APPLICATION FOR ADMISSION

ILLINOIS-SOLDIERS AND SAILORS HOME,

AT QUINCY.

TRUSTEES.

WILLIAM STEINWEDELL, PRBS., Quincy, Ill. LEWIS B. PARSONS, Flora, Ill. JAMES A. SEXTON, Chicago, Ill.



OFFICERS.

GEORGE W. FOGG, Superintendent. JAMES S. MORGAN, Treasurer.

Before filling in the blanks read carefully the from the rules on third page. Army Discharge, or Certificates of Service, or Penthe directions carefully complied with, or the applicat	sion Certificate, must be sent with thi	s application and all
DIRECTIONS. STATE OF Illumois	The state of the s	i i

DIRECTIONS.	STATE OF Illinois
Fill all the blank spaces carefully.	COUNTY OF Society
	On this hinth. day of October A. D. 1893, before me
	A Notary Price within and for the County and State aforesaid,
1.56	personally appeared Little of Magistrate.] [Name of Applicant.] [Name of Applicant.]
	inches, complexion lift, eyes blow, hair buch a resident of Clinton
1 1 1 1 1 1	County of De State of Learning who being duly sworn, deposes and says, that he was born in
	and has been enlisted in the service of the United States
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	times during the late har

war; and was honorably discharged from each enlistment as follows:

State each enlist- ment separately, and cause of dis-	No. of Enlist- ments.	When Enlisted, With Rank.	When Enlisted—Town and State.	Company and Regiment Mustered in	Date and Place of Dis- charge, with Rank.	Cause of Discharge.
Charge.	1st.	for the 1862	Builon	Co 6, Regt. 168 fry	July 1863	Thereting
or certificate of ser- vice from LAST en- listment is SPECI- ALLY required.	2d.	mark 3/ 1864	Brilon pa	Co B Regt 14 leave	July 1865	Exhauting ;
100	3d.	18		Co	18	
	1	100		Regt.	amed someone and	

should state, in his own way, what his disability is.

nich + lift thigh

If no pension is re	-
ceived, so state.	

and has been receiving 8/2 =

Dollars per month, pension, on Certificate No. 5-26, 4/4

Agency, from 27 2 any 7 9 payable at

The applicant further states that he has no property nor means of support, and being unable on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The applicant must sign this, and swear to the statement.	The said applicant further swears that he has not been engaged in, or aided, or abetted, the late Rebellion in the United States; and further that he has been a bona fide resident of the State of Illinois for the last two years. 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: Stephen A. F. Hrunden
Have two witness- es sign and fill all	Seephen Klearler Marret R. R. Station, Colombin On what R. R. Die venl
the blanks carefully	Mollagers Post-office Address Colinton. III.
/	Sworn to and subscribed before me, the day and year first above written, and I herbey certify that the foregoing
To be sworn to be- fore an officer hav- ing a seal, or a J. P.	affidavit was read over and fully explained to Sethen A Hunte before he executed it
- u'uveer ue	Supplier 11, Cearle hotey Buber
	Read? Ico. Write? Jes Mis Evaline Eley.
To Treat the fig.	Occupation Peastern NAME AND ADDRESS OF NEAREST RELATIVE.
Fill all these blanks	Married or Single (Name) (Relation)
carefully.	Children under 16 years no. (Address) Children under 16 years no.
	CERTIFICATE OF IDENTIFICATION.
A STATE OF THE STA	** (The following Certificate must be signed by the Commander or Adjutant of a G. A. B. Post, a Mayor or City Clerk, or by a County officer, or by a Justice of the Peace, and attested by seal.)
This is very impor- tant. Have it signed	I HEREBY CERTIFY that I have known the above named Supplies A. Hunter for the last two years past, and that I believe the declaration signed by him to be true, and I further state that
as directed.	he is not mentally afflicted so as to require a special attendant, and can safely be quarted in a sleeping room
	with others.
	(Give Official Title) Cloth Cir Crosh
a Versia Hill	
	LOCAL PHYSICIANS CERTIFICATES
	I certify that I have carefully examined
This is to be filled out by the appli- cant's family physi-	Company Regiment /6 9 Jan Volunteers, and that he is disabled as follows.
cian, or one in the neighborhood of the	Their mation of some deficition end
residence of the ap- plicant.	on the property man likely to sechwerk
	Complications Que & nervous ness
	Present Condition of Applicant
	I further certify that said Applicant is sane, and has no spells of mental disturbance, and can safely be assigned
If signed by U. S. Examining Surgeon this need not be	quarters with other comrades. Surgeon.
sworn to.	Subscribed and sworn to before me, this 9 day of O Cho A. D. 189 3, and I
47	hereby certify that the said John H. The is known to me as a Surgeon
	in actual practice and reputable in his profession.
- C - A - No	Septem 11. Carte
	nought the
	ORDER FOR ADMISSION.
	189

Vols., will be admitted to the Illinois

Soldiers and Sailors Home at Quincy.

