OFFICERS:

MAJOR GEORAL W. FORG, SUPERINTENDENT. GENERAL JAMES D. MORGAN, TREASURER. ... CAPTAIN B. P. MCDANIEL, ADJUTANT. CAPTAIN JAMES P. MOORMAN, GUARTERMASTER. EDMUND B. MONTGOMERY, SURGEON.

Head Quarters

EDWARD W GOODENOUGH, ASS'T SURGEON EMILY W. LIPPENCOTT, MATRON.

TRUSTEES:

CAPTAIN WILLIAM STEINWEDELL, QUINCY, ILL. COLONEL JAMES A. SEXTON, CHICAGO, ILL.

Illinois Holdiers and Hailors Home

that he be admitted as a member of said Home. o enable the authorities, to determine whether or not he is legally entitled to become a member of said Home. o enable the authorities, to determine whether or not he is legally entitled to become a member of said Home. clares and states the facts to be that he is now ZJ years old, that he is 6 feet and Z inches high he is of fair complexion, Harticope, and Inny hair; that he was born in the town of in the Yelling of the U.S. A. service; in the gainst Mexico, and in the war of the late Rebellion; and that he has been (2) honorably discredit from the service of the United States. That the following is a true statement of the time—and place—or arollment—, and discharge—from said service; and of the cause of his discharge—, and of his rank at the ctive date—thereof, namely: When and Where Enrolled. When and Where Discharged. Rank. Company and Regiment, Co. Regt. Co. Regt. Co. Regt. Co. Regt. Co. Regt. That he now receives, on pension certificate number 2/7V , a pension of S dollars a month blot the—4 day of next Hunt he was property, real and personal, of the value of New Julian and no more; that he has not self-support other than that above named; that his trade or occupation is that of a Ary Lake that he has(4) New wife; that he has 2 children now living; ages, respectively; (4) i. That his postoffice address is Menual that he was on the desires notice of his illness or death shall be given, it is that the name and address of the person, to whom he desires notice of his illness or death shall be given, it is that the name and address of he person, to whom he desires notice of his illness or death shall be given, it is that the name and address of his death, he desires all his personal effects to be sent to him the same and the hear of his death, he desires all his personal effects to be sent to him the has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution that he is now a pona fide, resident of the State of I		8.	ear Quincy	3, 6,		245
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ble the \$\frac{\partial}{\partial}\$ day of next \$\frac{\frac{\partial}{\partial}}{\partial}\$, at the \$\frac{\partial}{\partial}\$ Delta the owns property, real and personal, of the value of \$\frac{\partial}{\partial}\$ dollars, and no more; that he has not self-support other than that above named; that his trade or occupation is that of a \$\frac{\partial}{\partial}\$ day wife; that he has \$\frac{\partial}{\partial}\$ children now living; ages, respectively,(5) 5. That his postoffice address is \$\frac{\partial}{\partial}\$ children now living; ages, respectively,(5) 5. That his postoffice address is \$\frac{\partial}{\partial}\$ children now living; ages, respectively,(5) 6. That he name and address of the person, to whom he desires notice of his illness or death shall be given, it is that the name and address of the person, to whom he desires notice of his illness or death shall be given, it is that the name and address of his death, he desires all his personal effects to be sent to \$\frac{\partial}{\partial}\$ of \$\frac{\partial}{\partial}\$ County of \$\frac{\partial}{\partial}\$ children \$\partial}\$, State of \$\frac{\partial}{\partial}\$ children \$\partial}\$ and the sent to \$\frac{\partial}{\partial}\$ of \$\frac{\partial}{\partial}\$ children \$\partial}\$ of the State of Illinois, and has continuously lived and resided in said State for the set two years. That he has not at all times, heretofore, supported and adhered to the government of the United States of Americ that he has not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellio That if he shall be admitted to be a member of the said Home, he will, in all things and in every respect, continuously in the said in every respect, continuously in the said in the cause of the late Rebellio Chat if he shall be admitted to be a member of the said Home, he will, in all things and in every respect, continuously in the said the said the said the said the said them.					Co. Regt.	
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by those there in authority over him; and that he will promptly, and willingly, obey all lawful orders that he shall receive from any officer of the Home, so long as he shall remain a member thereof.

