APPLICATION FOR ADMISSION

Illinois Soldiers' and Sailors' Home

TARE	QUINCY

OFFICERS. TRUSTEES. J. G. ROWLAND, Superintendent. DANIEL DUSTIN, Sycamore, DeKalb County, Ill. S. B. SHERER, Secretary and Adjutant. R. H. CARNAHAN, Quartermaster and Commissary. L. T. DICKASON, Danville, Vermillion County, Ill. R. W. McMAHAN, Surgeon. THOMAS W. MACFALL, Quincy, Adams County, Ill. JAMES D. MORGAN, Treasurer. COUNTY OF A. D. 188 , personally appeared before me On this within and for the County and State aforesaid, -, hair Andrea a resident of (3) , who, being duly sworn, deposes and says, that he was born in and has been enlisted in the service of the United States times during the (6) war, and honorably discharged from each enlistment, as follows: Where Enlisted, Town and State. No. of Enlistments When Enlisted, With Rank. Company and Regiment Mustered in. Date and Place of Dis-charge, with Rank, Cause of Discharge. 1st. Regt Co. 2d. 18 Regt 18 3d. Regt Co. 18 4th. . Regt That he is disabled as follows month Pension, on Certificate No. payable at and has been receiving

Agency, from.

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

.18____, and being unable, on

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.	
Michael Donahue () Jances F. Allen	
20 Post Office Address, Colonton III.	
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 James L. Allen before he executed it.	
Stephen K. Carter	
CERTIFICATE OF IDENTIFICATION.	
The following Certificate must be signed by 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 know the above named fames L. Allen	
and that I believe the declaration signed by him to be true	X
! Cit In Clinton Des	
URGEON'S CERTIFICATE.	
J 4 21	
Co. Reg't V Volunteers, and that he is (10) permanently temperarily disabled	
for obtaining his subsistence by manual labor. Date of Injury or Disease.	
Date of Injury or Disease, Def A day day 18.88	
Place of De Late of State of State of	
Character of Disability, Character Assessed to the Character of Disability, Character of Disabil	
Complications, Frience of Lund	
Present condition of Applicant, . I not abble to perform any manual Rals	
	,
on acount of themen ation of theck and should	24
(10) John Wight Mit SURGEON.	
Sworn to and subscribed before me, this 10 Th. day of Secuber A. D. 1888, and I hereby certify that the	
said I ohn Whipher is known to me as a Surgeon in actual practice and reputable in his profession.	
(11) Stephen 17. Carle	

Occupation, Laborer		NAME	AND ADDRESS O	F NEAREST REL	ATIVE,	
Married or Single, Lingle.	- Do	mt	Know	nha	they	an
hildren under 16 years,			2			-

ORDER FOR ADMISSION.

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The above applicati	ion is hereby a	approved, and (2)	Jun	m	I. ac	lu	
Home at Quincy.		Reg't Lown			nitted to the		ers' and Sailors'
				Super	rintendent Ill	inois Soldiers' an	normality .

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).
- 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.

(42-Do not fill out this blank.)

Register No. 1077

APPLICATION FOR ADMISSION

TO THE

ILLINOIS SOLDIERS' AND SAILORS' HOME

James L. Allen

3 Co. 22" Reg't Loward Vols.

Co. Reg't Vols.

Co. Reg't Vols.

Admitted Dre 22 1888

APPROVED BY

SUPERINTENDENT.

Received <u>See 16"</u> 188 8

Notice of approval sent <u>See //</u> 188 8

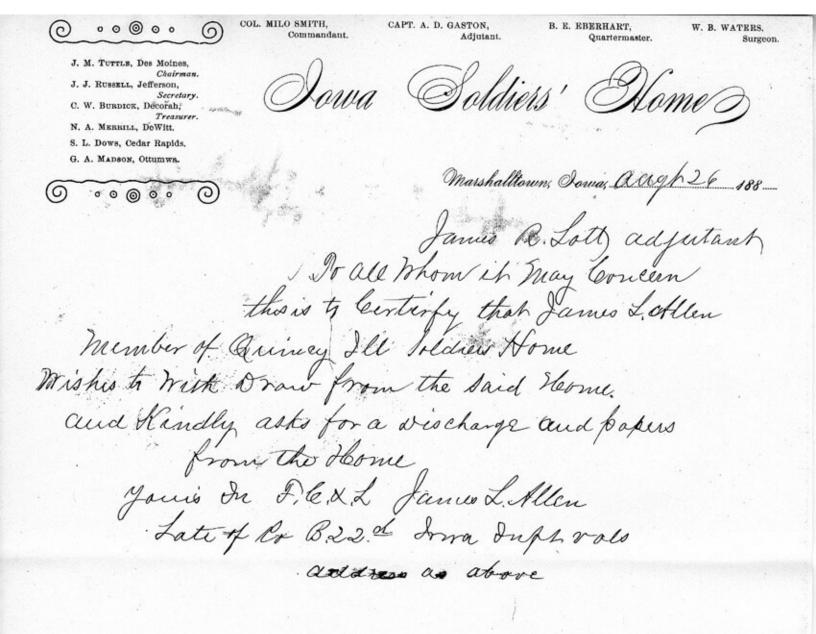
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Stephen M. Carter, Clork - STATE OF THE STA Clinton, Illinois, December 1.1888 Luny Hospila for Ledins Bentumer James. L. Allen a resident of Colinton Dellitt County Illmois desing to become In minale of the Localies Home purite of loo B, 22, Resument Iona M. been formed blanks for his administration to Home James L. Allen By S. H. Carte

Office of

County Clerk of De With County.

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ELEVATORS 122 Second Street. - OFFICE OF-LAMOINE MOTT. COMMERCE, GRAIN AND FLOUR. Des Moines, Iowa, 2, Latt Distri d'Fraud Love your to make me out a forlong and Lend it me as you Know That I left the House with our one and also Rend Sue In Discharge papers from the terry for a pinsion by Complying mith The above Reguest for will oblige sur yours In Fle Ed L James, L'Allew ELEVATORS 122 Second Street. - OFFICE OF-LAMOINE MOTT, GRAIN AND FLOUR. NOSWALK, yours in o

Surgeon's Office, Dec 2 7 188 8 Respectfully returned to J. G. ROWLAND, Superintendent. I HAVE CAREFULLY EXAMINED late Co. B 22 Regit Sowa late Co..... and find him..... SURGEON.

Illinois Soldiers' & Sailors' Home.

Register No/077

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

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James L. Allen
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Admission Paper.
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