Superintendent Illinois Soldiers and Sailors Home.

Office of .
City Attorney.
Stephen St. Carter, attorney

Clinton, Ollinois, OUT 3 4 189 3

Lucia Home

I desire to make appeint for administrathe Lucius home I have device in dremois some 1866. Mine a pension kellight nor 526, 414. of leo b, 68. Report Ra. Me inful my age is 64. grans Plene inform me at talinton delinois very Respectfuly.

Senton Seemon

SHORT WILL

ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL.

IN THE NAME OF GOD, AMEN.

1. Stephen Whenter of Illinois Soldiers' and Sailors' Home
/
in the County of Adams and State of Illinois, being of sound mind and memory, and consider-
ing the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish and
declare, this to be my last Will and Testament.
First. I order and direct that my Execut hereinafter named, pay all my just
debts and funeral expenses as soon after my decease as conveniently may be.
Second. After the payment of such funeral expenses and debts, I give, devise and bequeath
all worldly goods of which I may die possessed,
21. 11'.
My Mefe Runiay Ellisions
B.L. 11 1-
our cea dem les
Quinas Ellerina
60 3
Man 1 1 1 1
Lastly, I make, constitute and appoint Men Somewillo Sufet or he'
of this
my last Will and Testament, hereby revoking all former Wills by me made.
In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the
day of Dee in the year of our Lord One Thousand Nine Hundred To
1.1
Slephers Ax Heuler [SEAL]
Stephus NX Steuler SEAL
mass
This instrument was in the day of the date thereof, signed, published and declared by the said
testator Stephen Wo Herenter to be his last Will
and Testament, in the presence of us, who at his request have subscribed our names hereto as
witnesses in his presence, and in the presence of each other.
Do Stauson
la AIR
Les vounts

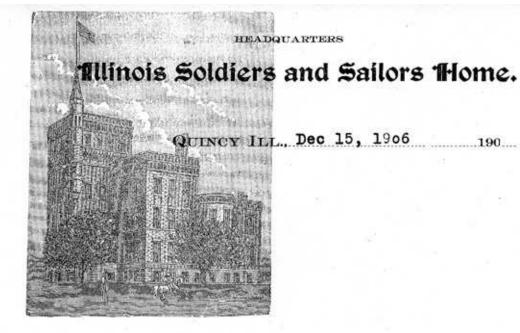
GOVERNOR: CHARLES S. DENEEN SPRINGFIELD,

HON. J. B. MESSICE, East St. Louis, HON. C. C. JOHNSON, Sterling. Maj. C. W. Hawes, Rock Island.

OFFICERS OF THE BOARD;
HON. J. B. MESSICK, President.
E. H. OSBORN, Treasurer.
NELLIE J. MCMAHON, Secretary.

WM. SOMERVILLE, Superintendent, S. P. MOONEY, Adjutant,

DR. D. M. LANDON, Surgeon.
DR. C. E. EHLE, Ass't Surgeon.
DR. GEO. E. ROSENTHAL, Ass't Surgeon.
DR. C. E. ERICSON, Ass't Surgeon.



Military Secretary

War Department

Washington, D.C.

Sir:-

Please furnish us with the military history of Stephen A.Hunter, Co G, 168th Pa Inf and Co B, 14th Pa Inf. This information is desired for the purpose of establishing his eligibility to membership in this Home and for no other.

Very respectfully,

Mayorin tendent le

1192156

NAR DEPARTMENT 2582-03-2 File roith 974763 Quinay, Ill

Stephen a. Hunter, 60:25, 108 Pa. Syl. 4

Min Somerville Supt, Il Shdiers and Sailors Torne, Requests walltary history of above named? Address: "The Military Secretary, War Department, Washington, D. C."

WAR DEPARTMENT.

THE MILITARY SECRETARY'S OFFICE.

washington, December 18,1906.

Respectfully returned to

The Superintendent, Illinois Soldiers and Sailors Home, Quincy, Illinois.

