HEADQUARTERS

Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

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	Variation Me	lanes .	*****	Tim	190//
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County	erica, in the waragainst	(1) Rate of	Relas	Les formerly a Solo	lier of the United States
that h	be admitted as a member of enable the authorities to det	said Home.	legally ent	itled to become a memi	54 - 54 M
	and states the facts to be that	the production of the second s			
of7	ight complexion			T 11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	was born in the town of
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	namely:				
No.	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge-
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1st.	May 4-1864	Oct-1-1864	4 Carp	Co. 1. Regt. 145	see du
2nd.	Sparta lee	Chicago Il	e	Co. Regt.	Ex of term
ard.	V	5 m		Co. Regt.	0
no mean the years. is in said of	the has not heretofore been a	net be has	Rai he desires his person	ages, respectfully (5) tate of Illinois; that his lway, in notice of his illness or County of State of ther Charitable Home o	nearest railway station County, death shall be given, is County, d
	v be incapable of earning his ow				******
The	t he has at all times, heretofor	re, supported and adhered to	the governm	nent of the United State	es of America, and that
Tha and con same; an	ot at any time been engaged in the shall be admitted to be form to the rules and regulate and that he will cheerfully do a search and that he will promptly, as he shall remain a member to	be a member of the said Hor dions made, or that shall her and perform any and all thing and willingly, obey all lawful	ne, he will, eafter be n s that shall orders that	in all things and in ever ade, for the governmen be required of him by t he shall receive from a	y respect, comply with t and discipline of the hose there in authority ny officer of the Home,
	estimony Whereof, he has set		day	of Novem	UEN 190/1.
(9)	To Elder	Witness,	(8) A A.	mes Ne	Cear Applicant.

STATE OF THANKOIS
County of, a (10)
of the town of, 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 under stood, 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.
(11)
Afflant.
Subscribed and sworn to before me, this
Witness my hand and official seal.
[L. S.](12)
A STATE OF THE STA
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 go at large; and that he can safely be quartered with feeble and helpless men.
Witness my hand, (13)
(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 find that he has (15)
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.
, M. D.
Subscribed and sworn to before me, this
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.
(16)
CERTIFICATE OF A SOLDIERS' HOME SURGEON.
I hereby certify upon honor that I carefully and critically examined. Januar Helson
the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Medical and the Hospital of this Institution, on Medical and to be day of Mayurulut, 1997; and that I found him to be of
day of the day of the state of
capable of earning his living by reason of his physical disability arising from (17). Patritial dearfness
······································
Witness my hand OM Landon
Home Hospital Surgeon.

HEADQUARTERS

PROVOST COURT

LLINOIS S. AND S. HOME QUINCY, ILLINOIS

	(1011, 16 190/2
Accusation against -	Janus nelson
Register No. 96	6 S Cottage No. 8
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ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

James. Welson				Dewitt		
Tilingia						
	an honorably	-001690500 0 000		/	·	
	of the U. Sin the war againstRebellion					
and his wife. Rebeccs A. Ne as members of said Home. To enable the authorities to pa	ss on their eligibility, the said				-	
declares the following statements to be	true and correct: that his person	al descripti	on is as fo	ollows: age7	9	
height5ft6_	inches; comple	xionLi	ght	; eyes	Gray	
hairGray					9	
That he was born inWash	ington.Co ILL	Coun	ty of			
State of ILLinois	, on the	11.5	da;	y of	т	
that he has been Once from the U. S. service as follows, to-	enrolled	; and	7 Once	l	honorably dis	
8 When and where Enrolled.	CHEPANT TITE BISTED	Rank	Compan	y and Regiment.	Cause of D	
1st. may 14, 1864	Oct 1, 1864	Corp	$Co_{\overline{K}}$	Regt.142 1:	LL Inf 1	
2nd.		JOZD	Co.	Regt.		
3rd.			Co.	Regt.		
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Certificate of Identification

I do hereby certify, upon honor, that I have personally known	
nd, the above applicants, for at least tw	o years last past, and that to the best of my
nowledge and belief, the statements contained in their foregoing application are er	
their residence in Illinois, or his service in an Illinois organization. And I furth	
der and that they require no special attendants; that they can properly be allowed	to go at large and that they can safely be
artered with feeble and helpless men and women.	
WITNESS my hand (8)	
(9)	
(3)	
Certificate of a Local Physician	
Certificate of a Local I hysicial	•
I hereby depose and state that I have carefully examined the above na	med applicant
, as to his disability and I now find that he has (10)	
such an extent as to prevent him from earning a living for himself and wife.	And I hereby certify that they have no known
anifest or discoverable disorder; that they have no need of attendants; that they	may properly be allowed to go at large and
at they can safely be quartered with men and women who are old and feeble.	
Advancement	
	M, D,
Subscribed and sworn to before me, thisday of	A. D., 19 And I certif
at I am personally acquainted with said affiant	vectorian in the community and among his fellow
nysicians, where he lives.	iyacan m me communiy and among no tonor
lysicialis, where he rives.	
ring and the state of the state	
(11)	
2.74	*:
AN AS AT DIRECTORNAL AND AS COMMERCES SOCIEDAD.	
Certificate of a Soldiers' Home Su	irgeon
- · · · · · · · · · · · · · · · · · · ·	
I hereby certify upon honor that I have carefully and critically exam	. Jane Welson
I hereby certify upon honor that I have carefully and critically exam	ined Jacobs
rice a help, the above named applicant as to his mental and p	hysical condition, at the hospital of this Insti-
tion, on the 2 5 day of 1923; and that I four	nd him to be ofsound mind, and t
There is the state of the state	
capable of earning his living by reason of physical disability a	rising from (12)
agr	
1	
	Home Hospital Surgeon
WITNESS my hand	Home Hospital Surgeon
	0
Order Admitting Applicant	
	ver

The application of the said	, and
ogether with the said several certificates, signatures and jurats, having been found stendent being satisfied that the applicants have shown themselves to be lawfully	g to be duly and formally made, and the Super- entitled to admission to the Home it is been
rdered that he is now duly admitted as a member thereof, thisday of	, 19
	Superintendent