

Note Carefully: Army discharge or certificate of service must be sent, and all directions carefully complied with, or the application will be returned. See "EXPLANATIONS AND DIRECTIONS" on Third Page.

# APPLICATION FOR ADMISSION TO THE Illinois Soldiers and Sailors Home \* — AT QUINCY — \*

**TRUSTEES:**

DANIEL DUSTIN, Sycamore, DeKalb County, Ill.  
L. T. DICKASON, Danville, Vermillion County, Ill.  
THOMAS W. MACFALL, Quincy, Adams County, Ill.

**OFFICERS:**

J. G. ROWLAND, Superintendent.  
J. R. LOTT, Secretary and Adjutant.  
R. H. CARNAHAN, Quartermaster and Commissary.  
R. W. McMAHAN, Surgeon.  
JAMES D. MORGAN, Treasurer.

STATE OF Illinois }  
COUNTY OF De Witt } ss.

On this 3<sup>rd</sup> day of December A. D. 1890, personally appeared before me  
(1) A. Notary Public within and for the County and State aforesaid,  
(2) Thomas Hardin aged 55 years, height 5 feet 8 inches,  
complexion fair, eyes gray, hair sandy, a resident of (\*) Halesville  
County of De Witt State of Illinois, who being duly sworn, deposes and says, that he was born in  
(4) Indiana and has been enlisted in the service of the United States  
(5) one times during the (6) late war

war; and honorably discharged from each enlistment as follows:

No. of Enlistments.	When Enlisted, With Rank.	Where Enlisted—Town and State.	Company and Regiment Mustered in.	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	August 5 <sup>th</sup> 1862	Lincolnton Oregon	Co. <u>B.</u> Regt. <u>106<sup>th</sup> Ill</u>	July 12 <sup>th</sup> 1864 At Springfield Illinois	2 <sup>d</sup> promotion of line
2d.	18	Illinois	Co. _____ Regt. _____	18	
3d.	18	(35)	Co. _____ Regt. _____	18	
4th.	18		Co. _____ Regt. _____	18	

That he is disabled as follows: (?) loss of left hand & left the thumb

and has been receiving no Dollars per month, pension, on Certificate No. does not receive a  
pension payable at \_\_\_\_\_ Agency, from \_\_\_\_\_ 18\_\_\_\_,

having no other 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 said applicant further swears that he has not been engaged in, aided or abetted the late Rebellion in the United States; and that he was not a member of any Soldiers or Sailors Home, June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years past. 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 K. Carter  
Ira Carter

(\*) Thomas <sup>His</sup> Hardin  
mark

Post Office Address, Lincoln Ill.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to Thomas Hardin before he executed it.

(11) Stephen K. Carter, Notary Public

Read? no Write? no

Occupation Farmer

Married or Single, Single  
(If a Widower so state.)

Children under 16 years, no

NAME AND ADDRESS OF NEAREST RELATIVE

(Name) William Hardin (Relation) Cousin

(Address) Lincoln, Illinois

**CERTIFICATE OF IDENTIFICATION.**

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, the Mayor or City Clerk of the city, or by a County Officer, or by a Justice of the Peace, and attested by an official seal).

I HEREBY CERTIFY that I have known the above named Thomas Hardin for the last two years past, and that I believe the declaration signed by him to be true.

(\*) W. H. Rogers  
Clerk Kin Court

(Give Official Title)

**SURGEON'S CERTIFICATE.**

I certify that I have carefully examined (\*) Thomas Hardin

Co. G Regt. 106 Ill Volunteers, and that he is (10) permanently ~~temporarily~~ disabled as follows:

Date of Injury or Disease Does not know the day year 1866

Place of Sagan Co State of Illinois

Character of Disability, Loss of hand except thumb

Complications, \_\_\_\_\_

Present Condition of Applicant, The date of injury as I

am impaired and

to believe

(10) John H. Tyler SURGEON.

Sworn to and subscribed before me, this 3<sup>d</sup> day of December A. D. 1890, and I hereby certify that the said John H. Tyler is known to me as a Surgeon in actual practice and reputable in his profession.

(11) Stephen K. Carter  
Notary Public

**ORDER FOR ADMISSION**

The above application is hereby approved, and (\*) Thomas Hardin, 1890

G Co., 106 Regt. Ill Vols., will be admitted to the

Illinois Soldiers and Sailors Home, at Quincy.

W. H. Rogers  
Superintendent Illinois Soldiers and Sailors Home.

S. H. Carter,  
Attorney at Law,  
Union Block.



Clinton, Illinois, Dec 18<sup>th</sup> 1890

Frank H Prato  
Sgt. Soddies Home  
Spring Illinois

Sir

Your card of  
inquiry in reference to Mrs Hardin  
would say that I rec'd order of  
admission & transportation from Clinton to  
Spring Ill and turned the order and  
checks of transportation over to Mrs. Hardin  
December 16<sup>th</sup> 1890.

