

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

Army Discharge, or Certificates 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

ILLINOIS SOLDIERS AND SAILORS HOME,

AT QUINCY-

	TRUSTEES. L. T. DICKASON, Danville, III. THOMAS W. MACFALL, Quincy, III. JAMES I. NEFF, Freeport, III.			R. H. CA FRANK F R. W. Mo	J. G. ROWLAND, Superintendent. R. H. CARNAHAN, Quartermaster and Commissary FRANK F. PEATS, Adjutant. R. W. McMAHAN, Surgeon. JAMES D. MORGAN, Treasurer.		
DIRECTIONS, Fill all the blank spaces carefully.	personall	this Fuer the and Twie of Magistrates by appeared to the court of the		r davis, a reside	within and for the C years, height nt of Way	A. D. 18 4/, before me ounty and State aforesaid feet. A. D. 18 4/, before me ounty and State aforesaid feet. A. D. 18 4/, before me ounty and state aforesaid feet.	
State each enlist- nent separately, and		honorably discharged	¥ //	imes during the	the Rebell		
ause of discharge. The armydischarge	Ist.	Oct 3 1861	Victorialeser	Co. 6:	Print 1862	Disabelities	
rcertificate of serv- be from LAST en- stment is SPECI- LLY required.	2nd.	18	Murche,	CoRegt	Amaplio	from Tophorise	
	3rd.	18		Co	18		
Here the applicant nould state, in his wn way, what his sability is.	Leg.		h has my			on of left and	
	The ap	pplicant further states	that he has no propertion to the Illinois Sold	y nor means of suppor	t, and being unable, on	105305 37,7. account of his disability,	

The applicant must dgn this, and swear o the statement.	States; and that he was not a member of any Soldiers or Sa fide resident of the State of Illinois for the last two years. A	n engaged in, aided or sbetted the late Rebellion in the United ailors Home, June 15, 1887; and further, that he has been a bona and said applicant further stipulates and agrees that he will a Board of Trustees, or by their order; that he will perform all ters of the Home.
	0.00	SPeter of Wole
Have two witness- essign and fill all the clanks carefully.	David Wible	Nearest R. R. Station, Wagners Pollo on what R.R. J. H. & B
The state of the s	6. HJones!	Post-office Address, Mayrel Vill III.
To be sworn to be- ore an officer hav-	5 - 0 - 0	ve written, and I hereby certify that the foregoing affidavit was read before he executed it.
ng a seal, or a J. P.		tolm D. Black
		[Name of Magistrate.] Notary Dublia
	Occupation Write?	Name and Address of Nearest Relative,
Fill all these blanks arefully.	Married or Single Lectorers [If a Widower, so state.]	(Name) AR Couring hour (Relation) Nephers
	Children under 16 years	(Address) Way are asker the
		DENTIFICATION.
This is very im- ortant. Have it		utant of a G. A. R. Post, the Mayor or City Clerk of the city, or by a County ace, and attested by an official sear
igned as directed.	I HEREBY CERTIFY that I have known the above named last two years past, and that I believe the declaration signs afflicted so as to require a special attendant, and can safely be	ed by him to be true, and I further state that he is not mentally
	×	John D Black
	(Give	Official Title) Locary Luctic
	LOCAL PHYSICIA	N'S CERTIFICATE.
	I certify that I have carefully examined Plus	Pleale print m
This is to be filled out by the applicant's	Company 6, 57, Regiment Personal	Volunteers, and that he is disabled as follows:
amily physician, or ne in the neighbor-	0 0 0 0 0 0	at & painful Soutimes, the
ood of the residence f the applicant.	Character of Disability to four low up a	a lar a chist Lea & Loot
	Complications always, since	
	Present Condition of Applicant Com walk	considerale not for to wont ?.
If signed by U. S. Examining Surgeon	I further certify that said applicant is sane and has no spells other comrades.	of mental disturbance, and can safely be assigned quarters with
his need not be		J O Scall SURGEON.
worn to.	Sworn to and subscribed before me, this	day of July . A. D. 189 , and I hereby certify that
	the said f. O. S. COTT	is known to me as a Surgeon in actual practice and reputable in
	nts projession.	John J. Black
	ORDER FOR	ADMISSION.
	. @	1891
	The above application is hereby approved, and	con oceate
	Soldiers and Sailors Home, at Quincy.	V. you, will be admitted to the Illinois
		Superintendent Illinois Soldiers and Sailors Home-

DO NOT FILL OUT THIS BLANK.)

Register No. 1963.

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers and Sailors Home

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THE WESTERN UNION TELEGRAPH COMPANY.

21,000 OFFICES IN AMERICA. CABLE SERVICE TO ALL THE WORLD.

This company TRANSMITS and DELIVER'S message only on conditions limiting in liability, which are been assented to by the function of the relative for errors of elegan in transmission or delivery of Unrepeated Messages, below to the sending station for comparison, and the Courage will not led the corrors of elegan in transmission or delivery of Unrepeated Messages, beyond the amount of tolls pald thereon, nor in any case where the claim is not presented in writing willingsity days of the sender, under the conditions named above.

THOS. T. ECKERT, General Manager.

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Form No. 1.

Form 65.-500-2-27-193.

ILLINOIS SOLDIERS AND SAILORS HOME.

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O THE ADJUGANT.	·le	Co	Q Regt.
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Naynesville, Il. Reg. No.1963 .		Uy Lugher_	- Wardmaster.
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Register No. 1963

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

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Illinois Soldiers & Sailors Home.

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