## THE ILLINOIS SOLDIERS' AND SAILORS' HOME,

AT QUINCY.

TRUSTEES:		STIN, Sycamore, DeKalb SON, Danville, Vermillion D, Quincy, III.	Davids III	NERAL C. E. LIPPINCO LONEL L. W. SHEPHER	TT. Superintendent.  D. Secretary and Treasurer.
STATE OF	All.	<del>)</del>	sie		
On this	10-	_day of_ M	arch.	A. D., 188-Z, per	sonally appeared before m
(1) A	donnt	Coluke	DATE OF IDEN		County and State aforesai
, Jo	0 11	levels tasti for pro	aged 67	vears; heighth 3,	feet 4 inche
state of	lemois	ent of (*), who, being duly sw	orn, deposes and says,		•
9	reand	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and has b	een enlisted in the s	ervice of the United State
var, and hor	orably discharged fro	m each enlistment, as i	times during the (6)— follows:	soti en	X
No. of Enlistments,	When Enlisted, with Rank.	Where Enlisted, Town and State.	Company and Regiment Mustered in.	Date and Place of Dis- charge, with rank.	Cause of Discharge.
1st.	Minate 19th ay of	Octana	Co G. 84 See Sy.	andin out	Thurtin of
2d.	octobin4	A Granges	J 7 45.13	200700	
3d.		(ik)	- E- Sul	X 545-64	and soft a
4th.	Second 23	5 7 7 4 3 C	Pro- 47 197	)	and the second
That he i	is disabled as follows:	(1) Kuf	True an	d pair	in back
ski trid gjas	on the transfer of the	1		Silvan Services	to Armata Spreadings
d has been	receiving 220.	the second second	month Pension, on Ce	rtificate No. 2	payable at
	his disability to sayn	Agency, from	m—————————————————————————————————————		18——, and being unable

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 has never been a member of either of the Branches of the National Home for Disabled Volunteer Soldiers. 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. Challe. 45 atamo Sworn to and subjectibed before me the day and year first above written, and I hereby certify that the foregoing affidavit was read over, before he executed it. and fully explained to O STATE A. II., Ibst. A., personally appreced to free the CERTIFICATE OF IDENTIFICATION. within and for the County and Firsts I HEREBY CERTIFY that I have every reason to believe, after an examination of his discharge papers, that 17 trelated server is the identical person described therein, and that the above declaration signed by him is true. ated in a break entitled in the (\*) oris golsul-asmi SURGEON'S CERTIFIC that I have carefully examined (2) I certify Volunteers, and that he is (10) disabled for permanently who obtaining his subsistence by manual labor Date of Injury or Disease, State of Place of. Character of Disability 56 Complications non Present condition of Applicant, ence is at of tail? SURGEON.

Sworn to and subscribed before me, this 10 day of March A. D. 1887, and I hereby certify that the said from Miles of the first and subscribed before me, this 10 day of March A. D. 1887, and I hereby certify that the said from Miles of the first and subscribed in his profession.

The first and subscribed before me, this 10 day of March A. D. 1887, and I hereby certify that the said from the first and subscribed in his profession.

The first and subscribed before me, this 10 day of March A. D. 1887, and I hereby certify that the said from the first and subscribed in his profession.

The first and subscribed before me, this 10 day of the first and the fir

Occupation, Lulianin	Name and Address of nearest relative.
Married or Single, Willows	Michael Joyce (Mother)
Children under 16 years, Warry	Chambain Elle
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
OR	DER FOR ADMISSION.
Electrical Services E	
A A	John Joyce
	000
The above application is hereby approved, and	sohn Joyce
The above application is hereby approved, and	
g str -	VIC 201
Co.,Reg'tX	Vols., will be admitted to the Illinois Soldiers' and Sailors
Home at Quincy.	De Silia a D
§ =	2. Suppular Co
5 . 5	SUPERINTENDENT ILLINOIS SOLDIERS' AND SAILORS' HOME.
5 5 53	
8 3 8 -	
EXPLAN	ATIONS AND DIRECTIONS.
	- 19 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1
THE FIGURES IN THE BODY OF THIS APPLICAT	ION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED
F 5	IN FILLING-THE BLANKS.
* 8	A 1 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
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 in	
6. Give the name of the War (1812, Mexican, or C	
<ol> <li>Here state minutely the cause and nature of the disa by disease, state the nature of disease, and when</li> </ol>	bility; if by wounds, state the nature of the wounds, and when and where received; if n and where contracted.
8. Signature of applicant. Two witnesses are requ	
9. This Certificate must be signed by the Adjutant	General, or Surgeon-General of the State, or by the Mayor or City Clerk of the
City, by a County Officer, or some other re-	spectable and responsible citizen of the town in which the applicant resides.
10. If the Certificate of Examination is officially si	gned by a Surgeon-General of a State, or of a United States Examining Surgeon
or by a Surgeon designated for that purpos	e by the Superintendent of the Home, it need not be sworn to. One of the
de Westmanantle" or "temporarily " in	the certificate, must be erased by the Surgeon.
words, permanently or temporally, in	
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, and Pension Certificate, or receipt therefor, before his application is granted, which papers will be sent to the Home when the applicant is admitted, to be kept there, and returned to him 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 others papers, to the Superintendent, whose name is printed on the first page of this sheet, giving Post-Office address nearest railroad station; and if application is approved, transportation will be forwarded without charge.