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Applicant.

STATE OF ILLINOIS, SS. H.
COUNTY OF Delitt 1 I form hahan, & (10) rement
of the town of Clubon, in and for said County, do hereby certify that the above named Applicant,
to me personally and well known to be the identical person he represents himself to be, this day personally appeared
before me, and that I then and there, at his request, plainly read to him his application, aforesaid, which he then and
there fully understood, and that he was, by me, thereupon duly sworn, and then and there deposed and said that he
was the Applicant above named, and that he was fully acquainted with matters and things stated and set forth in
his said application, and that the same and each of them were true in substance and in fact as he had therein stated
(11) John Shuhaw
Affant.
Subscribed and sworn to before me, this Q 4 day of A.D. 1894 Witness my hand and official seal.
L. S. (13)
(Cleft cin Comb)
CERTIFICATE OF IDENTIFICATION.
Zhann Shan
I do hereby certify, upon honor, that I have personally known that I have personally known that I have personally known that I have been all the house of the hou
the above Applicant, for, at least, two years last passed; and that to the best of my knowledge and belief, the
statements contained in his foregoing Application are entirely true, and especially that as to the time of his residence
in Illinois. And I further state that he has no known mental disorder; and that he requires no special attendant;
and that he can properly be allowed to go at large; and that he can safely be quartered with feeble and helpless men.
Witness my hand, (12) Wolf Cin Comb
(11) Copple Cin Comb
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named Applicant, home and
Di Chille, safohis dispility, and I now find that he has (15), Hat fuers; Chronic
Ahramatian, & unbago: and the ansequences ofold age
to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, mani-
fest, or discoverable, mental disorder; that he has no need of an attendant; that he may be properly allowed to go at
large; and that he can safely be quartered with men who are old Aceste.
Mc Campbell
25" may
Subscribed and sworn to before me, this 25" day of mony, A. D. 1894. And I certify that I am personally acquainted with said affiant, & Carnfibell, and that I know him
to be a physician in active practice, and in good repute, as an honest man and a capable physician, in the commu-
nity and among his fellow physicians where he lives.
Clash cin Court
CERTIFICATE OF SOLDIERS HOME SURGEON.
I hereby certify upon honor that I carefully and critically examined Q Kos, O Karo,
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Questa
the 5 day of June, 189 4; and that I then found him to be of sound mind, and to be
Meapable of earning his living by reason of his physical disability arising from (17). old age (73/ deapage
* Chronic Rheumation

Witness my hand & B. Montgomery Heme Hospital Surgeon.

DER ADMITTING APPLICANT. The application of the said., together with the said several certificates, signatures, and jurats, having been found to be duly and formally made, and the Superintendent being satisfied that the applicant has shown himself to be lawfully entitled to admission to the Home, it is hereby ordered that he be now duly admitted as a member thereof, this GEORGE W. FOGG, Superintendent. HOW TO FILL APPLICATION BLANKS. Give full name of the Applicant. 11. Here Applicant will sign his full name, or make his Either "Mexico and the late Rebellion," or one of Signature and title of the Justice or Notary. them. 13. To be made and signed by any Judge of any county 2. Here say once, twice, or three times. or state court, by any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or 3. Here say once, twice, or three times. 4. Here say a wife, or no wife. Adjutant or Commander of any G. A. R. Post. Here give their ages, from youngest to oldest. 14. Here write official title. 6. Here give the name of any Home or other Institu-15. The physician will here state tersely, but fully, as tion of which he has been a member. far as he can learn, every cause or disorder that tends in any degree to render the Applicant in-Here state, in his own words, what it is that alls or capable of earning his own living.

- disables him.
- Here Applicant will sign his full name, or make his

Here the witness will sign his name.

Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."

16. Name and official title of Notary or Justice.

17. Here state minutely what disorder, ailment, disease, or cause, it is that, in your judgment, disables the Applicant and renders him incapable of earning his own living.