Very Respectfully yours  
Stephen H. Carter

Office of  
City Attorney.

Stephen H. Carter, Attorney



Received  
Magistrate

Clinton, Illinois, Aug. 5<sup>th</sup> 1893

Superintendent of Soldiers Home  
Quincy Illinois

Sir

At the request of Thomas Hardin who is  
admitted by Frank H. Peats adpt. of the Home  
to visit you in reference to his admission  
to the Home In a communication to W.D. Rogers  
I admit that of this as the Adpt says that Hardin  
was dismissed from the Home for drunkenness &  
bringing whisky to the Home I was drunk  
& admit but I did not bring whisky into  
the Home & Rogers tells me that he is requested  
to return transportation tickets, I am very  
poor & have no money to pay my way to the  
Home & am crippled so that I cannot work  
I admit that I done very in petty drunk  
but will not repeat this again & will obey  
the rules of the Home & would like your  
permission to have the benefit of the transportation  
New to work

Stephen H. Carter  
or Wilbur M. Carter

Very Respectfully  
Thomas Hardin  
with

Saml S. Hoome Quincy Ill  
Aug 7. 1893

Wm Thomas Hardin

Dear Sir

I am directed by the  
Superintendent to say that you may  
be readmitted to the Home, but you  
must return at your expense. The  
State provides transportation only once

Yours Truly

Frank A. Peats  
Adjutant.

JOHN L. BEVAN

FRANK S. BEVAN

BEVAN & BEVAN,  
ATTORNEYS AND NOTARIES.

1812  
8/25/19

ATLANTA, ILLINOIS.

August 23, 1919.

Superintendent of the  
Soldier's & Sailor's Home,  
Quincy, Illinois;

Dear Sir;

About two years ago, a soldier of the Civil War, named THOMAS HARDIN, died, at the Home.

Will you please send us the No. of his certificate, and the No of his Company and Regiment and place of service in the Civil War.

Will you also please tell us, for the benefit of his heirs here, Miss. Mary Hardin, et al., just how much money there was to the credit of that soldier, at the home, at the time of his death.

Did he, about the year 1907 obtain any "BACK PAY" for his services during the time he was in the army, so far as your records show, and if so just what was the exact amount?

Your favors will be greatly appreciated,

Very truly yours,

Bevan & Bevan

Illinois Soldiers & Sailors Home.

Surgeon's Office, Dec 27 1880

To the Superintendent:

I have carefully examined

Thomas Hardin

late Co. G. 106 Reg't Ill. Inf.

late Co. \_\_\_\_\_ Reg't \_\_\_\_\_

and find him disabled by loss  
of left hand.

His disability  
entitles him to  
admission to the  
Home

Blowman  
Surgeon

Illinois Soldiers & Sailors Home.

Surgeon's Office, Aug 19 1882

To the Superintendent:

I have carefully examined

Thos. Hardin

late Co. G Reg't 106 Ill. Inf.

late Co. \_\_\_\_\_ Reg't \_\_\_\_\_

and find him disabled by

loss of left hand.

His disability is  
sufficient to entitle  
him to admission  
to the Home.

E. B. Montgomery  
Surgeon

Admitted  
Geo. W. Fogg  
Supt.

DUPLICATE

# ILLINOIS SOLDIERS' AND SAILORS' HOME

Record of *Thomas Hardin* Reg. No. *1812* Co. *B* Regt. *106 Lu Inf* State *Illinois*

BAKER-VARTER CO. MANUFACTURERS CHICAGO-INDIANAPOLIS

DATE			Cot No.	PERSON TO BE NOTIFIED IN CASE OF DEATH	P. O. ADDRESS	RELATIONSHIP	REMARKS
MONTH	DAY	YEAR					
<i>Nov</i>	<i>28</i>	<i>1912</i>		<i>Michael Hardin</i>	<i>Atlanta Ill</i>	<i>Brother</i>	

### COTTAGE INVENTORY

*L S Barnes* Sergeant, Cottage No. *17*

Received the above described personal effects of *Thomas Hardin*

Registry No. *1812*

*L S Barnes* Hospital Steward

### HOSPITAL RECORD

### HOSPITAL INVENTORY

*personal effects turned over to Miss  
Miss Julia Hardin*

*Julia Hardin.*

*no money in Bank*

I hereby certify that the above is a true and correct inventory of the personal effects of *Thomas Hardin* Deceased.

*L S Barnes* Hospital Steward

Approved:

Adjutant