

HEADQUARTERS

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS

John Borg, (6) of the town of Mt. Olive, in the County of Macoupin, and State of Ill, formerly a Soldier of the United States of America, in the war against (1) the late Rebellion, respectfully asks that he be admitted as a member of said Home.

To enable the authorities to determine whether or not he is legally entitled to become a member of said Home, he declares and states the facts to be that he is now 67 years old; that he is 5 feet and 3 inches high; that he is of ordinary complexion, blue eyes, and gray hair; that he was born in the town of Grossaunder in the Ostfriesland of Germany; on the 15th day of September, 1837; that he has been (2) once enrolled in the U. S. A. service; in the war against the late Rebellion; and that he has been (3) once honorably discharged from the service of the United States. That the following is a true statement of the time and place of his enrollment and discharge from said service, and that the cause of his discharge, and of his rank at the respective date thereof namely:

No.	When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
1st.	<u>Oct 13/64 Springfield Ill</u>	<u>June 26/65 Illinois</u>	<u>Pr.</u>	<u>Co. D Regt. 32d Ill Inf</u>	<u>Honorable</u>
2d.				<u>Co. Regt.</u>	
3d.				<u>Co. Regt.</u>	

That he now receives, on pension certificate number 997216, a pension of Twelve dollars a month, payable the 4th day of next July, at the Chicago Pension Office.

That he owns property, real and personal, of the value of Eight hundred dollars, and no more; that he has no means of self-support other than the above named; that his trade or occupation is that of a Coal Miner.

That he has (4) a wife; that he has 3 children now living; ages, respectively, (5) 34, 28, 25 years. That his postoffice address is Mt. Olive, State of Illinois; that his nearest railway station is Mt. Olive, Ill, on the Kalook & Ill. Cent Railway in Macoupin County, in said State; that the name and address of the person to whom he desires notice of his illness or death shall be given, is Henry Leubker, of Mt. Olive, County of Macoupin, State of Ill; that, in case of his death, he desires all his personal effects to be sent to Henry Leubker, at Mt. Olive County of Macoupin State of Ill.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) None.

That he is now a bona fide resident of the State of Illinois, and has continuously lived and resided in said State for the last two years, or has served in an Illinois organization.

That he is so far disabled by (7) Rheumatism

as to now be incapable of earning his own living.

That he has at all times, heretofore, supported and adhered to the government of the United 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 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.

In Testimony Whereof he has set his hand this 4th day of June 1904
 (8) John Borg Applicant.
 (9) Thos Koch Witness.

STATE OF ILLINOIS,

County of Macoupin } ss.

I, Theo Koch, a (10) Notary Public

of the town of Mt. Olive, 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.

Subscribed and sworn to before me, this 4th (11) John Borg day of June, A. D. 1904 Affiant.

Witness my hand and official seal. Theo Koch (12) Notary Public
[L. S.]

CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known John Borg 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, or service in an Illinois organization. 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, (13) Theo Koch
(14) Mayor
Mount Olive Ill

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant John Borg, as to his disability, and I now find that he has (15) Rheumatism 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, manifest, 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.

Subscribed and sworn to before me, this 4th day of June, 1904. And I certify that I am personally acquainted with said affiant D. C. Berninger, 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 community and among his fellow physicians where he lives.
D. C. Berninger, M. D.
Theo Koch (16) Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined John Borg the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Saturday he 11th day of June, 1904; and that I found him to be of sound mind, and to be capable of earning his living by reason of his physical disability arising from (17)

General debility and chronic rheumatism
Double inguinal hernia
Witness my hand G. M. London
Home Hospital Surgeon.

Register No. 6742

John Berg

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers and Sailors Home

APPLICATION APPROVED BY

Superintendent.

Admission Granted 190

*James, Supt. 6-6-04
Hoped to Jacksonville
Jacksonville to Quincy*

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., June 11 1904

The undersigned hereby instruct the clerk in charge of Post Office at Soldiers Home to deliver all mail from the Pension Department to the Superintendent.

NAME	Registered Number	Co.	Reg't	State	Term of Service	Number of Certificate.	WITNESS.
John Borg	6742	D	32	Ill	Inf	797216	Jes N. Shahan John Borg

