APPLICATION FOR ADMISSION

TO THE

Illimois Soldiers' and Sailors' Home

TRUSTEES.

A MAT QUINCY

L. T. DICKA	USTIN, Sycamore, D. SON, Danville, Vern J. MACFALL, Quine		S. I R. I R. S	S. B. SHERER, Secretary and Adjutant. R. H. CARNAHAN, Quartermaster and Commissary. R. W. McMAHAN, Surgeon. JAMES D. MORGAN, Treasurer.		
STATE OF COUNTY O	6 W	Ruch	September a gust aged 53 eK a resident of (3)	within and for the	rsonally appeared before me County and State aforesaid — feet inches	
(4) - (e) - (v) - two	Devott	State of Stle	, who, being and times during the (*)	ng duly sworn, deposes : has been enlisted in the	and says, that he was born in service of the United States	
lst.	Pa 1862		co. I Jul	in the face	disease of eye	
2d. 4	lan 36th 1866	Bloomington	Co	Van 16/h 1866 Stanlaiga Cosporal	by Special :	
3d. (Private.		CoRegt	18	1.0	
4th.	18		Co	18		
That he is	disabled as follows:	(1) dise	are of	roier C.	tracted.	
and has been r	eceiving Zur	Dollars po			O. 87 O payable at 82, and being unable, on	

account of his disability, to earn his living by manual labor, desires admission to the Illinois Soldiers' and Sailors' Home.

The said applicant further swears, that he has not been engaged in, or 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,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Achon el Brown	(1) William Mr. 14
John Shaffer	Post Office Address, Waynes ville III.
Sworn to and subscribed before me, the day and year first at	bove written, and I hereby certify that the foregoing offidavit was read over
and fully explained to fine	before he executed it.
CT.	6 W. Slinker
·	Lustier of the Deace
CERTIFICATE	OF IDENTIFICATION.
	City Clerk of the city, or by a County Officer, or by a Justice of the Peace, ted by an official seal.)
	1/4
I HEREBY CERTIFY that I know the above namede	William Myen
and that I believe the declaration signed by him to be true.	in 6 W Shinkon
	history the Peace
gurgeon:	's CERTIFICATE.
1/1	illiam Myer
0 1	Volunteers, and that he is (10) permanently temporarily disabled
for obtaining his subsistence by manual labor.	Totalicere, and that he is () permanently temporarily disabled
Date of Injury or Disease,	day18,
N S: 1 = 2 = ===	State of
Character of Disability,	
Complications,	
Present condition of Applicant, They weak	eyes disabling him from per-
roming most kinds of la	for Has Dropsy arising from
inliney complaint. Also,	has serious Line troubleverne
ndicentin	Januel A. Grahom, SURGEON.
Sworn to and subscribed before me, this 4 da	ny of Jefo Com Co. A. D. 188 8, and I hereby certify that the
said Saml of Graham is kno	own to me as a Surgeon in actual practice and reputable in his profession.
	(11) 6, W of linker
**	- Justice of the bear

Occupation, Former & Coborer	NAME AND ADDRESS OF NEAREST RELATIVE,
Married or Single, married [If a widower, so state.]	Margaret Myer (his mige)
Children under 16 years, Aug.	Waynesvelle Il
o	ORDER FOR ADMISSION.
	Sept 18",188 8
The above application is hereby approved, and	(2) Win myer
3 Co., 100 Reg't &	Work, Wols., will be admitted to the Illinois Soldiers' and Sailors'
Home at Quincy.	Selkurland
	Superintendent Illinois Soldiers' and Sailors' Home.

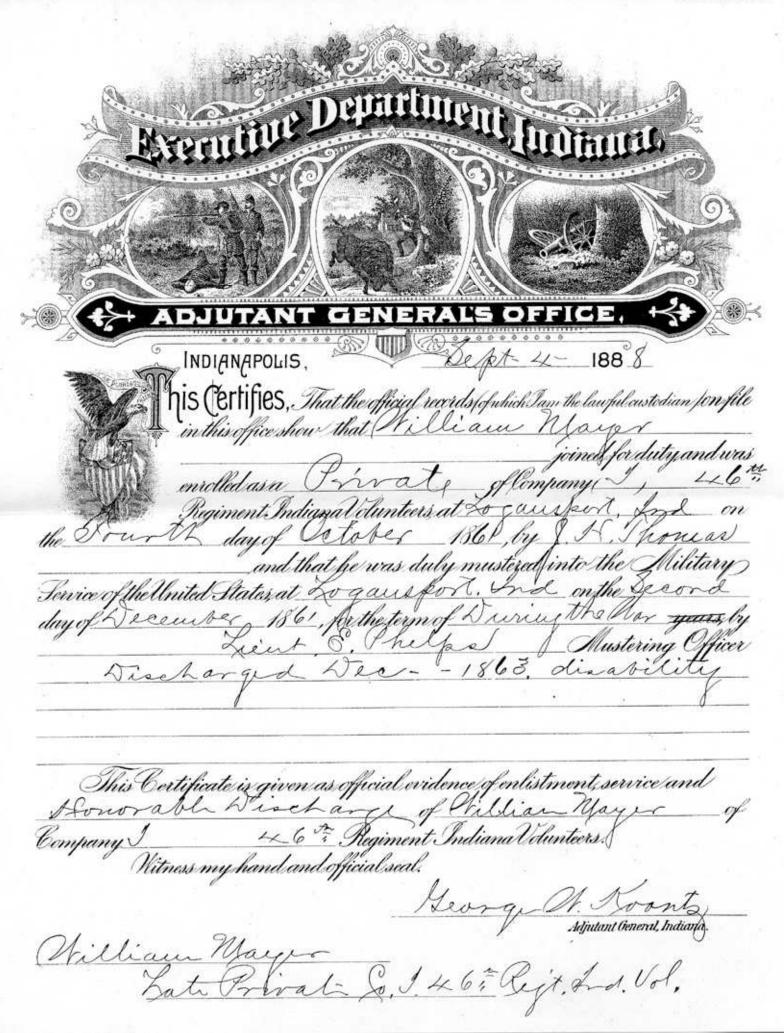
EXPLANATIONS AND DIRECTIONS.

THE FIGURES IN THE BODY OF THIS APPLICATION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED IN FILLING THE BLANKS.

- 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.



whom it man concern Know ye, That William Myen Toppial of Coplain Millials 33 Laurence3 Company (13) 150 " Regiment of Allingie Infantes VOLUNTEERS, who was enrolled on the live by fift day of Show try one thousand eight hundred and with fine to serve Chel years or during the war, is hereby Discharged from the service of the United States this fix teenth day of January, 1866, at allanta Leargine by reason of special order 16/14 Hd 210 Mil Diretto To (No objection to his being re-enlisted is known to exist.) State of , is twenty six years of age, in the State of feet dix inches high, Lask complexion, graff eyes, Dask hair, and by occupation, when enrolled, a Tanner Biben at Allunda this As levelte day of January 1866 / Sel 147 All Suft Volo Capt Coundy Company

(NOTICE OF ISSUE AND FEES.)

Department of the Interior,

BUREAU OF PENSIONS,
Mav. 11", 1889.
· 大學 · · · · · · · · · · · · · · · · · ·
Inclosed herewith is a Certificate, No. 220,870
for Inc. pension, this day issued in your favor.
for Inc. pension this day issued in your favor. The Pension Agent at hicago, upon
whose rolls your name is to be inscribed, will forward to you prop-
erly prepared vouchers, and, when these shall have been duly executed
and returned to him, will transmit directly to your address a check
for the pension then due. DB.
for the pension then due. Your regignized attorney is F. Bingham of Mallon, J.C. , whose fee is
of Malin, 2.6. , whose fee is
10 dollars, which is payable by the
Pension Agent.
01 0101-1
John Chack
William Myer Commissioner July Jelle.
WilliamMyer
Grincy 100

The Act of July 4, 1884, provides that the fee for the prosecution of a pension claim shall be \$10 only, unless a larger fee, not exceeding \$25, is agreed upon under a special written contract. The fee will be paid to the attorney, or other person entitled thereto, by the Pension Agent out of the pension allowed. Should the attorney or other person demand or receive for his services any greater compensation, he would subject himself to the penalties provided in the statute, as follows:

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land who shall directly or indirectly contract for, demand, or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land-warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for every such offense be fined not exceeding \$500, or imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

(14621--50 M.)