

## 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 County, Ill.

**OFFICERS.**

J. G. ROWLAND, Superintendent.  
 S. B. SHERER, Secretary and Adjutant.  
 R. H. CARNAHAN, Quartermaster and Commissary.  
 R. W. McMAHAN, Surgeon.  
 JAMES D. MORGAN, Treasurer.

STATE OF Illinois }  
 COUNTY OF De Witt } ss.

On this 14<sup>th</sup> day of October A. D. 1891, personally appeared before me  
 (1) a Notary Public within and for the County and State aforesaid,  
 (2) Martin P. Todd aged 52 years; height 6 feet 3 3/4 inches,  
 complexion \_\_\_\_\_, eyes \_\_\_\_\_, hair \_\_\_\_\_ a resident of (3) Clinton

County of De Witt State of Illinois, who, being duly sworn, deposes and says, that he was born in

(4) Adrian Ky and has been enlisted in the service of the United States

(5) Three times during the (6) Civil

war, and honorably discharged from each enlistment, as follows:

No. of Enlistments.	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>June 3 1861</u> <u>Private</u>	<u>Atlanta</u> <u>Ills</u>	Co. <u>E</u> Regt. <u>4<sup>th</sup> Ills</u>	<u>July 25 1861</u> <u>Springfield Ills</u>	<u>Term of enlistment</u> <u>expired</u>
2d.	<u>Dec 9 1861</u> <u>Private</u>	<u>Wynemac</u> <u>Ills</u>	Co. <u>K</u> Regt. <u>26 Ills</u>	<u>1861</u> <u>Ills</u>	<u>Returned</u>
3d.	<u>Jan 1 1861</u> <u>Private</u>	<u>Ills</u>	Co. <u>K</u> Regt. <u>26 Ills</u>	<u>Aug 2 1891</u> <u>Springfield Ills</u>	<u>Expiration of</u> <u>term</u>
4th.	<u>18</u>		Co. _____ Regt. _____	<u>18</u>	

That he is disabled as follows: (7) Partial paralysis of left leg  
that his original discharge is lost. That he had  
said original discharge recorded in the records office  
in De Witt County Illinois, & that I hereby send a certified copy  
of said discharge.

and has been receiving 8.00 Dollars per month Pension, on Certificate No. \_\_\_\_\_ payable at \_\_\_\_\_ Agency, from \_\_\_\_\_ -18 \_\_\_\_\_, and being unable, on

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

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.

WITNESS,

William Booth }  
to sign } (8) Martin L. Todd  
 } his  
 } man  
 } Post Office Address, Clinton Ill.

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 J. Martin L. Todd before he executed it.

(71) William Booth  
Notary Public

**CERTIFICATE OF IDENTIFICATION.**

(62) 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 Martin L. Todd and that I believe the declaration signed by him to be true.

(9) William Booth  
State Atty, Duwatabandy

**SURGEON'S CERTIFICATE.**

I certify that I have carefully examined (2) Martin L. Todd

Co. K. 26<sup>th</sup> Reg't Illinois Volunteers, and that he is (10) ~~permanently~~ temporarily disabled for obtaining his subsistence by manual labor.

Date of Injury or Disease, Unknown day June 18. 91

Place of Mount Auburn State of Illinois

Character of Disability, was thrown from road cart + injured in left hip

Complications, Atrophy of muscles with loss of sensation + impaired Excitability

Present condition of Applicant, Is able to go around  
can walk around with difficulty general health fairly good

(10) John A. Edmiston M.D., SURGEON.

Sworn to and subscribed before me, this 3<sup>rd</sup> day of October A. D. 1891, and I hereby certify that the said John A. Edmiston is known to me as a Surgeon in actual practice and reputable in his profession.

(11) J. M. Greene  
County Clerk  
by Jno. G. Davis Deputy

Occupation, Labourer  
 Married or Single, Married  
 [If a widower, so state.]  
 Children under 16 years, None

NAME AND ADDRESS OF NEAREST RELATIVE,  
John J Todd  
Clinton Illinois

**ORDER FOR ADMISSION.**

Oct 28, 1891

The above application is hereby approved, and (\*) Martin L. Todd

No Co., 26 Reg't All-Inf Vols., will be admitted to the Illinois Soldiers' and Sailors' Home at Quincy.

**APPROVED,**  
**J. G. ROWLAND, Supt.**  
 Superintendent Illinois Soldiers' and Sailors' Home.

**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).
7. *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.
9. 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.

HOSPITAL ILLINOIS SOLDIERS AND SAILORS HOME.

QUINCY, ILL., Aug. 13<sup>th</sup> 1895

TO THE ADJUTANT:

This is to certify that Martin L. Fodd

late of K Co. 26<sup>th</sup> Reg. Ill. Vol., died in Hospital @ 7 a.m., this day.

~~Complications~~ Marasmus, Monophyca + Partialy Sphydis

#  
2053

E. B. Montgomery

Surgeon.

2053

Sent Pension  
Paper + Dis  
9-96

Clinton Ills.  
Jan. 8-96.

Dear Sir.  
In regard to my  
father's Martin Fodd,  
I would like for you  
to send me father's  
Pension papers send  
them at once as I want  
them,  
Yours very Truly,  
Ollie Fodd,  
Clinton Ills

Ill. Soldiers & Sailors Home.

Surgeon's Office, Oct. 22 1895

To the Superintendent:

I have carefully examined  
Martin L. Fodd  
late Co. K 26<sup>th</sup> Regt. Ill. Inf.

and find him disabled by injury  
to left hip + resulting  
atrophy of leg + thigh  
The disability  
entitles him to  
admission to the  
Home.

(To be assigned to  
No. 14.)

B. W. McMahon  
Surgeon