

Note Carefully: Army discharge or certificate of service must be sent, and all directions carefully complied with, or the application will be returned. See "EXPLANATIONS AND DIRECTIONS" on Third Page.

APPLICATION FOR ADMISSION TO THE Illinois Soldiers and Sailors Home * AT QUINCY *

TRUSTEES:

DANIEL DUSTIN, Sycamore, DeKalb County, Ill.
L. T. DICKASON, Danville, Vermillion County, Ill.
THOMAS W. MACFALL, Quincy, Adams County, Ill.

OFFICERS:

J. G. ROWLAND, Superintendent.
J. R. LOTT, Secretary and Adjutant.
R. H. CARNAHAN, Quartermaster and Commissary.
R. W. McMAHAN, Surgeon.
JAMES D. MORGAN, Treasurer.

STATE OF Illinois }
COUNTY OF Dewitt } ss.
On this 11th day of October A. D. 1889, personally appeared before me
(1) Edward Norvell, a Justice of the Peace within and for the County and State aforesaid,
(2) Christopher Mahon aged 72 years, height five feet 5 1/2 inches,
complexion buddy, eyes grey, hair light, a resident of (3) Wapella
County of Dewitt State of Illinois, who being duly sworn, deposes and says, that he was born in
(4) Mayo County, Ireland and has been enlisted in the service of the United States
(5) once times during the (6) Civil
war; and honorably discharged from each enlistment as follows:

No. of Enlistments.	When Enlisted, With Rank.	Where Enlisted—Town and State.	Company and Regiment Mustered In.	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>March 25th 1865</u> <u>a. Private</u>	<u>Pottsville</u> <u>Pennsylvania</u>	Co. <u>E</u> Regt. <u>Fifth</u> Co. <u>Pa Cav</u>	<u>August 7th 1865</u> <u>Richmond</u> <u>Virginia</u>	<u>By reason of instruction</u> <u>from U. S. A. G. dated July</u> <u>21st 1865</u>
2d.	18		Regt.	18	
3d.	18		Co.	18	
4th.	18		Regt.	18	

That he is disabled as follows: (?) from age and unable to do
hard Manual Labor

and has been receiving _____ Dollars per month, pension, on Certificate No. _____ payable at _____ Agency, from _____ 18____,

7 having no other means of support, and being unable, on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The said applicant further swears that he has not been engaged in, 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,

Vesselius Davis MD
Wm Hart

(9) Christopher X Mahon
His Mark

Post Office Address, Napella, De Witt Co. Ill.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to Christopher Mahon before he executed it.

(11)

Edward Norvell
Justice of the Peace
 NAME AND ADDRESS OF NEAREST RELATIVE.

Read? Can read Write? no write

Occupation Laborer

Married or Single, a widower
 (If a Widower so state.)

Children under 16 years, none

(Name) _____ (Relation) _____

(Address) _____

CERTIFICATE OF IDENTIFICATION.

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, 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 have known the above named Christopher Mahon for the last two years past, and that I believe the declaration signed by him to be true.

(9) Cora B Innes

(Give Official Title) Commander Post 251
De Witt Co. Ills.

SURGEON'S CERTIFICATE.

I certify that I have carefully examined (2) Christopher Mahon
 Co. E. 5th Regt. Pa. Cav Volunteers, and that he is (10) permanently temporarily disabled as follows:

Date of Injury or Disease _____ day _____ 18 _____

Place of _____, State of _____

Character of Disability, Age

Complications, _____

Present Condition of Applicant, very feeble
The infirmities of age unfit him to ad-
mission to the home

(10) R. W. McManahan SURGEON.

Sworn to and subscribed before me, this 19 day of Oct A. D. 1889, and I hereby certify that the said _____ is known to me as a Surgeon in actual practice and reputable in his profession.

(11)

ORDER FOR ADMISSION.

The above application is hereby approved, and (2) Christopher Mahon, 10/19, 1889
E. Co., E. Regt. 5th Pa Cav Vols., will be admitted to the

Illinois Soldiers and Sailors Home, at Quincy.

[Signature]
 Superintendent Illinois Soldiers and Sailors Home.

Register No. *1352*

ILLINOIS SOLDIERS' AND SAILORS' HOME
QUINCY, ILLINOIS

Christopher Mahon
Wapella, Ill.

E CO. *5th* REG'T *Pa. Cav.*

CO. REG'T

CO. REG'T

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Admission Paper /

Army Discharge /

Certificate of Service

Pension Certificate / *#746,331* Will

Admitted *Oct. 19* *1889*
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Rec'd. papers Oct. 19, 1889.

Dis. Jan 22, 1889.

Readmitted 5/22/06

Dis. on request 7/3/06