#### HEADQUARTERS-

# Illinois Soldiers and Sailors Home,

		QUINCY, I		7	• •
	n. "	100	les	Leuton Il	le may 20,
	norton 6	Rowley 10	) of the T		, in the
oun	ty of Dru ita	1		formerly a Sol	dier of the United States
f An	nerica, in the war against (	of the late for	lebell		espectfully asks that he
	mitted as a member of said				-
т.	o enable the authorities to	determine whether or not he is	legally er	titled to become a member o	f said Home, he declares
nd s	tates the facts to be that he is	now years old; th	at he is		inches high; that
13	or any comp	n the Comp	s, and	har; that he	was born in the town of
•	011	44; that he has been (2) his		/	
Him		in the war of the late Rebe			
arg		ted States. That the following is		1000000	907
	A STATE OF THE PARTY OF THE PAR	and of the cause of his discharg			
T		1	7		·
io.	When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
st.	Coline Ill	mound al le	Buch	Co. 6 Regt. 41 1st	dias Willa
d.	may 2 1864	Detv- 23 18 64	yara	1	maning
-		Camp Buth	5 Say	. Co. Y Regt. 146	Experation of sur
d.		· ·		Co. Regt.	" "
T	that the name and address  suann Gidton  spirits ; that, in that he has not heretofore bee	is lelinton on the Le R R ss of the person, to whom he case of his death, he desires all at Clutton n a member of any Soldiers', S ident of the State of Illinois, and	Rail c desires his person County of, Sailors', or	way, in Dew M notice of his illness or de , County of Dew al effects to be sent to State Other Charitable Home or In	County in said ath shall be given, is county in said ath shall be given, is county in said ath shall be given, is considered the stitution, excepting the
70 Y	cars, or has served in an Illin hat he is so far disabled by (	iois organization.	. + n	heumatism	Annual Control of Cont
Freedo		\ 0			
	NIM III				ATTENDED TO THE STATE OF THE ST
to	iow be incapable of earning h	is own living.			
s ne	ot at any time been engaged i hat if he shall be admitted t	etofore, supported and adhered t u, or countenanced, or aided, or to be a member of the said Home	abetted, t e, he will,	he cause of the late Rebellion in all things and in every re-	n. spect, comply with and
at h at h	e will cheerfully do and perfe e will promptly, and willing!	ns made, or that shall hereafter l form any and all things that shall y, obey all lawful orders that he	II be requir	ed of him by those there in	uthority over him; and
In	n a member thereof. testimony whereof, he has s	set his hand this 20 Ct.	day of	may o	181

STATE OF ILLINOIS,
COUNTY OF DEWICK 15 1. William (South)
of the town of Cliston, 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 understood, 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) Melleceue Booch Affiant.
Subscribed and sworn to before me, this 20 day of 2 A.D. 1901. Witness my hand
and official seal.  Michael Done for Public
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known A function 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 hage; and that he can safely be quartered with feeble and helpless men.
Witness my hand, (21) Muchael Danceliel.
I hereby depose and state that I have carefully examined the above named Applicant, Norton & Roroley 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 discov-
erable, 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.
Subscribed and sworn to before me, this 20 day of May 1901. And I certify that I am personally acquainted with said affiant John 2 6 dmiston, and that I know him to be a physician
in active practice; and in good repute, as an honest man and a capable physician, in the community and among his fellow phy-
sicians where he lives. Wilber M Cartin Notary Bublic
CERTIFICATE OF SOLDIERS HOME SURGEON.
I hereby certify upon honor that I carefully and critically examined hoston, C. Royley,
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thursela
the 30 day of May, 1901; and that I then found him to be of sound mind, and to be of sound mind,
25600-
Witness my hand Colle

Cast Home Hospital Surgeon.

#### ORDER ADMITTING APPLICANT.

The application of the said
certificates, signatures, and jurats, having been found to be duly and formally made, and the Superintendent being satisfied that
the applicant has shown himself to be lawfully entitled to admission to the Home,—it is hereby ordered that he be now duly admitted as a member thereof, thisday of
admitted as a member thereof, this day of day of 1901 1 Superintendent.

