Head Quarters

CAPTAIN WILLIAM STEINWEDELL, GUINCY, ILL. COLONEL JAMES A. SEXTON, CHICAGO, ILL. GENERAL LEWIS B. PARSONS, FLORA, ILL.

Illinois Holdiers and Hailors

	Rear Quincy	, Allinois,		200200
			None	25 1899
1.1.1.W Q	The second second		0:00	10019
John W. 130.	singer !) of the Town	a gullesy	in the
county of Mucouping	, and State of	lunors	, formerly a	ioldier of the United
States of America, in the war again asks that he be admitted as a memb		ste Re	bellion	, respectfully
To enable the authorities to dete	rmine whether or not l	e is legally en	titled to become a m	ember of said Home.
he declares and states the facts to l	e that he is now 60	years old, th	at he is 5 feet an	d 10 inches high:
that he is of dight comple:	cion, Blue eyes,	and Bases	Schair; that he was	born in the town of
In the	Country	of Kay.	-/110- on the	12 1 100
ot October , 1829;	that he has been (3) Z	up toller	in the U.S. A. ser	vice:
war against Menico, and in t	he war of the late Rebe	llion; and that	he has been (*) Ze	case honorably dis-
charged from the service of the Uni his enrollment 5., and discharge 5. fr respective date 3. thereof, namely:	ted States. That the fo	Howing is a tru	in statement of the	lmn and place of of
No. When and Where Enrolled. W	hen and Where Discharged.	Hank. Con	upany and Regiment.	Cause of Discharge.
1st. 12 of May 164 12	of Lept/64.	Cipheli Co.	G Regt. 133 20 Bac	Exposition of Levie
20. 7 of March 1865 17"	of March 1866 at	First , co.	6. Regt. 28 10. 0.	Corpiration of Le
30. March y # 1865	Brownerill Texas	degrent on.	Rept.	To the same of the
That he now receives, on pension	certificate number 5 3	9484	pension of Eich	t dollars a month
enyable the H day of next	January.	nt the Che	The second secon	on Office.
That he owns property, real and	personal, of the value of	nothing	dollars, and no n	nord; that he has no
neans of self-support other than tha	t above named; that his	trade or occu;	pation is that of a	Coal miner
That he has (4) A. wife; that he	has em children now	living; aged, re	spectively,(*) 2	-8
years. That his postoffice address is	c.c.c. st. 2.R.	G. Railway, i	llinois; that his near	est railway station is
State; that the name and address of	the person, to whom h	e desires notice	of his illness or de	ath shall be given, is
M. L. Boomman	of Gelles	done or	unto at Masa	erlain a
Allunes ; that, in case	of l'is death, he desires	all his persons	l effects to be sent t	oN. L. Bossing
, at -c	uluspie ,	County of Mil	coupon, Stat	o of Illinois
That he has not heretofore bee	n symember of any So	diers', Sailors',	or other Charitable	Home or Institution,
excepting the (*) /NO 2	have not			SEASON STANSON
That he is now a bona fide residen he last two years,	t of the State of Illinois	, and has contin	mously lived and res	ided in said State for
That he is so far disabled by (').	Heart In	ouble.	Rhuma	time.
and Piles,		-	F. E. F. S. E. F. E. M. C.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
is to now be incapable of earning his. That he has at all times, heretofo	own living. ore, supported and adher	red to the gove	rument of the Unite	d States of America

and that he has not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion.

That if he shall be admitted to be a member of the said Home, he will, in all things and in every respect, comply with and conform to the rules and regulations made, or that shall hereafter be made, for the government and discipline of the same; and that he will cheerfully do and perform any and all things that shall be required of him by those there in anthority over him, and that he will promptly, and winingly, oney and the state of the Home, so long as he shall remain a member thereof.

In testimony whereof he has set his hand this. 25 th day of November, 1899.

(b) Roll Brown.

Witness.

Witness. by those there in anthority over him, and that he will promptly, and willingly, obey all lawful orders that he shall

STATE OF ILLINOIS,
COUNTY OF Macoupin 5 1. Rolt Brown , no Notary Public
of the town of Gillispic , 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.
20 for St. Boosing CI
Subscribed and sworn to before me, this 3.5 day of November A. D. 1809. Witness my hand and official seal. L. S. Rahl Brown (12) Natary Public
Subscribed and sworn to before me, this 2.5 day of November A. D. 1894. Witness my hand
and official seal. L. S. Rahl Trown (12) Natary Public
I do hereby certify, upon honor, that I have personally known John . W Boosings .
I do hereby certify, upon honor, that I have personally known form . It woodings
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, (11) Jeorge Me fore, Comando Bo
Bost. Comands B
CERTIFICATE OF A LOCAL PHYSICIAN.
Boaringer, as to his disability, and I now find that he has (15) Nearh Truble
as to his disability, and I now find that he has (10)
and general debility
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 and feeble. M. D.
M. D.
Subscribed and sworn to before me, this 25 th day of November , A. D. 1899. And I certify that I am personally acquainted with said affiant, Wm M. Grass , and that I know him
that I am personally acquainted with said afflant, Wro M. Grass , 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.
nity and among his renow physicians where he lives. Rolet Brown (10 Walary Public
CERTIFICATE OF SOLDIERS HOME SURGEON,
I hereby certify upon honor that I carefully and critically examined for . M. Boasquefee
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Sunday
the 3 day of dec , 1889; and that I then found him to be of sound mind, and to be
in eapable of earning his living by reason of his physical disability arising from (17) Rhumalts and
Henvehvids
- marine - marine

Witness my hand,

Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said formal formally made, and the Superintendent being 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 and that he now is duly admitted as a member thereby, this formally day of the control of 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 and that he now is duly admitted as a member thereby, this formally made, and the Superintendent being satisfied that he have a superintendent being the said several control of the said several co

HOW TO FILL APPLICATION BLANKS.

- 0. Give full name of the Applicant.
- Either "Mexico and the late Rebellion," or one of them.
- 2. Here say once, twice, or three times.
- 3. Here say once, twice, or three times.
- 4. Here say a wife, or no wife.
- 5. Here give their ages, from youngest to oldest.
- Here give the name of any Home or other Institution of which he has been a member.
- Here state, in his own words, what it is that alls or disables him.
- Here Applicant will sign his full name, or make his mark.
- 9. Here the witness will sign his name.
- Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."

- Here Applicant will sign his full name, or make his mark.
- 12. Signature and title of the Justice or Notary.
- To be made and signed by any Judge of any county or state court, by any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or Adjutant or Commander of any G. A. Post.
- 14. Here write official title.
- 15. The physician will here state tersely, but fully, as far as he can learn, every cause or disorder that, tends in any degree to render the Applicant incapable of earning his own living.
- 16. Name and official title of Notary or Justice.
- Here state minutely what disorder, allment, 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:

- 1. Have some capable person, who writes a fair hand, fill all the blanks in your application.
- 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.
- 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.
- If all your statements are found to be true, and the Surgeon finds you to be so for disabled as to render you incopable 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 citizens 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 lightling.
 - 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 rendered INCAPABLE OF EARNING YOUR OWN LIVING, AND SHALL NOW HE INCAPABLE OF EARNING YOUR OWN LIVING, through the exigencies of your military service, by reason of old age, or by reason 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 sane 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 incupable of self-defence.
- T. NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARRO FOR APPENIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.

Begieter Ho. Sa P.8

John H. Borcamper . Application tor Admission

PER THE

Allingis Sabiers' and Sailbrs' game.

Application Approved by

681	berson		189	189
	Report is	. 189	Ì	1899
Received	"ransportation and Order to Report in person		Denied	Imission Grante JEC 3 1899
Application Received	Transportan	nent.	Admission	Admission

United States of Amprica

State of



Illinois

ADJUTANT GENERAL'S OFFICE

Springfield, November 27, 1911.

It is Gereby Certified, That it appears from the Records of this Office, that

John W. Boosinger,

His residence at date of enlistment is stated as Gillispies, Macoupin County, Illinois.

This Certificate is issued at the request of J.O. Anderson, Supt.,

Quincy, Illinois.

The Adjutant General of Illinois.

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United States of America

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Soldiers' Home,
Quincy, Illinois.

The Adjutant General of Illinois. Chief of Staff.

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509/4 Hornsty Dan 19 1905 In summerville superisetende, sis I have langht of Resident in the seleg of literfield and I hafte mails one from fearment the first of may and of nothern the firstoffaceruher and oreder the surcemalance I Will hapto eal fand Discharg from the goto De parde in the . Tunte ated I will hafte ment there promitted I hait to cal for al Dischy from go heisely home 2

But invader for Julias sind the fragues and allight your Ja Boosinger Hand to Harrishy all papers end facely on

REGISTER No. 5098 Illinois Soldiers' Sailors' Some Reg'f CONTENTS Admission Paper ... Army Discharge . Certificate of Service Pension Certificate = 539 Admitted DOBON Descharge Ch. Te admitted from 16th Now H'1907 Verchargel Areane