Head Quarters

EMILY W. LIPPENCOTT, MATRON. TRUSTEES:

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

Illinois Holdiers and Hailors

		Plear Quincy	, Ællii	tois,	
Stat asks	es of America, in the war that he be admitted as a market of the authorities to leclares and states the facts he is of the control in	ember of said Home. determine whether or not to be that he is now 5	he is leg	ally entitled to become a nod, that he is 6 feet and hair; that he was	nember of said Home, inches high; s born in the town of
char his	against Morieo, and ged from the service of the parollment, and discharge ective datethereof, namely	in the war of the late Rebe United States. That the for- from said service; and of	llion; an	d that he has been (3)s a true statement of the	honorably dis- time and placeof
No.	When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
Zst.	1561- august	or Manispied 200	Printe	Co. 7 Regt. 27-20	Separation of the
2d.		311		Co. Regt.	
3d,				Co. Regt.	
paya T mear Years State		and personal, of the value of that above named; that his the has 2 children now has is is Prichles of the person, to whom he ase of his death, he desires the Prichles of the person of	at the of Score s trade or living; an Rail e desires all his p county of	Chicago Pens "" "" "" "" "" "" "" "" "" "" "" "" "	sion Office. more; that he has no Farmer whether 19 est railway station is County, in said ath shall be given, is cutin, State of to her te of Leer
T	hat he has not heretofore	been a member of any Sol	diers', S	illors', or other Charitable	Home or Institution,
T he la	hat he is now a bona fide resist two years. hat he is so far disabled by manual Cabin				
T nd t	now be incapable of carning hat he has at all times, here hat he has not at any time that if he shall be admitted to	tofore, supported and adher seen engaged in, or countena	nced, or a	ided, or abetted, the cause	of the late Rebellion.

ply 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 3/2 day of More

Witness.

by Series of Indiana, 188.
COUNTY OF Mainfair) I, Sterret Driver , a(10) hoty ruble
of the town of Brights , 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.
William A Fra
Subscribed and sworn to before me, this 3/2 day of March A. D. 189 8. Witness my hand
Subscribed and sworn to before me, this 5/ t, day of March A. D. 189 %. Witness my hand
and official seal. L. S. Daniel D. Fredely (12) noty Public
1. 5.
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known Milliam h. 4mg
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, (13) B. C. Hathaway,
Com of Lovejoy Post & A &
Brishtopp
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named Applicant William V. Hay
, as to his disability, and I now find that he bear(15) is time able to carra
a support by manual lator, on account of general debition,
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.
Subscribed and sworn to before me, this 31" day of Meaner , A. D. 1898. And I certify
Subscribed and sworn to before me, this 2 4 day of the A.D. 189 S. And I certify
that I am personally acquainted with said affiant, Jaku R. ash . , 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.
Janua di milia (10) horzi rever
CERTIFICATE OF SOLDIERS HOME, SURGEON,
I hereby certify upon honor that I carefully and critically examined Wind They
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on monday
the 18th day of afric , 1898; and that I then found him to be of the sound mind, and to be
capable of earning his living by reason of his physical disability arising from (17)
Mental faculties & General nervous Debility
741

Witness my hand,

Toma Hamilal Sunnan

ORDER ADMITTING APPLICANT.

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.
- 13. 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 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 examination by the Superintendent as to the allegations of fact made by you in your application for admission.
- 5. If all your statements are found to be true, and the Surgeon finds 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.
- 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 Bebellion.
 - 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 BE 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 enpable 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-defence.
- 7. NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARE FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.

Superintedent.

Begister No. 4324

All to for whom become 4 2

Allinais Saldiers' and Saitars' Hame. Application for Admission '

Admission Granted	Admission Denied	sent	xnsportati	Application Received.	Jan Jan
Franted	Denied		Transportation and Order to Report in person	Received	Wasingerilles
		,189	er to Report		dong
180	, 189		in person	189	Superintendent.

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STATE OF I	Mates
LLINOIS.	
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for the period of "It is "Dereby Certified, That it appears from the Records of this Office, that in Company of and was mustered into the service of the United States as a Adjutant General's Office, enlisted on the Springfield, Jugue Regiment, Illinois_ day of Suguex 1. 189 £ 186 /.

His residence at date of enlistment is stated as This Certificate is issued at the request of Adjutant General of Illinois.

REGISTER No. 4/321 Illinois Soldiers' Sailors' Some QUINCY, ILLINOIS. Jughten Muempin Ca Ill Reg't Reg't. CONTENTS Admission Paper Army Discharge Certificate of Service Pension Certificate 940208 ang. 1 - Such Pen Cent. Discha apl 31 1898 taken to Jacksmith asylun APR 18 1898 _18.... Admitted ..