ILLINOIS SOLDIERS AND SAILORS HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

TATE O	F ILLINOIS ss.	-			F - 1 - 2 - 3
County	of Adams (ss.	D-TI			
0.	On this	day of October		A. D., 190 8, pe	rsonally appeared before me,
lay	h /. Wann	who being du	ly sworn,	upon oath says:-	
/				1990	
/	 My name is: 	1) Layen 1. 10	ann	, and my a	ge is Zyears. I am 5 feet
d 6 in	cheshigh. Iam of	is complexion flue eye	sandly	M hair. I was bor	n in the town of
	7 /	그리고 하다 하다 그 사람이 없는 그 사람이 없다.	/		0
in 1	the county of	wouth state of New f	race	on the 30 day	of Carry 1853.
have bee	n enrolled in the U.S.	A. service; once in the war	ragainst (2)	,and in the war of the
te Rebel	lion. I have been (3)	times discharged from the	service o	f the United States.	The following is a true state-
	e respective date, is as		irom said	service, and the cat	ise of my discharge, and my
2012111211111		/	_		1
No.	When and where enrolled	When and where discharged	Rank	Company and regiment	Cause of discharge
	Aug me X2	June 21 1865	1	0 .8-	Jun O. h. 73 Hags
st.	Farher loil 201	Salisbury Nl.	mi	Colo Regt. 2	Delet N.le Jan 2.118
	1	1	1.	1	· jan - jan
nd.				Co. Regt.	
		, 0			
rd.		· 107		Co. Regt.	1
			4	72 120	1.7
	2. I now receiv	ve on pension certificate num	bered O	20138	, a pension of 15 dollars
	100	0		/ .	
month	navable the 4 day o	f next annary, at 1	he (32	nices	Pension Office.
anonu.	7 7			5 - 12	
Blo	3 On the 23	lay of ormany	A D 18	59 Mil. Ole	ecruf in the county of
λ.	J. On the	13,9	-A. D. 10	0, 10, 10, 10	In the county of
) 2ll	ut in	the state of line	i	, I was lawfully m	Marien
1	, III	the state of		, 1 was fawfully if	narried to
Ta A			and the second of the second	iii iy	
1	, wi	th whom Thave ever since, a	and am no	w living with and su	pporting as my lawful wife.
0	12	/		100	A
_	4. I have (4)	_children now living, ages re	espectively	years. M	Ty postoffice address is
4	2· X				1.1
an	state State	e of Illinois, my nearest rai	lway stati	on is armer	Larlyon the Big 4 &
1	σ_{λ}	115.			/ /
.10.	railway, in 22	VIII County, in said	state. Ir	case of illness or d	eath I desire that notice be
1	XM T	7 /		_	1
it tolar	wes Donnole, in	the town of Armer	My, cou	nty of D swel	7 , state of Alliums
//					
-					l be sent in case of death is,
2111	D. Vannole	tom	unh	: A:	nty of with
vine	camera	, atvarr	urra	in the cou	nty on much
	Ulium	. My trade or occupatio	6	1. tani	
te of	DUCCOUL				
	I am so far d	isabled by reason of age and	infirmity	is to be incapable of e	arning a living for myself, and
	ife is without separate	property or income sufficien	t to affor	d herself with a livi	ing, or which combined with
means	s will enable us to live	in comfort; that I have not h	eretofore	been a member of an	y Soldiers or Sailors Home, or
er char	itable institution, one	pr (a)			
4	6. That I desi	re to become a member of	the Illin	ois Soldiers and Sail	ors Home, and my said wife
1.		-		orowandoro and pan	ors trome, and my said wife
na	maril Va	desires to l	become a r	nember of the home	with me, and joins me in this
lication	for membership there	in. That I have at all times	heretofor	e, supported and adb	ered to the government of the
					ed, or aided, or abetted, the
					will in all things, and in every
					r be made for the government
					nat shall be required of us, by
					hat we shall receive from any
		shall remain members the		y an amount officers o	A- 17 Hom any
ver or t	man a responsibility of the sequence of the			121	m. Vel.
1	IN TESTIMO	NY WHEREOF we have set	our hand	is this / 5 Han of	October
08	TH TESTIMO	THE THE TANK OF THE PERSON SEC	, our nam	O Mary of	
00.				(Pant)	Ta:7/- 1
	. /	7		(6) Williph	ex pannole
0	1 00 1/			/	The state of
1	(TIA)	791 791 191 191 191 191 191 191 191 191	/	Man man	Alana Am
100	m VIVION	room	//	wyor.	/ January
					Applicants
Witness					

CERTIFICATE OF IDENTIFICATION I do hereby certify, upon honor, that I have personally known the above applicants, for at least two years last past, and that to the best of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that as to the time of their residence in Illinois, or his service in an Illinois organization. And I further state that they have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at large and that they can safely be quartered with feeble and helpless men and women. CERTIFICATE OF AULOCAL PHYSICIAN I hereby depose and state that I have carefully examined the above named applicant Vannota, as to his disability, and I now find that he has (10) to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble. M. D. And I certify that I am personally acquainted with said affiant 22. John a Davis and that I know him to be a physician in active practice and in good repute, and an honest man and a capable hysician in the c mmunity and among his fellow physicians, where he lives. CERTIFICATE OF A SOLDIERS HOME SURGEON I hereby certify upon honor that I have carefully and critically examined , the above named applicant as to his mental and physical condition, at the hospital of this

I hereby certify upon honor that I have carefully and critically examined Parties of Control of this Institution, on the 2 May of October, 1908, and that I found him to be of sound mind, and to be capable of earning his living by reason of his physical disability arising from (12) October Selection of the Change of Control of Co

ORDER ADMITTING APPLICANT

and	,
wn themselves to be lawfully entitled	to admission to
nember thereof, this——day of——	,19
	having been found to be duly and for wn themselves to be lawfully entitled

Superintendent

STATE OF ILLINOIS, ss. county of adams.

In the matter of the relationship of Halfle J. Namet
, being first duly sworn according to lav
deposes and says that he formerly resided at Farmer City Seliner
that he is now married, that his wife, Many ord Vanuste resides at France Leily Litture, and that the names, relationship and
resides at France Leily Lectures, and that the names, relationship and
residences of all, and the relations only, of affiant who would be his heirs in the event of his death
at this time, are as follows, to-wit:

NAMES.	RELATIONSHIP.	RESIDENCE.
James D. Vannot	Sm.	Farmerleity Su.
		•

And further affiant saith not.

Subscribed and sworn to before me, this 27 A. D. 190%.