

See "EXPLANATIONS and DIRECTIONS" on Third Page.

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers' and Sailors' Home

AT QUINCY

TRUSTEES.

DANIEL DUSTIN, Sycamore, DeKalb County, Ill.
L. T. DICKASON, Danville, Vermillion County, Ill.
THOMAS W. MACFALL, Quincy, Adams County, Ill.

OFFICERS.

J. G. ROWLAND, Superintendent.
S. B. SHERER, Secretary and Adjutant.
R. H. CARNAHAN, Quartermaster and Commissary.
R. W. McMAHAN, Surgeon.
JAMES D. MORGAN, Treasurer.

STATE OF Illinois
COUNTY OF Macoupin ss.

On this 5th day of Sept A. D. 1888, personally appeared before me

(1) W. W. Freeman a Notary Public within and for the County and State aforesaid,

(2) Thomas Davis aged 63 years; height 5 feet 10 inches, complexion light, eyes dark & hair dark a resident of (2) Carlinville

County of Macoupin State of Illinois, who, being duly sworn, deposes and says, that he was born in

(4) Wales Kingdom of Great Britain and has been enlisted in the service of the United States

(5) one time during the (4) Mexican

war, and honorably discharged from ~~each~~ ^{said} enlistment, as follows:

No. of Enlistments.	When Enlisted, With Rank.	Where Enlisted, Town and State.	Company and Regiment Mustered In.	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>about May 1st 1846</u>	<u>Columbus Ohio</u>	Co. <u>K. S. no</u> Regt. <u>Ohio</u>	<u>Jan 1847</u> <u>Keokuk Iowa</u>	<u>Disability from</u> <u>Wholesale Druggist</u>
2d.	18		Co. _____ Regt. _____	18	
3d.	18		Co. _____ Regt. _____	18	
4th.	18		Co. _____ Regt. _____	18	

That he is disabled as follows: (7) From injury sustained while in
service of the United States

and has been receiving Eight Dollars per month Pension, on Certificate No. 15,934 payable at Keokuk Agency, from Jan 29th 1887, 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,

W. W. Freeman
Patrick Fitzgerald

(1) Thomas Davis

Post Office Address, Carlinville, Ill.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to Thomas Davis before he executed it.

(11) W. W. Freeman
Notary Public

CERTIFICATE OF IDENTIFICATION.

(8) The following Certificate must be signed by the Mayor or City Clerk of the city, or by a County Officer, or by a Justice of the Peace, and attested by an official seal.

I HEREBY CERTIFY that I know the above named Thomas Davis and that I believe the declaration signed by him to be true.

(9) John M. Wohlapp
Carlinville, Ill.

5 SURGEON'S CERTIFICATE.

I certify that I have carefully examined (2) Thomas Davis

Co. K 2 Reg't Ohio Volunteers, and that he is (10) permanently ~~temporarily~~ disabled for obtaining his subsistence by manual labor.

Date of Injury or Disease, several years day _____ 18. _____

Place of Carlinville State of Ill.

Character of Disability, complication of liver kidney & bladder

Complications, as above incurred by a fall

Present condition of Applicant, very feeble

(10) A. P. Battersworth, SURGEON.

Sworn to and subscribed before me, this 5th day of Sept A. D. 1888, and I hereby certify that the said A. P. Battersworth is known to me as a Surgeon in actual practice and reputable in his profession.

(11) W. W. Freeman
Notary Public

Occupation, Farmer }
 Married or Single, _____ }
 [if a widower, so state.] }
 Children under 16 years, 5 Five }
 NAME AND ADDRESS OF NEAREST RELATIVE,
Mrs Annand Davis
Carlinville, Illinois

ORDER FOR ADMISSION.

Sept 18 1888

The above application is hereby approved, and (*) Thomas Davis
K Co., 2 Reg't Ohio Inf Vols., will be admitted to the Illinois Soldiers' and Sailors'
 Home at Quincy.

J. H. Rutland
 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.

1. 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).
7. 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.
9. 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.

(Do not fill out this blank.)

Register No. 952

APPLICATION FOR ADMISSION

TO THE

ILLINOIS SOLDIERS' AND SAILORS' HOME

OF

Thomas Davis

R Co. 2nd Reg't 1st Div. 1st Reg't

Co. _____ Reg't _____ Vols.

Co. _____ Reg't _____ Vols.

Admitted Sept 18th 1888

APPROVED BY

[Signature]

SUPERINTENDENT.

No. _____

Received Sept 6th 1888

Notice of approval sent Sept 6 1888

Wag.

Carlinville Ill. June 10th 1889

J. S. Rowland

Superintendent

I enclosed please find my
furlough which is out to-morrow, and I
would respectfully ask that it be reserved
for 90 days and very much oblige.

Yours Truly

Thomas Davis

Carlinville Illinois

Jan'y 13. 1890

E L Higgins. Adjt-

U.S. Home

Quincy Ills

Dr Sir

My Furlough expires this day.
I shall not return. - will you
be kind enough to forward me
my Discharge Papers, It is not my
or your fault that I do not
return to the Home, I have all ways
been treated well while there.

My No is 956. Co. No. 12.

Resp etc

Thomas Davis

Direct to

Thomas Davis

Carlinville

Macoupin Co

Illinois

Illinois Soldiers' & Sailors' Home.

Surgeon's Office, *Sept 18* 188*8*

Respectfully returned to

J. G. ROWLAND,
Superintendent.

I HAVE CAREFULLY EXAMINED

Thomas Davis

late Co. *K* 2 Reg't *Ohio* *Infy*
Mexican War
late Co. _____ Reg't _____

and find him disabled by *General*
debility arising from
alg. diarrhoea &
disease of kidneys.

His general physical
condition is poor &
appearance feeble.

He is unfit for
manual labor & is
entitled to admis-
sion to the Home

R. W. McQuarrie

SURGEON.

Register No. *956*

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

Thomas Davis
Castleville, Illinois

CO. _____ REG'T _____

K CO. *2nd* REG'T *Ohio* *Medican*
Infantry

CO. _____ REG'T _____

CONTENTS

Admission Paper *1*

Army Discharge _____

Certificate of Service _____

Pension Certificate *1* # *7192* Will _____

Admitted *9/18/88* _____

Application Rec'd *9/6/88*

Discharged *4/10/95*

Readmitted *7/23/95*

Discharged - O. R. *1/14/1900*

(all papers sent)