The records show that one Stephen Hunter was mustered into service October 16, 1862, as a private, Company G, 168th Pennsylvania Drafted Militia, and that he was honorably discharged the service July 24, 1863, as a private.

The records further show that one Stephen Hunter, also borne as Stephen A. Hunter, was mustered into service March 30, 1864, as a private, Company B, 14th Pennsylvania Cavalry, and that he was honorably discharged the service June 12, 1865, as a private.

The name Stephen A. Hunter has not been found on the rolls, on file in this office, of Company B, 14th Pennsylvania Infantry.

RECEIVED

Entered

The Suisworth

The Military Secretary.

(M. s. o. 72-1)

no (S)

ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION.

		deceased				Clin	Mile Control
		in the County of-					and State o
	117	an honorab					
of the U. S	3Army	in	the war	against 01	the	Rebe.	lion
s member To e	s of said Home. nable the authorities to p	Hunter pass on their eligibility, the s	aid	Stepher	A Hu	nter	
leclares th	e following statements t	o be true and correct; that h	us person	nal description	on is as f	follows:	ageyrs.
eight	5 ft	6 inches; com	plexion	light		; eyes_	blue
air_gre	y						
That	he was born in Be	ver Co.	Cour	nty of	Bever	•	
tate of_I	ennsylvania	, on the_		đạ	of		
	nas been twice J. S. service as follows, to	enrolled Soldier		and ⁷ _twi	ce	h	onorably discharged
8 1	When and where Enrolled.	When and where Discharged.	Rank.	Company	and Regime	ent.	Cause of Discharge
ist.	t.16 1862	July 24 1863	Pvt	G ^{Co.} 168	Regt. P	a. I	nf EX. of ser
end end	far. 30 1864	June 12 1865	Pvt	В 0014	Regtpa.		
3rd.	ar. 30 1004	June 12 1005	TVU	Co.	Regt.	vav	m. o.
			4	00.	zecije.		
vo consec That	utive years; or, that he h he now receives, on pens	sident of the State of Illinoi as served in an Illinois orga- sion certificate number————————————————————————————————————	nization.		n of		=dellars a month
That ayable th That o means o That ears. Tha	he now receives, on pense———————————————————————————————————	as served in an Illinois organision certificate number————————————————————————————————————	trade or en now l	,-a pensio at the occupation is iving; ages, ;State of Illi Railway, in es notice of	n of	ars and i	edollars a month Pension Office. no more; that he has rest railway station County th shall be given, is
wo consec That ayable th That o means o That ears. That	he now receives, on pense he owns property, real of self support other than he has wife; that his postoffice adress is, oe; that the name and ad; that, in content in the content in	as served in an Illinois organision certificate number————————————————————————————————————	trade or en now l	at the occupation is iving; ages, ; State of Illi Railway, in es notice of , County of-	n of ——dolls that of respective nois; that	ars and i	edollars a month Pension Office. no more; that he has rest railway station County th shall be given, is
wo consec That ayable th That o means o That ears. That a said State	the now receives, on pense he owns property, real of self support other than he has wife; that his postoffice adress is; that, in case; that, in case; at;	as served in an Illinois organision certificate number————————————————————————————————————	trade or en now l	, a pensio , at the occupation is iving; ages, ; State of Illi Railway, in es notice of , County of-	n of ——dolls that of respective nois; that his illness to be sen	ars and i	edellars a month Pension Office. no more; that he has rest railway station County th shall be given, is
wo consec That ayable th That o means o That ears. That is said Stat	he now receives, on pense he owns property, real of self support other than he has wife; that his postoffice adress is te; that the name and adress is the name and adress i	as served in an Illinois organision certificate number————————————————————————————————————	he desir	, a pensio , at the occupation is iving; ages, ; State of Illi- Railway, in es notice of , County of- ; sonal effects	n of —— dolls s that of respective nois; that this illness to be sen	ars and ravely,===t his nea	edellars a month Pension Office. no more; that he has arest railway station County th shall be given, is , State
wo consec That ayable th That o means o That ears. That a said Stat	he now receives, on pense he owns property, real of self support other than he has wife; that his postoffice adress is te; that the name and adress is the name and adress i	as served in an Illinois organision certificate number————————————————————————————————————	he desir	, a pensio , at the occupation is iving; ages, ; State of Illi- Railway, in es notice of , County of- ; sonal effects	n of —— dolls s that of respective nois; that this illness to be sen	ars and ravely,===t his nea	edollars a month Pension Office. no more; that he has arest railway station County th shall be given, is , State
wo consec That ayable th That o means o That ears. That is said State That That	he now receives, on pense he owns property, real of self support other than he has wife; that his postoffice adress is the; that the name and adress is he has not heretofore he is so far disabled by (incapable of earning his of he has at all times, here	as served in an Illinois organision certificate number————————————————————————————————————	he desir		n of dolls that of respective nois; that his illness to be sen	ars and ravely,=== t his nea s or dea t to== nstituti	edollars a month Pension Office. no more; that he has rest railway station County th shall be given, is , State
wo consec That ayable th That o means o That ears. The stand State That ome, he de his said re rther oblit ome, so lo	he now receives, on pense he owns property, real of self support other than he has wife; that his postoffice adress is the; that the name and additional and he has not heretofore he has at all times, here if he and his said wife—oes hereby obligate himse ension money as the Supe do hereby jointly promigulations now in force, or gate themselves and proming as they shall remain in	sion certificate number————————————————————————————————————	he desired to the corequest sary for gs and ire for the y obey a	government-shall be adn, he will deport the purpose over	of the Unitted to sit with to clothin ct, compland disciply may rec	ars and rate are and rate are are are are are are are are are ar	edellars a month Pension Office. no more; that he has crest railway station County th shall be given, is , State ion, excepting the states of America. combers of the said drintendent so much wife.* And he and and conform to the the Home, and they om any officer of the
wo consec That ayable th That o means o That ears. The said Stat That ome, he de his said re rther oblitome, so lo	he now receives, on pense he owns property, real of self support other than he has wife; that his postoffice adress is the; that the name and additional and he has not heretofore he has at all times, here if he and his said wife—oes hereby obligate himse ension money as the Supe do hereby jointly promigulations now in force, or gate themselves and proming as they shall remain in	wen living. tofore, supported and adhered that should his said wife serintendent may deem necessise that they will cheerfull members thereof. her sion certificate number— day of next————————————————————————————————————	he desired to the corequest sary for gs and ire for the y obey a	government-shall be adn, he will deport the purpose over	of the Unitted to sit with to clothin ct, compland disciply may rec	ars and rate are and rate are are are are are are are are are ar	embers of the said crintendent so much wife.* And he and and conform to the the Home, and they

