



Before filling in the blanks read carefully the explanations and directions on the margin, and again on third page.

Army Discharge, or Certificate of Service or Pension Certificate, must be sent with this application, and all the directions carefully complied with, or the application will be returned, and much delay result.

NOTE THE EXPLANATIONS AND DIRECTIONS.

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 Co., Ill.

OFFICERS.

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

DIRECTIONS.

Fill all the blank spaces carefully.

STATE OF Illinois
COUNTY OF De Witt } ss.

On this 19 day of May A. D. 1890, before me

(1) A. J. Brown J.P. + Notary Public within and for the County and State aforesaid, personally appeared (2) Jas A Smalley aged 65 years, height 5 feet 7 inches, complexion Light, eyes Blue, hair Sandy, a resident of (3) De Witt

County of De Witt State of Illinois, who being duly sworn, deposes and says, that he was born in (4) Licking Co Ohio

and has been enlisted in the service of the United States (5) Once times during the (6) War of The Rebellion war; and honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

No. of Enlistm'ts	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>7 Oct- 1862</u> <u>Priest</u>	<u>Newark O</u> <u>Licking Co</u>	Co. <u>F</u> Regt <u>115th Ohio</u>	<u>July 6 1865</u> <u>Swainsville Kentucky</u>	<u>Gen Order No 24</u> <u>Army June 1st 1865</u>
2nd.	18		Co. _____ Regt _____	18	
3rd.	18		Co. _____ Regt _____	18	
4th.	18		Co. _____ Regt _____	18	

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

Here the applicant should state, in his own way, what his disability is.

That he is disabled as follows: (7) Heart disease Diabetes + Rheumatism + General debility also Stomach + Bowel Trouble which at times is very troublesome

If no pension is received, so state.

and has been receiving None Dollars per month, pension, on Certificate No. _____ payable at _____ Agency, from _____ 18 _____

The applicant further states that he has no property nor means of support, and being unable, on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

No property owned by applicant

The applicant must sign this, and swear to the statement.

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.

Have two witnesses sign and fill all the blanks carefully.

WITNESS,
W. G. Johnson
A. R. Platt

(9) John A. Smalley
Nearest R. R. Station, De Witt on what R. R. I & C R. R.
Post-office Address, De Witt Ill.

To be sworn to before an officer having a seal, or a J. P.

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 _____ before he executed it.

Read? yes Write? yes
Occupation Carpenter
Married or Single Married
[If a Widower, so state.]
Children under 16 years None

(11) A. J. Brown
Notary Public
NAME AND ADDRESS OF NEAREST RELATIVE
(Name) Julia A. Smalley (Relation) Wife
(Address) De Witt Ill.

Fill all these blanks carefully.

CERTIFICATE OF IDENTIFICATION.

This is very important. Have it signed as directed.

(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 John A. Smalley for the last two years past, and that I believe the declaration signed by him to be true, and I further state that he is not mentally afflicted so as to require a special attendant; _____ and can safely be quartered in a sleeping room with others.

(9) W. H. Andrews
(Give Official Title) Adj't Jas Hutchinson
Post no 201

LOCAL PHYSICIAN'S CERTIFICATE.

This is to be filled out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.

I certify that I have carefully examined (9) John A. Smalley
Company _____ Regiment _____ Volunteers, and that he is disabled as follows:
Enlargement of Prostate gland causing difficulty in urinating - frequent Diarrhea caused by indigestion
Character of Disability Such as to cause considerable amount of inconvenience
Complications Chlorosis
Present Condition of Applicant Able to work part of time

I further certify that said applicant is sane, and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

(10) A. M. Tompkin SURGEON.

Sworn to and subscribed before me, this 20 day of May A. D. 1890, and I hereby certify that the said E. M. Taylor is known to me as a Surgeon in actual practice and reputable in his profession.

(11) A. J. Brown
Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and (9) John A. Smalley, 1890
Co., 113 Reg't Ohio Inf Vols. will be admitted to the Illinois Soldiers and Sailors Home, at Quincy.

Superintendent Illinois Soldiers and Sailors Home.

APPROVED.
E. G. ROWLAND, SUPT.

Illinois Soldiers & Sailors Home.

Surgeon's Office, May 27 1890

To the Superintendent:

I have carefully examined

John A. Smally
late Co. 7 113 Reg't Ohio Inf.

late Co. _____ Reg't _____

and find him disabled by Age
Rheumatism &
irritable bladder.

The disability
entitles him to
admission to the
home

R. W. McManis
Surgeon.

Swisher, Levitt, Co.

Oct 13th 91,

To Mr Frank Peats, Sir,
If your honor please,
you will forthwith
make out my discharge
from the soldiers home
at Quincy, and send
the same to me at once,
by so doing you will
much oblige me, who
will ever remain
yours respect.

John, A. Smalley,