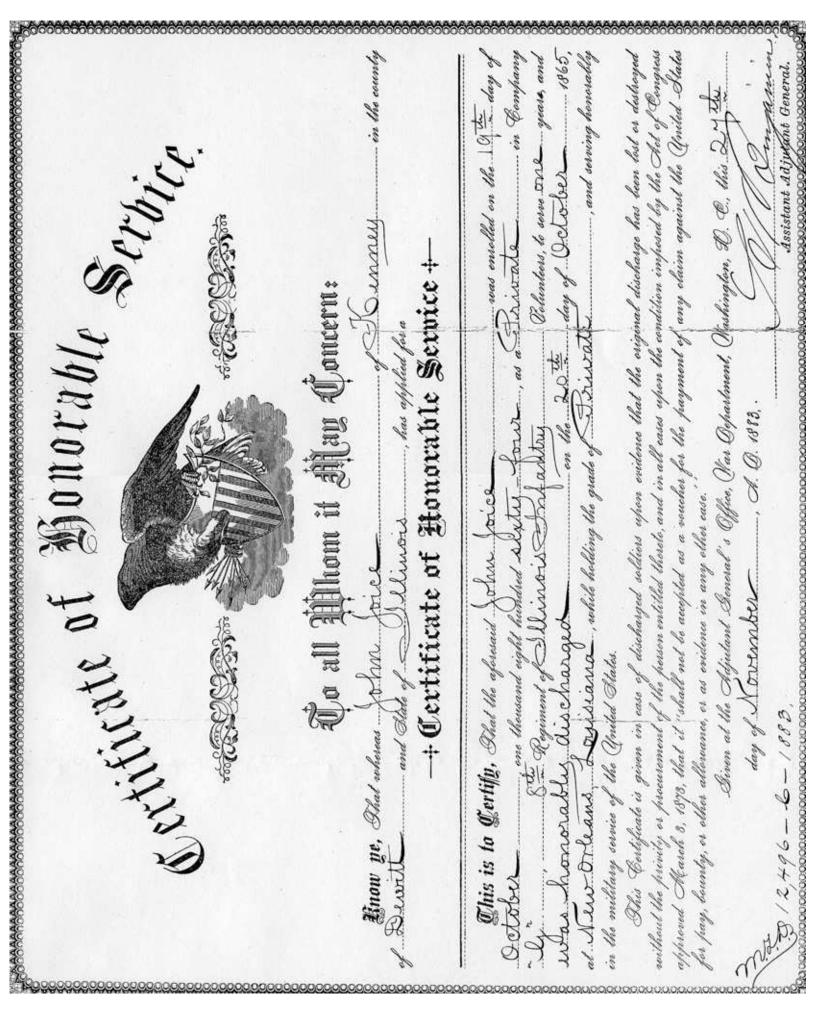
County Clerk of De Witt County. Stephen K barter, bluk. Clinton, Illinois, #Elmy 15 = 1887 Illinois Lucius Home Tring Ilemois Gentume Sime making my report John Joyce, late private of les &. 8th deins Input desir to file his affection for a fear in the home pash hame segs he nice not send his officialis in just get, buy buy Luphen. 18 Carte

## SHORT WILL.

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

## IN THE NAME OF GOD, AMEN.

I, John Jones of Illinois Soldiers' and Sailors' Home
in the County of Mams and State of Illinois, being of sound mind and memory, and considering the un-
certainty of this frail and transitory life, do, therefore, make, ordain, publish and declare, this to be my last,
Will and Testament.
First. I order and direct that my Executor hereafter 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 bequeath all
worldly goods of which I may die possessed,
John n. Joyer, Champaign, Ill Mary Ryan, Champaign, Ill
John n. Jouer Chambrian Ill
Joseph Joseph Joseph Joseph Joseph
Mary Ryan, Champaign Ill.
Lastly, I make, constitute and appoint Wn Somer Jelle, Supx, or his
mony, I make, constraint and appoint
Successor in officer to be Executor of this
my last Will and Testament, hereby revoking all former Wills by me made.
In Witness Whereast I have become a boundary and a second and a second and a second and a second as a
In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the 26 day
of not in the year of our Lord One Thousand Nine Hundred and S.L.
(Sig. ins
(Signed ) John Jones [SEAL]
This instrument was, on the day of the date thereof, signed, published and declared by the said testator
John Joyca to be his last Will and Testa-
ment, in the presence of us, who at his last request have subscribed our names hereto as witnesses in his
presence, and in the presence of each other.
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· ) O. o. orman
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DUPLICATE

## ILLINOIS SOLDIERS' AND SAILORS' HOME

Reg. No. 89 Co. Regt. B Ill. Inf. Record of John Joyce State BARLE VANTER CO. MANUFACTURES CHICAGO-MOLYONE DATE RELATIONSHIP PERSON TO BE NOTIFIED IN CASE OF DEATH P. O. ADDRESS REMARKS YEAR MONTH DAY Chmapaign, Ill., Viece 24 11 Mrs. D. T. Ryan, COTTAGE INVENTORY Sergeant, Cottage No... Received the above described personal effects of the akntoyce Registry No. 89 ABarried Hospital Steward HOSPITAL RECORD Died Jan. 13, 1913 at 7:55 P. M. HOSPITAL INVENTORY 2 coats, 1 vest, 1 pr. trousers, 3 shirts. Value of Effect 165 I hereby certify that the above is a true and correct inventory of the personal Deceased. effects of\_ John Joyce 6 8 Barnes Hospital Steward Approved: