See "EXPLANATIONS and DIRECTIONS" on Third Page.

## APPLICATION FOR ADMISSION

## Illinois Soldiers' and Sailors' Home

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DE SE			

DANIEL DUSTIN, Sycamore, DeKalb County, Ill. L. T. DICKASON, Danville, Vermillion Co.

OFFICERS.

J. G. ROWLAND, Superintendent. S. B. SHERER, Secretary and Adjutant.

OUNTY O	F D Ellil	ナー }ss.	X s		
On this_	2 70 5	day of	O combe	A. D. 188_8, p.	ersonally appeared before
) 6	conney	, bless	,	within and for the	e County and State afore
) Jan	mel. M.	Pollock	2_aged 48	years; height	5 feet 3 in
omplexion_	light eyes to	Ene, hair Ly	4 a resident of (3)	Christo	n.
ounty of	Dellett				
la	Ta Vahis	Dell			and says, that he was bo
6	To oraco	The same	and	has been enlisted in the	service of the United S
one	, no / c	. 0 % ( )	imes during the (6)	fato 1	res
r, and hone	orably discharged fron	n each enlistment, as	follows:		
No. of distments,	When Enlisted, With Rank,	Where Enlisted, Town and State,	Company and Regiment Mustered in.	Date and Place of Dis- charge, with Rank,	Cause of Discharge,
1st.	any 5 18/86	Colinton	co 17. Fish	grun 19 1865	- Polne 4 11
	10/02	quemos	Regt In flee Ast	I flymyfiers	nast
2d.	18		Co	18	
			Regt		
3d.	18		Co	18	
0.000		@	Regt		
4th.	18		Co	18	
			Regt	18	
oter our de	000000000000000000000000000000000000000	10	1		. ,
That he is	disabled as follows: (7	J12	ins hi	scholin	~ jonn
- 1	There. C	meuss	in	-	
		1 100			

and that he was not a member of any Soldiers' or Sailors' Home , the State of Illinois for the last two years past. And said applicar	ed in, or aided or abetted the late rebellion in the United States; June 15, 1887; and further, that he has been a bona fide resident of at further stipulates and agrees that he will abide by and obey all eir order; that he will perform all duties required of him, and
J. J. Harrold (1)	Samuel. M. X Polloch
Ohombarter )	Post Office Address, Colmilon III.
Sworn to and subscribed before me, the day and year first above w	rillon, and I hereby certify that the foregoing affidavit was read over
and fully explained to Samue Ms Polen	before he executed it.
(T1)——	Stephen. T. Carle
11 10 10-2	leobeh
· · · · · · · · · · · · · · · · · · ·	- Table
CERTIFICATE OF 1	
The following Certificate must be signed by the Mayor or City Cl and attested by	erk of the city, or by a County Officer, or by a Justice of the Peace, an official seal.)
I HEREBY CERTIFY that I know the above named Jam	nel m. Pollock
and that I believe the declaration signed by him to be true.	MO Ragen
17-	Carent Chark
-	
URGEON'S CE	1 11 12 10
I certify that I have carefully examined (2)	ull marcoll
	olunteers, and that he is (10) permanently temporarity disabled
for obtaining his subsistence by manual labor.	
Date of Injury or Disease,	
Place of Class Cerynissee	State of
Character of Disability, Lecce at	78-2
Complications, te terrores se	edfren + tyes
Present, condition of Applicant, In 15 al	of Our wait on
him Self Free F.	in infection
disease 7 C	
(10)	V. Elicusto as Ma SURGEON.
Sworn to and subscribed before me, this 10 and day of	Decembe A. D. 1888, and I hereby certify that the
oaid DW, remistor is known to	me as a Surgeon in actual practice and reputable in his profession.
711)	Seetshen IV. Carter
()	6-4116

Occupation, Carpenter)	Name and Address of Nearest Relative,
Married or Single, Single .  [If a widower, so state. 7  Children under 16 years, 3.	John J. Breeveh.
Cimaren unuer 10 years,	geline
or	RDER FOR ADMISSION.
	Dre 17 12 , 188 &
The above application is hereby approved, and (	Samuel Su. Pallack

Home at Quincy.

Superintendent Illinois Soldiers' and Sailors' Home.

Vols., will be admitted to the Illinois Soldiers' and Sailors'

## EXPLANATIONS AND DIRECTIONS.

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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).
- 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.
- 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.

County Clerk of De With County.

Stephen St. Carter, Clerk.

Clinton, Ollinois, Dec 4 1888

Sound Home

Samuel M. Pollock late of leo 17. 1st

Repment Merrios admits to the Localies

Home is dependent receis six dolles

her month, cultivity no 269,940,

bost Office adders is believed

In care of Milliain Armetrony,

Lannul M. Pollock

her L. K. Carte

Sund application

Dec 15-th 1888 Dear sir this is to Certify that I have been acquainted with Samuel M Pollock ever since 1862 that we both enlisted gether also I saw him in the fall of 1863 when his horse was shot from the der him and fell on him while the were in Battle at Walkers For and he has had and pelispine was down for suc i turned out of house and home by a woman he once called wife and you may guess why because she too up with another man and is now married to him Bro Jamuel is a faithfull consistent Christian & Member ofour Methos it Church of which I was his Class Leader and he is a Member of good standing

in our . G. a. B. of which I was Chaplain for 4 years and resigned on account of that my health would not hermit me to be out after night out Post is Fran Lowry Port No 157 Chinton Alle Jam Goin to get Bro Samuels transfer Cara and send it to him please look after him for at times h. nearly blind and God will bless youlfor it if you want to know and thing about mystanding you can find out by writing to our I hat Chinton on 126 IS Ferree at Stones Prairie or Reva Bysley Luincy Box 69 Hallible De Witt Go Alls

Clerk of the Circuit Court, Recorder of De With Country. W.O. Bogars, Olark and Broader. Olinton, Ollinois, Ang 24" 1889. Vowland. Lruney DD I arrowled like to have my Farrlough Extender antice the 17" Oliny of Deplember So & Can draw my money and Settle up Some business of house here which needs my attention I have been Dick much all the time of have been home & can get home by that lime your wice confen a favor by granting this Extention Register No. 1068 Bux 195

INVENTORY of the Effects of Samuel M. (  late K Co. / Reg't Ill. Orty  on the 28 d day of Jugus 1904, at 1	Ollock No. 10 6 F  Vols., who died  Ulinois Soldiers and Sailors Home.
ARTICLES.	VALUE. HOW DISPOSED OF
I coat I west I for formers	175
Bible. I for spectacles	
) purse containing 5	5 1111
position conceaning of	46.95
We certify that the above Inventory is correct, and that we have, to	his day
of	es therein named, and have written
APPROVED:	vney Board of
	Appraisers.
Superintendent.	

a 5 5 3
Illinois Soldiers' & Sailors' Home.
Surgeon's Office, Dec /7 1888.
Respectfully returned to
J. G. ROWLAND, Superintendent.
I HAVE CAREFULLY EXAMINED
Samuel 711. Pollock.
Tate Cold 107 Regit Ill. Suff-
late Co. Reg't Sl. Suff-
and find him disabled by di-
can of Ugs.
Edges of exclide oud-
Thickenia- indusated
Salpebal & oeulas
Conjunction red.
The disolities
to present degree
enally mm &
admission to the
Home
BWIll-Weshan
SURGEON.

It leapt. We for Kinkwood Qet. 21 1096
Supt Ill. Set Home

I have this day examined & M. Pollock and find him so troubled by results y alcoholism so to be unable to ease a living 8. B. Montgomery Surgeon

Hospital Illinois Soldiers and Sailors Home.

Quincy, III July 12 190 H
To the Adjutant:
This is to certify that Dannel M Pollow. Reg. No. 1068

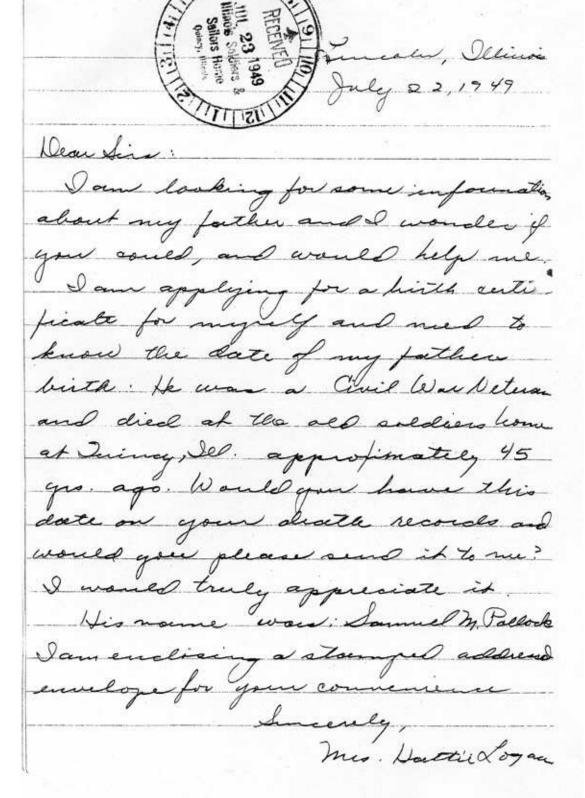
late of W Co. 1st Reg. Ill aw. Vol., died in Hospital June 18th, good age 62

Cause of death Julyseular Entertio, Julyseular Stricture of Inanov. Colon.

Geo & Rosenthal Fort Surgeon.

To bupt W= H. Kirkwood March 18th 1896
Supt. Del. Srd. Home
I have this day examined Sawil. M. Pollock
and find him so disabled by bastrie Disease and Maraymus,
as to be unabled to som a living.

E. B. Montgomeny. Surgeon.



Mrs. Hattie Logan, 852 So. State Street Lincoln, Illinois.

Dear Mrs. Logan:

hererece to your communication of the 22nd inst., beg to advise that your father, Samuel M. Pollock, died in the Rospital at this Institution under date of June 28th, 1904. The records on Rile at this Institution do not reveal his birth date, however at the time he entered the Home, December 18th, 1888, he gave his age as 48.

We do have in his file his priginal Army Discharge which gave his age as 21 when he was enrolled in the Army. We are enclosing this trusting that it may be of some use to you.

Assuring you of our fullest cooperation, and trusting the above information will assist you in obtaining your birth certificate, I am

Yours very truly,

Jack Bessling, Adjutant

JBB/b