ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION.

				October. 12 1913			
	James	o Our	lay			of the town of Carli	mille
	0						and State of
	Deen	nvis				rged! Soldies-	
		mu		in interest	the men	amanine of the Res	bellion
	e U. S	0				1/	
and h	nis wife 2000 embers of said Ho	me.		_		respectfully a	sk to be admitted
11.0	To enable the au	thorities to	pass on their elig	gibility, the s	said X	ames Ourley	
decla	res the following s	statements t	o be true and co	rrect: that l	nis personi	al description is as follows:	age_ZOyrs.;
heigh	it 5	ft	q	inches; con	plexion.	Sight; eyes	Blue ;
hair_	Gray						
	That he was born	C.	Iraland	/	Count	ty of	
State	of			on the	Mili	day of mon	18KO :
	he has been 6					and 3 Xunso h	
	the U. S. service					and C / Course	onorably discharged
В	When and where	e Enrolled.	When and wher	e Discharged.	Rank.	Company and Regiment.	Cause of Discharge
1st.	apr. vo.	1861	ang. 3.	1861	Prix	Call by Region y In	m.o.
2nd.	Subx No	ale d		1864	1	Cost. wy Regi. u u u	Partineistad
3rd.	nos. &	1864	mon 8	1865	ц	Colo, 5 Regin 5 Cal	Exp of Seri
said_	Vanaha	Curt	Ray			further avers that he	and his said wife
Said-	11 4		curtay				
were				ary, A. D. 1	890; and t	(who is now of the age of fi hat he has ever since been	living with her and
suppo	orted her as his la That he is now a		esident of the St	ate of Illino	is and has	s continuously lived in the sa	ald state for the last
two c	consecutive years:					/	
	That he now rece	elves, on pen	sion certificate	number\	18869	n, a pension of 75	dollars a month,
paya	ble the	-	day of next-	Ocxob	92-	at the Washington	Pension Office.
						dollars and	

(400)	apr. NO.	1861	ang. 3.	1861	UNV	one by negriting our	mn.0.
2nd.	SibX No	1862	nod. 8.	186W	11	Costs. in Regt. u u u	Retenented
3rd.	not &	1864	mon 8	1865	et	CB 5 Region 5 Car	Exp of Sers.
said_	James Golden	onia				further avers that he	
suppo	rted her as his lav	vful wife. bona fide re	sident of the St	ary, A. D. 19 ate of Illino	890; and t is and ha	that he has ever since been it is continuously lived in the sa	iving with her and
	That he now rece				0.7	n, a pension of 75, at the Washington	
	That he owns pro	perty, real	or personal, of th	e value of	-	- dollars and i	no more; that he has
411						occupation is that of a So	Some
						living; ages, respectively,—	2.5.7.00
						, State of Illinois; that his nea	rest railway station
			The second second				
						Railway, in adam res notice of his iliness or dea	
in.	Wife Soph	onen Curt	ley, or Su	(521	one	, County of adams	, State
of						rsonal effects to be sent to	
Subb							
e o pr	That he has not	heretofor				Sailors' Home or Institut	ion, excepting the
_			Sy. Jam	45. 77	20		
	That he is so far	disabled by	(7)	5. War	und		
	now be incapable of That he has at al			d and adher	red to the	e government of the United S	tates of America.
	That if he and his	s said wife	Ephronia C	molay		shall be admitted to be me	embers of the said
Home	, he does hereby o	bligate him	self that should l	nis said wife		t, he will deposit with the Sup t the purpose of clothing said	
his sa	id wife do hereby	jointly pro	nise that they w	ill in all thi	ngs and	in every respect, comply with	and conform to the
furthe		lves and pr	omise that they	will cheerfu		government and discipline of all orders they may receive fr	
	In testimony whe				nds this	kin.	day
	Ocx		1012		error doctor	Dames his	ran-Dan
01_	18. 49	W.	, 19-1			doller marky	20 10 Part
_0	rapover of	part	Witness.			App	licants.
	See Sec. 3b. of act app	roved May 13, 1	903, under caption of	"Soldiers' and	Sallors' Ho	one." Chapter 23 Hurd's Revised Stat	utes of Illinois

ž

Certificate of Identification

	I do hereby certify, upon honor, that I ha	ve personally know	vn
as to the t have no kn	, the above ap wiedge and belief, the statements contained in t ime of their residence in Illinois, or his service own mental disorder and that they require no hat they can safely be quartered with feeble an	heir foregoing app in an Illinois org special attendants	ranization. And I further state that they so that they can properly be allowed to go at
	WITNESS	my hand (8)	
		(9)	
	Certificate of :	a Local Physic	ian
	I hereby depose and state that I have care	fully examined the	above named applicant
-	, as to his disability, and I now find the	nat he has (10)	
known, ma	extent as to prevent him from earning a living nifest or discoverable disorder; that they hav and that they can safely be quartered with me	e no need of atten	dants: that they may properly be allowed to
			М- D,
	Subscribed and sworn to before me, this-	day of	A, D., 19 And I certify
physician i	personally acquainted with said affiant n active practice and in good repute, and an ho physicians, where he lives.	nest man and a ca	pable physician in the community and among
		(11)_	