#### HOW TO FILL APPLICATION BLANKS.

- 0. Give full name of the Applicant.
- 1. Bither "Mexico, the late Rebellion, or Spain."
- 2. Here say once, twice, or three times.
- 3. Here say once, twice, or three times.
- 4. Here say a wife, or no wife.
- 5. Here give their ages, from youngest to oldest.
- Here give the name of any Home or other Institution of which he has been a member.
- Here state, in his own words, what it is that ails or disables him.
- 8. Here Applicant will sign his full name, or make his mark.
- 9. Here the witness will sign his name.
- Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."

- 11. Here Applicant will sign his full name, or make his mark.
- 12. Signature and title of the Justice or Notary.
- To be made and signed by any Judge of any County or State Court, by any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or Adjutant or Commander of any G. A. R. Post.
- Here write official title.
- The physician here will state tersely, but fully, as far as
  he can learn, every cause or disorder that tends in any
  elegree to render the Applicant incapable of varning his
  own living.
- 16. Name and official title of Notary or Justice.
- Here state minutely what disorder, ailment, disease, or cause, it is that, in your judgment, disables the Applicant and renders him incapable of earning his own living.

#### SPECIAL INFORMATION FOR APPLICANT.

READ THIS CAREFULLY. For it will avail you nothing, when you come before the Superintendent for examination on the facts alleged by you in your application, to say you are ignorant of what is here and herein plainly and explicitly set forth for your information:

- Have some capable person who writes a fair hand, fill all the blanks in your application.
- Have every blank in the application properly filled, and every Certificate, except that of the Surgeon of the Home, duly made and signed, and every jurat duly executed, signed and sealed by the Clerk, Notary or Justice of the Peace making the same.
- 3. Send your application, so prepared, by mail or otherwise, with your last discharge and all your pension papers, to the Superintendent of the Home.
- 4. On his receipt of your application, and your last discharge, and all your pension papers, all in due form, transportation will be sent you, and you will be ordered to report at the Home for examination by the Home Surgeon as to your disability, and for examination by the Superintendent as to the allegations of fact made by you in your application for admission.
- If all your statements are found to be true, and the Surgeon found you to be so far disabled as to render you incapable of earning your own living, you will then be admitted to the Home, and not otherwise.
  - 6. If, for any reason, you are found not to be eligible for admission, you will not be admitted to the Home.
- If you fail to be admitted, no transportation to your home will be furnished you. Therefore, you should bring sufficient money to pay your return fare.
- S. When permited to leave the Home on Furlough, or on Pass of two or more days' duration, you will be required to wear your citizen's clothing. You will not be allowed to wear Home or State clothing, when so absent.

#### TO BE ELIGIBLE FOR ADMISSION.

- The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, the late Rebellion, or the Spanish War.
  - 2. That you shall have been honorably discharged from that service.
- That you shall have lived and resided, CONTINUOUSLY and in good faith, FOR THE LAST TWO YEARS, in the State of Illinois, or served in an Illinois organization.
- 4. That you shall have been rendered INCAPABLE OF EARNING YOUR OWN LIVING, AND SHALL NOW BE INCAPABLE OF EARNING YOUR OWN LIVING, through the exigencies of your military service, by reason of old age, or by means of some other PRESENT DISABILITY.
  - 5. That you shall have NO PROPERTY OR OTHER SUFFICIENT MEANS OF LIVING.
- 6. That you shall be of sane mind; that you shall not be in need of an attendant; that you shall be canable of ministering to your own personal wants: that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE that would render your residence in the Home DANGEROUS to others; that you may SAFELY be quartered with men who are feeble and incapable of self-defence.
- NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARED FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.



### Register No. 5568

Mostory & Rowley
APPLICATION FOR ADMISSION

## Illinois Soldiers and Sailors Home

Application Approved by

Superintendent.

Admission Granted MAY 30 1901

William/Booth, 9thorney/.

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application herein, my des charge from the

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Norton & Rowley

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