SPECIAL INFORMATION FOR APPLICANT.

READ THIS CAREFULLY. For it will avail you nothing, when you come before the Superintendent for examination on the facts alleged by you in your application, to say you are ignorant of what is here and herein plainly and explicitly set forth for your information:

- Have some capable person, who writes a fair hand, fill all the blanks in your application.
- 2. Have every blank in the application properly filled, and every Certificate, except that of the Surgeon of the Home, duly made and signed, and every jurat duly executed, signed and sealed by the Cierk, Notary or Justice of the Peace making the same.
- 3. Send your application, so prepared, by mail or otherwise, with your last discharge and all your pension papers, to the Superintendent of the Home.
- 4. On his receipt of your application, and your last discharge, and all your pension papers, all in due form, transportation will be sent you, and you will be ordered to report at the Home for examination by the Home Surgeon as to your disability, and for examination by the Superintendent as to the allegations of fact made by you in your application for admission.
- 5. If all your statements are found to be true, and the Surgeon finds you to be so far disabled as to render you incapable of earning your own living, you will then be admitted to the Home, and not otherwise.
 - 6. If, for any reason, you are found not to be eligible for admission, you will not be admitted to the Home.
- 7. If you fail to be admitted, no transportation to your home will be furnished you. Therefore, you should bring sufficient money to pay your return fare.
- 8. When permitted to leave the Home on Furlough, or on Pass of two or more days duration, you will be required to wear your citizen's clothing. You will not be allowed to wear Home or State clothing, when so absent.

TO BE ELIGIBLE FOR ADMISSION.

- 1. The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, or in the late Rebellion.
 - 2. That you shall have been honorably discharged from that service.
 - 3. That you shall have lived and resided, CONTINUOUSLY and in good faith, FOR THE LAST TWO YEARS, in the State of Illinois.
- 4. That you shall have been readered INCAPABLE OF EARNING YOUR OWN LIVING, AND SHALL NOW BE INCAPABLE OF EARNING YOUR OWN LIVING, through the exigencies of your military service, by reason of old age, or by means of some other PRESENT DISABILITY.
 - 5. That you shall now have NO PROPERTY OR OTHER SUFFICIENT MEANS OF LIVING.
- 6. That you shall be of same mind; that you shall not be in need of an attendant; that you shall be capable of ministering to your own personal wants; that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE that would render your residence in the Home DANGEROUS to others; that you may SAFELY be quartered with men who are feeble and incapable of self-defence.
- 7. NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARED FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.

GEORGE W. FOGG,

Application for Admission TO THE

Ittinuis Satdiers' and Saitars' Jame.

Application Approved by Application Received... Transportation and Order to Report in person sent. , 189____. Admission Denied_ Admission Granted June &

NEAR QUINCY, ILLINOIS.

OFFICERS:

MAJOR GEORGE W. FOGG, SUPERINTENDENT.
GENERAL JAMES D. MORGAN, TREASURER.
CAPTAIN B. P. MCDANIEL, ADJUTANT.
CAPTAIN JAMES P. MCORMAN, QUARTERMASTER.
EDMUND B. MONTGOMERY, SURGEON.
EDWARD W. GOODENOUGH, ASS'T SURGEON.

TRUSTEES:

CAPTAIN WILLIAM STEINWEDELL, QUINCY, JLL. COLONEL JAMES A. SEXTON, CHICAGO, JLL. GENERAL LEWIS B. PARSONS, FLORA, JLL.

Illinois Soldiers and Sailors Home,

Near Quincy, Illinois, - Nov 12 1894

adjt Genl State of Maryland Dear Sir

Thomas Shaw bapt Ruffs Mayland Rifles Mexican Vol require his Certificate of Service before we can admix him to this Nome. Will you Kindly farward it at your earlist convenience and oblige.

yours Truly

Grat Lemely Adjutant

State of Md.

Adst Ference off

For 15. " 1894

Hayutant Dunlas

Minor Solden + Paiters Home

Fri .