Certificate of a Soldiers Home Surgeon

	-		M. D.
Subscribed and sworn to before me, this	—day of—	A. D., 19_	. And I certify
that I am personally acquainted with said affant— physician in active practice and in good repute, and an ho- his fellow physicians, where he lives.	nest man and a capable p	, and that hysician in the co	I know him to be a mmunity and among
	(11)		
Certificate of a So	ldiers Home Surge	on	
I hereby certify upon honor that I have ca	refully and critically exa	mined Jame	s Curley
I hereby certify upon honor that I have ca Sophisoma Curley, the above named applicant a Institution, on the 4 day of July 19/3;	and that I found him to	be ofso	ound mind, and to be
Leveral des	cal disability arising from	n (12)	
	outy		
	200	Pall)
	Witness my hand—	Jan Jan	ome Hospital Surgeon
0-1 41	44: 4 1: 4		
Order Admi	tting Applicant		
The application of the said— together with the said several certificates, signatures and the Superintendent being satisfied that the applicants have	jurats, having been found e shown themselves to	and— I to be duly and be lawfully enti	formally made, and led to admission to
the Home, it is hereby ordered that he is now duly admitted	as a member thereof, this	s—day of—	, 19
was to			
	0.5		Superintendent
N 4 2			
		No. III T.	

known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

HEADQUARTERS

Illinois Soldiers' and Sailors' Home

	GCIIVOI, I	LILILI		000
	/		APR 25 1	908
Vames Co	urled	*****	·····	
County of Magoreper		e town o	A COURTED INC.	, in th
	and State of	- June	, formerly a Soldi	er of the United State
of America, in the waraga		an	<u></u>	, respectfully ask
that he be admitted as a member To enable the authorities to	determine whether or not he is	Incently .	entitled to become a man-	
clares and states the facts to be th	set he is now 98	, it is	entitled to become a membe	er of said frome, he de
of got comple				
/		June	nan't mae ne w	vas born in the town of
(A .	heof	11.000	d, on the	day
01	that he has been (2)	2eni	colled in the U.S. A. service	;in the
	iin the war of the la			
discharged from the service of the	e United States. That the fol	lowing is	a true statement of the tin	ne . and place of his
enrollment and discharge from	a said service, and that the caus	e of his d	ischarge, and of his rank a	t the respective date
thereof namely:				
No. When and where Enrolled.	When and where Discharged.	Donle	Commence and The Land	Ta
	Traca and where procuerged.	Rank.	Company and Regiment.	Cause of Discharge-
Ist. apr/ 20" 186 1	acy 3"1861	0	4 Co. 6 9 Regt 79 Jug	1 111,0.
and. Sep. 2-6" 186 2	2/2 84/862	9	7. Co. 7. Regt. 3	The class
ord. 2 1/1 /0/15	200 1 100	2	Co. Regt.	o The Doce
200 1. 1100	Hor H" (42	/	Co. Regt.	
That he now receives, on pensi	ion certificate number 188.	092	. a mension of/	dollars a month,
payable thed	ay of next. July	at the	Chracyd Pen	sion Office.
	nd personal, of the value of	-		
no means of self-support other than				no more; that he has
mi + h h h // 20	the above named; that his trac	ie or occu	ipation is that of a	······································
Inst he has (4) .22 9 whe;	that he has 2/2 children	now livin	g; ages, respectfully, (5)	
years. That his postoffice address	is		State of Illinois; that his n	earest railway station
s	on the	F	lailway, in	County,
n said State; that the name and a	daress of the person to wrom	ne destre	s notice of his illness or de	ath shall be given, is
All -	Z, of	/	, County of	State
of; that, in	case of his death, he desires all			
, at	County of	B	.c, State of	a.
That he has not heretofore been	a member of any Soldiers', Sa	ilors', or	other Charitable Home or I	institution, excepting
he (6)	- Jan	10	111.0	***************
That he is now a bona fide resider ears, or has served in an Illinois orgo	nt of the State of Minois, and ha	s continue	ously lived and resided in said	i State for the last two
	amazany / b	_/	D-C	
That he is so far disabled by (7)	6 - 1 6 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		·	
	***************		***************	
s to now be incapable of earning his o	and Malaca			
That he has at all times, hereto		he gover	nment of the Hultad States	
e has not at any time been engaged	in, or countenanced, or aided,	or abette	d, the cause of the late Rebe	llion.
That if he shall be admitted to ad conform to the rules and regul me; and that he will cheerfully do rer him; and that he will promptly long as he shall remain a member	and perform any and all things, and willingly, obey all lawful	that sha	made, for the government a	and discipline of the
In Testimony Whereof, he has se	77	3	ay of Chip	
1 /Lawa	vn/	er L	mus y Vall	rlen
1	Witness,	1	much	Applicant.