Certificate of Identification

I do	hereby certify, upon ho	nor, that I have pers	onally known		
and		the above applicant	e for at least true	a manua laat maat	and that to the heat
of my knowledge an as to the time of th have no known men	nd belief, the statements heir residence in Illinois, htal disorder and that th can safely be quartered	contained in their fo or his service in an ey require no special	regoing application Illinois organizat attendants; that	on are entirely tr tion. And I fur t they can proper	ue, and especially that ther state that they
		WITNESS my han	d (8)		
				(9	
			(9)		
	Ge	rtificate of a Loca	al Physician		
			– mysician		
T he	reby depose and state th	at I have enrofully or	ramined the abou	e named annites	
	, as to his disability, an	id I now find that he	has (10)		
known, manifest or	s to prevent him from ea discoverable disorder; t they can safely be quar	that they have no n	eed of attendants	that they may	oify that they have no properly be allowed to
					M. D.
Subs	scribed and sworn to bef	ore me, thisday	of-	A. D., 19	And I certify
that I am personall	y acquainted with said : practice and in good rep	affiant		and the	it I know him to be a
			(11)	÷	
	Certific	cate of a Soldier	s Home Surg	eon	
Den to	ereby certify upon honor	that I have carefully	and critically ex	camined Inno	Rebecca
pinico	the above nai	med applicant as to h	is mental and phy	sical condition, a	it the hospital of this
Institution, on the	24 day of fung	, 19/4_; and th	at I found him to	o be of	sound mind, and to be
capable	24 day of Lung of earning his living by	reason of physical dis	ability arising fr	om (12) OLA	age
				W. 13	
		W	Vitness my hand-	Berto	Anith Home Hospital Surgeon
		Order Admitting	Applicant		
together with the s	application of the sai aid several certificates, s being satisfied that the	signatures and jurats.	having been fou	and and to be duly and be lawfully en	d formally made, and titled to admission to
the Home, it is hereb	by ordered that he is now	duly admitted as a m	nember thereof, th	his—day of—	. 19
					• 1277511
	P 2		-		