There are no securor of soldier who sinced in the Resident wom in The office. apply to Wan Dept Wash city So.

Hy Say of Dong los Solutions Fluence.

400879 8 WAR DEPARTMENT Illinois Soldiers & ailors Leome Thomas Shaw Caps Ruff's md. Refles Jour Dunlas Cidit Lerrice of this man, Luxosi admission to Stome

War Department, Washington, D. C., Wilmby 20, 189 4. Respectfully returned to John J. Demlah Adjutant Ilmois Soldiers Que Sailor Stone. The records of this Office show that Thomas Shaw, a private of Company I. U.S. Mounted Refles was enlisted me 29 1846 at chagust 28.1848 at Jefferson 1825, Mu, act of Conome of the Me. Baltimore, md. an was dischard act of Congress - close

2801 Thomas Shaw-Cottage 17. Mrs. W. J. Dewey or Miss Minnie Dewey Clineton Sewett los In case of his Deuch polify the asover

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., Dec 23 18	96.
TO THE ADJUTANT: Show, Capt Ruffs Med Rifler Med Carl	, ,,
died in Hospital at 7 30 P. M. Cause of death, Marasmus	Regt.
Names of Relatives or Friends Mors Mary Dewey (dang	uter)
Colinton Ill.	
Reg. No. 2801 Gawara Hood Ware	lmaster.
N _V	

HOSPITAL ILLINOIS SOLDIERS AND SAILORS HOME.

TO THE ADJUTANT:	QUINCY, ILL., DER 33 1896
Caft Ruffs Ind late of Co. Reg.	certify that Thomas Show. ag75.45. Rifles. My was Hospital
Complications Duaras	
	-6. E. Elle
	aut Surgeon.

Itospitar Der 26 96 Month. Lairtenova Supt Sin * Below find list of Effects belonging to Thomas Show 2801 deceand and lame are formated to Office this date Bushertfrees. Of one fe themack Valine " Package conty. Trouvers Vect Dummer boat. 3 Shirts 3 Huderthinks 2 Pr Donwows 5 Or Stockings 4 86 Loty Ford Por blows Or Slippers mufgler Wat. Or Millers Or apretades Por Ahears Chaml Struk Hair Bruke belother Brush Fine Come 2 But Pills Ourne Courty 75

QUINCY, ILLINOIS Admission Paper . 1 Army Discharge Certificate of Service, Pension Certificate, 1 2175 Joyanno Art L. Chedelin Thisling Recalling the 14 9 Received_ Admitted. Dec-24-1896.

Effects of Register 2801 Valise 10 50 25 25 10 Vest 05 05 Sherito 30 Undershirts 15 10 Stockings 15 Halfs 20 05 Shoes 25 Slippers 05 Muffler 10 Hat 05 Mittens 05 Spectacles 10 05 Shawl Strap 02 Hair brush 00 Colothes .. 05 Fine Comb 00 Bottles Pels 00 Comy Discharge 00 Turse containing 75 cts 00 Comb in case 03 300

COUNTY OF Macon	
County of Macon	
Before me W W OI dot rond, a fustice of it for a	₹, in
and for said State and County, personally came le an de le a Tuller	
who being duly sworn, deposes and says that Tho mas I hauthe fall firs unt	of
Cum / any to Capt late Co. Regiment Ry Ile	4 6
who died at the Illinois Soldiers and Sailors Home D. V. S., on the 24 set	
M	plication
to recover his effects, andto	receive
and receipt for same and make settlement with	
- Men leardela Lielle	2
- 8 0.	
STATE OF	
COUNTY OF thatou	
We, the undersigned, hereby certify that the above named - 4 an de de a Tu	ller
the identicalto be, and	
known as the lean of lea Tulki of lean duri	
<u> </u>	
} Witnes	ses.
Sworn to before me and subscribed in my presence this	7
and I certify that the forgoing affidavit was read over and fully explained to her before she execut	ed it.
mn Pedde end	=
I astice of the for	a ze
Jasua y mi pu	