STATE	OF ILLINOIS	2	111			
	The Control of the Co	18	Tame	on	a (10) Hotor	v Pub
County of	Adamas)	I,	1		a (10)	
and that I the stood, and that	well known to be the identica n and there, at his request, plain the was, by me, thereupon duly	l person he repr nly read to him l sworn, and ther	his application afore n and there deposed	e, this day personal, which he and said that	onally appeared b then and there fu he was the applic	efore me, lly under- ant above
named, and th	at he was fully acquainted with	n matters and th	ings stated and set	forth in his sai	d application, and	i that the
same and each	of them were true in substance	and in fact as h	e had therein stated.		/	
		(11)	lung x	Gur!		fiant.
Subscribed	i and sworn to before me, this	day.	of Children	, A. D.	190 €.	
w	itness my hand and official seal.	1	11/1		THE HALL	
	[L. S.]		Mawa	(E	golden:	Publi
		THE OF	IDENTIFICATION			
			IDENTIFICATION.			
	y certify, upon honor, that I have					
tained in his fo	oregoing application are entirely cation. And I further state that an properly be allowed to go at h	y true, and espect t he has no kno	ially that as to the tin wn mental disorder;	ne of his resident and that he red	e in <i>Illinois, or ser</i> quires no special s	vice in an ittendant;
and that he ca	n property be allowed to go as a	arge, and case in	e can amony on quart			722
		Witness my ha	and, (13)			***
			(1	(4)		
	CERTI	FICATE OF A	LOCAL PHYSICIA	AN.		
I hereby d	epose and state that I have care	fully examined th	he above named app	licant		
	, as to his disabi	lity, and I now fi	nd that he has (15)			
coverable menta	ent as to prevent him from earn of disorder; that he has no need quartered with men who are old	of an attendant;	ing. And I hereby c	pertify that he had operly allowed t	e no known, manife to go at large; an	est, or dis- d that he
					,1	M. D.
Su	bscribed and sworn to before me	e, this	day of		190	And I
certify that I s	am personally acquainted with s be a physician in active practic long his fellow physicians where	aid affiante, and in good re				and that
	AND THE RESIDENCE OF THE SECOND PROPERTY OF T			(16)	
	CERTIFICA	TE OF A SOL	DIERS' HOME SW	RGEON.	,	
Theorem as	ertify upon honor that I careful	ly and critically	examined To	nus les	uly	
1 nereby co	ed applicant, as to his mental ar	A wheelest and	tion at the Hosnital	of this Institut	on L. Later	day
* P. V. P. V.	VV	100	O A + and that I form	art batto for bount	WONTEN THIS TO STORE	53.33 (ACC) 13-63
Lufo, go	e of earning his living by reason	of his physical	disability arising from	general	dellet	<u> </u>
	120,16. Witne		7/1/1/19			*******
Outtasia	12016 Witne	ess my hand	NO VI LA	more		
The contract of				1	Tome Hospital Sur	rgeon.
		3				

0. Give full name of the Applicant.

- 1. Either "Mexico, the late Rebellion, or Spain."
- 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 sing 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 Justice or Notary.
- To be made and signed by any Judge or 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. R. Post.
- 14. Here write official title.
- 15. The physician here will 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, 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 that 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 Clerk, 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 the 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 found 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.

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.

 The law requires that you shall have served in the U.S. A. service, in the army or navy, in the war with Mexico, the late Rebellion, or the Spanish war.

That you shall have been honorably discharged from that service.

- That you shall have lived and resided, continuously and in good faith, for the last two years, in the State of Illinois, or served in an Illinois organization.
- That you shall have been rendered 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 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 attendent; 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-defense.

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.



