, as an honest man and a capable physician, in the community and among his fellow phy-
sicians where he lives.
CERTIFICATE OF SOLDIERS HOME SURGEON.
I hereby certify upon honor that I carefully and critically examined thatles I frethylaneur
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Junior
he day of becula, 1900; and that I then found him to be of sound mind, and to be
accepable of earning his living by reason of his physical disability arising from (17) Phune all the
manuscapanie or caraing ins riving by reason or ins physical disantity arising from ( - ) dominante commencer and the co
1 1
1500.77
Witness my hand

Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said Charles & Grettyman , 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 now duly admitted as a member thereof, this 18 day of Dec 1900.

Superintendent.

## HOW TO FILL APPLICATION BLANKS.

- 0. Give full name of the Applicant.
- 1. Either "Mexico, the late Rebellion, or Spain."
- 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.
- 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.
- 8. 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."

- 11. Here Applicant will sign his full name, or make his mark.
- 12. Signature and title of the Justice or Notary.
- 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. R. Post.
- Here write official title.
- The physician here will 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 carning his
  own living.
- 6. Name and official title of Notary or Justice.
- 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 found you to be so far disabled as to render you incapable of earning your own tiving, 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 permited to leave the Home on Furlough, or on Pass of two or more days' duration, you will be required to wear your citizen's clothing. You will not be allowed to wear Home or State clothing, when so absent.

## TO BE ELIGIBLE FOR ADMISSION.

- I. The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, the late Rebellion, or the Spanish War.
  - 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, or served in an Illinois organization.
- 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 means of some other PRESENT DISABILITY.
  - '5. That you shall have NO PROPERTY OR OTHER SUFFICIENT MEANS OF LIVING.
- 6. That you shall be of sane 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 OR CARED FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.

## Register No. 5426 APPLICATION FOR ADMISSION Illinois Soldiers and Sailors Home Application Approved by Superintendent. Admission Granted DEG 18 1900

# ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL. IN THE NAME OF GOD, AMEN.

Sparles & Prettyman of Illinois Soldiers' and Sailors' Ho	om.e
in the County of Adams and State of Illinois, being of sound mind and memory, and consi	
ing the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish declare, this to be my last WIII and Testament.	ana
First. I order and direct that my Execut V hereinafter 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 beque	eath
all worldly goods of which I may die possessed,	
	120
to	
Sarah le Hilliams	
Clinton	
9.11.110 1	
soil i	
Ollmon	
, 보통 등 보통	
흥미 이 그렇게 그녀의 사람들이 되었다. 그런 그런 그런 그런 그런 그런 그런 그런 그렇게 했다.	
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	P)
Lastly, I make, constitute and appoint Islaminite Suft or he	,
	1
Queressor in affici to be Execut or 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	2
day of U.J. in the year of our Lord One Thousand Nine Hundred F	
Charles . G. Re Hymand [SI	EAL
This instrument was, on the day of the date thereof, signed, published and declared by the	said
testator Carles O Cattyman to be his last	
and Testament, in the presence of us, who at his request have subscribed our names here	to as
witnesses in his presence, and in the presence of each other.	
Allawan	
77	

GOVERNOR: JOHN R TANNER, SPRINGFIELD.

SOMERVILLE, Superinten dent. Hidgins, Adjutant. J. Golden, Surgeon. E. Ette, Ass't Surgeon. A. While, Ass't Surgeon.

### BOARD OF TRUSTEES:

T. J W. NILES, Sterling. CAPT. W. O. WRIGHT,

OFFICERS OF THE BOARD.

Cot., C. V. Chandler, President,
William Murray, Secretary,
E. H. Osborn, Treasurer.

HEADQUARTERS

## Illinois Soldiers and Sailors Home.

QUINCY, ILL., april 15 Win Somerville Superinterstent

I hereby certify upon honor that I carefully and critically excurred beharles I buttopnean and I now find that Il. wilden Surgeon I Set S.

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REGISTER No.5426 796 Illinois Soldiers' 🚜 Sailors' ictor De Will la Illeriois Reg't Olls Reg't. CONTENTS Admission Paper. Army Discharge . Certificate of Service. Pension Certificate 847 557 DEG 18 1900 190 Admitted. 1901 Discharged OR. ai. AN