HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

/	Cymo Has	9.5 (0) of the	town of	way	nesmill	23
that l	nerica, in the waragainst ne be admitted as a member of to enable the authorities to det	said flome. ermine whether or not he is	by II.	ntitled to b	pecome a member	, respectfully asks r of said Home, he de-
of of of war a	and states the facts to be that Light Complexion Complexion Complexion I way I way Gainst And And Arged from the service of the I	eyes, and eyes, and of the has been (2). One in the war of the late	Mig.	J.,, lled in the on; and the	on the	as born in the town of day in the honorably
enroll	ment and discharge from sof namely:					
No.	When and where Enrolled.	When and where Discharged.	Rank.	Compan	y and Regiment.	Cause of Discharge.
1st.	Aug 1862. wapolla Illa	of Louisville Ky	Proof	Co. A	Regt. 107	End of was
2nd.	01	Rug 16 1864		Co.	Regt.	
ard.				Co.	Regt.	
years.	State; that the name and add	hat he has Man children way no saille	now living R he desire	g; ages, res State of Il ailway, in s notice of , County of onal effects	spectfully, (5) linois; that his n his illness or de to be sent to	cearest railway station County, eath shall be given, is
T	nat he has not heretofore been	a member of any Soldiers', Sa	ilors', or	other Cha	ritable Home or	Institution, excepting
T	nat he is now a bona fide resident or has served in an Illinois organ	- 1		201111		
e	or has served in an Illinois organiathe is so far disabled by (7).	have Kill	nine	714.8111	our	
	one be incapable of earning his ou					
### P	1 1 Il timon honotofe	ne supported and adhered to	the gover	nment of t	the United States	of America, and that
and co same; over h	not at any time been engaged at if he shall be admitted to inform to the rules and regula and that he will cheerfully do im; and that he will promptly, as he shall remain a member	be a member of the said Hor tions made, or that shall her and perform any and all thing and willingly, obey all lawful thereof.	ne, he wil eafter be s that sha orders th	l, in all the made, for all be required at he shall	ings and in every the government red of him by the receive from an	and discipline of the ose there in authority y officer of the Home,
In (9) ,	s as he shall remain a member Testimony Whereof, he has se	t his hand this 20	(8) CAJ	ay of L	yav.	Applicant.

STATE OF ILLINOIS
country of de will so I fames Beles , a (10) e Notary Partie
of the town of Way we will, 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, 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.
Subscribed and sworn to before me, this 2 3 in day of November, A. D. 190 &
Subscribed and sworn to before me, this 2 3 - day of November, A. D. 190 4
Witness my hand and official seal.
[L. S.] James Been (12) Notary Profile
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known Cysus Haces
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 go at large; and that he can safely be quartered with feeble and helpless men.
Witness my hand, (13) Jacob Baker (14) J
(14)
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named applicant.
as to his disability, and I now and that he has (15) Lenual Debilelie
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 mental disorder; that he has no need of an attendant; that he may be properly allowed to go at large; and that he can safely be quartered with men who are old and feeble.
Can safely be quartered with fuel who are old and reedle.
Subscribed and sworn to before me, this 23 day of November V.190 le And I
certify that I am personally acquainted with said affiant, and that
I know him to be a physician in active practice, and in good repute, and an honest man and a capable physician, in the community and among his fellow physicians where he lives.
6 James Been (16) N. P.
CERTIFICATE OF A SOLDIERS' HOME SURGEON.
I hereby certify upon honor that I carefully and critically examined. Cafrus Harry
the above named soplicant, as to his mental and physical condition, at the Hospital of this Institution, on Middle and
the day of Acetucker, 1906; and that I found him to be of sound mind, and to be capable of earning his living by reason of his physical disability arising from (17). Chronic Diameter
Thursday trem and Simility
- d
tag-120 Home Witness my hand I Landone Home Hospital Surgeon.

SHORT WILL

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

IN THE NAME OF GOD, AMEN.

1 6 m	ore Hurry of Illinois Soldiers' and Sailors' Home,
	ams and State of Illinois, being of sound mind and memory, and consider-
	of this frail and transitory life, do, therefore, make, ordain, publish and
eclare, this to be m	y last WIII and Testament.
First. I order	and direct that my Execut hereinafter named, pay all my just
bts and funeral ex	penses as soon after my decease as conveniently may be.
Second: inject	the payment of such funeral expenses and debts, I give, devise and bequeath
l worldly goods of	which I may die possessed,
	7
2/2	
- May j	Soul Dil
	James & Shrings Magnestill
	James & Journey
	Magnestell
	0 11 12
	D. Will County
	Olleseves
(4)	
,	
NAMES OF TAXABLE PARTY.	titute and appoint for Somerville Supt or his
istiy, 1 make, cons	- 1/
Lucaria	of this
21000	of the barrier of the same
	stament, hereby revoking all former Wills by me made.
In Witness Whe	reof, I have hereunto subscribed my name and affixed my seal, the
u of Deel	in the year of our Lord One Thousand Nine Hundred
y 0/	in the year of our Lora One Thousana Nine Hunarea
	D his
	Cypus x Harry [SEAL]
	man SEAL
his instrument was	, on The day of the date thereof, signed, published and declared by the said
	Carrie Starra
stator	to be his last Will
nd Testament, in th	ne presence of us, who at his request have subscribed our names hereto as
itnesses in his prese	ence, and in the presence of each other.
	do
	(Note)
	a dawson
	Mense
	1 /25/0