		-2/4	
Co a	ll Whom it	t May (Concern:
waln no The	, James C	jurley	Fifth Regiment
Dompany	B. ()		Fifth Regiment
# Olever	the n	, UNITED STAT	TES ARMY, who was entisty, one thousand II gh
hundred and DVX	y-two , le serve	Three y	ears
was Dischurged from	The service of the Unite	d-States on the	eleventh
by reason of lx ke	vatein of ter	m of se	eleventh of pixty-five vice
		<i>D</i>	
W 75			Congress approved July
115V			in lieu of lost or destroye is roidoros, upon evidence tha
the original discharge of	ortificate has been lost or do	stroyed, and upon	the condition imposed by sai
			yment of any claim agains vidence in any other case."
			, this twenty eight da
of alugust,	one thousand nine hund	red and DVX	
By authority	of the Secretary of W	Sar:	
			Il Ruad.
		n	



To all Whom it May Concern:

of Dowpauy F, One hundred & seventieth Regiment of New York Infantry, VOLUNTEERS, who was enrolled on the twenty-sixth day of September, one thousand eight hundred and Dixty-two, to serve three years
of Bompany F. One hundred & seventieth Regiment of
Mew york Infantry VOLUNTEERS, who was envolled
on the would-with day of Deprender, one thousand light
was Discharged from the service of the United States on the tenth
was Discharged from the service of the United States on the tenth day of November, one thousand light hundred and sixty-two by reason of enlistment in the Regular army.
by wason of enlestment in the Regular Cloudy.

This Certificate is given under the provisions of the Act of Congress approved July 1, 1902, "to authorize the Secretary of War to furnish certificates in lieu of lost or destroyed discharges," to honorably discharged officers or enlisted men or their widows, upon evidence that the original discharge certificate has been lost or destroyed, and upon the condition imposed by said Act that this certificate "shall not be accepted as a voucher for the payment of any claim against the United States for pay, bounty, or other allowances, or as evidence in any other ease."

of august, one thousand nine hundred and Dix.

By authority of the Secretary of War:

Military Secretary.



To all Whom it May Concern:

now ne, That James burley a Private Sixty-ninth Regiment of New york State Militia, VOLUNTEERS, who was enrolled
ellow bany of String ninth Beginnent of
new Grove State Militia VOLUNTEERS who was envolled
on the teventieth day of april, one thousand light hundred and sixty-one, to serve three mouths
hundred and sixty-one to serve three mouths
day of augus to thousand light funded and sixty-one by reason of must tit out with loom pany.
day of august thousand light fundred and sixty-one
by reason of mixter out with loompany.
Ehis Certificate is given under the provisions of the Act of Congress approved July 1,
1902, " to authorize the Secretary of War to furnish certificates in lieu of lost or destroyed
discharges! to honorably discharged officers or enlisted mon or their widows, upon evidence that
the original descharge certificate has been lost or destroyed, and upon the condition imposed by said
Act that this certificate "shall not be accepted as a voucher for the payment of any claim against
the Walled States for pay, bounty, or other allowances, or as evidence in any other eases?"

of august, one thousand nine hundred and DVX-

By authority of the Secretary of War:

Military Stenetary.

(M.s. o. 150)

Illinois	Soldiers and Sailors Home.
	Soldiers Home Hospital, III., 726, 15, 1902
To the Farm Supt	ady, 8097 ne Funeral of James Curley, B. 3. U.S. Ca 10 a. M. Feb 19, 1921
wil take place at	10 am Fub 19.1921
	G Swebbre Hospital Steward.

Illinois Soldiers' and Sailors' Home

Soldiers Home Hospital, Ill., mak 7- 1912 To the Farm Supt: adj Softhronice

The Funeral of Hang Curley,

will take place at 1 P. M. Mch 7.1921

Glurthy Hospital Steward

March 4th= 1946

Le Murphy

Dear bonurads

Mill my year is about ofand if you cant renew mine
and rifes furlanghs-mill you
please give no a discharge and
send our papers to meyours truly

James Courley.

Bookport; Pake les

Jels-Boy 67.

Levert. 3-10-16

March 14 88:1916.

Mr Murphy. Gear Dir,

Mr bruley ree to ur discharge
from the 86 one also our
marrisge certificate, but you
dident send my marriage
certificate with Mr Samuel bamp.
I want so much to have shein
both; 20 I thot-I would write Jon
and ask you if you would
please send it soon.

Gours truly

Mrs James burley.

address games to gas busley. Starll, Ills BB No 1. James Courly May Curley

Cas 9 69 11 John Midour of fames

Was Curried in my Co B 5-11 John

Panily Dir.

Row 34 - Letter Co Hamily Dir Row 23

Field 19-1921

Age 80 W

Ed Pielon

Ed Pielon

REGISTER NO. 80 ILLINOIS SOLDIERS AND SAILORS HOME QUINCY, ILLINOIS. CONTENTS. Admission Paper Army Discharge Certificate of Service Pension Certificate 488.692 WIII APR 25 1908 Admitted 190 March 10 1909 Discharged on Fred Oct - 26 - 1911 - P.a. Dison Furthan 101916 Kuch Hied on Feer 7 6921 Wife Wied on Fen Mus 6-1921