MAJOR GEORGE W. FOGG, SUPERINTENDENT, GENERAL JAMES D. MORGAN, TREASURER, CAPTAIN B. P. MCDANIEL, ADJUTANT, CAPTAIN JAMES P. MOORMAN, QUARTERMARTER, EDMUND B. MONTGOMERY, SURGEON,

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Dead Quarters

EDWARD W. GOODEROUGH, ABBT SURGEON.
EMILY W. LIPPENCOTT, MATRON.
TRUSTEES:
CAPTAIN WILLIAM STEINWEDELL, QUINSY, ILL.
COLONEL JAMES A. SEXTON, CHICAGO, ILL.
GENERAL LEWIS B. PARBONS, FLORA, ILL.

Applicant.

Illinois Holdiers and Hailors Home

	Plear Quinc	y, Jui	nois.	
0	4		(Cr	1 Sth. 1884
(7.t. 1)	10		mil Da.	1894
James V	alrin , (1)	of the To	wn of MM, Oliv	, in the
County of Tocacoure	, and State of	Sun	toto formerly a	Soldier of the United
States of America, in the war	against(1) to Lat	t 6	Rebellion	, respectfully
asks that he be admitted as a r	nember of said Home.		THE SHARE NEW YORK STREET, STR	
To enable the authorities to	determine whether or not	he is lega	lly entitled to become a m	ember of said Home.
he declares and states the facts	to be that he is now 63	years of	ld, that he is 5 feet and	6 inches high
that he is of rusky com	plexion, brown eyes,	and 6	lack hair; that he wa	as born in the town of
atlone	the County	ot Ro.	Weammen breland	4 14 day
of Cyclic , 18.2	: that he has been (2)	ucu e	prolled in the U.S. A. ser	vice;in the
war against Mexico, and	in the war of the late Rebel	llion; and	that he has been (1)	honorably dis-
charged from the service of the	United States. That the fol	llowing is	a true statement of the	timeand placeof
his enrollment, and discharge respective date thereof, name	rom said service; and of	the caus	e of his discharge, and	of his rank at the
	A. G.			2.2
No. When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment,	Cause of Discharge.
Ist. 9 . C.	11:11	0.	7	
- George Sel	Vickeling	nevote	Co. Regt. 47 80.	Get Sure
2d. Robert Sa			Co Sof Regt. Mas Nor On	
3d. Ang 11 1861	My 1863	7	and the state of the	9
rived II 16 G I	0104 1100		Co. Regt.	
That he owns property, real means of self-support other than That he has(*) ZMwife; the years. That his postoffice address that his postoffice address that he had been pos	that above named; that his the has 200 children now as is 100 clip of the Halash	s trade or living; ag , Stat Rail	es, respectively,(°)	est railway station is
State; that the name and address	s of the person, to whom he	desires :	notice of his illness or deat	th shall be often to
ranto to remet	oco , of The Ol	wa	, County of Maco	exer, State of
that, in c	ease of his death, he desires	all his pe	reonal effects to be sent to	crause
belmbold, a	t The Olive,	County of	Macoupin, Sta	te of Sec.
That he has not heretofore be	een a member of any Soldie	rs', Sailo	rs', or other Charitable H	ome or Institution
excepting the(6) / /				
That he is now a bona fide res he last two years.	ident of the State of Illinois,	and has c	continuously lived and resid	ed in said State for
That he is so far disabled by(1) Ceart Disea	ev. (Hrumatisn	D aux
deofense of both ea				
s to now be incapable of earning	his own living	5		
That he has at all times, here and that he has not at any time h That if he shall be admitted to ly with and conform to the rules discipline of the same; and that h y those there in authority over h eceive from any officer of the He	tofore, supported and adher been engaged in, or countenant to be a member of the said less and regulations made, or to be will cheerfully do and per thin; and that he will promp	nced, or ai Home, he hat shall form any otly, and v	ded, or abetted, the cause of will, in all things and in a hereafter be made, for the and all things that shall be willingly, obey all lawful of	of the late Rebellion. every respect, com- he government and he required of him
In testimony whereof he has			October 1	89. 4/
Jouns HEli	lodd, (1)		trick Gal	

I hereby depose and state that I have carefully examined the above named Applicant, Patrick Calrice , as to his disability, and I now find that he has(16) deafacted for 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 devot October , A. D. 189 f. And I certify that I am personally acquainted with said affiant. Thereby Calber , and that I know him so 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. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined.	STATE OF ILLUNOIS,)
of the town of Mel. Clear 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 sky spersonally 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 (11). It was the said application, and that the same and each of them were true in substance and in fact as he had therein stated (11). It was the said application, and that the same and each of them were true in substance and in fact as he had therein stated (11). It was the said application, and that the same and each of them were true in substance and in fact as he had therein stated (11). It was the said application and the said application and the said applicant, and the said applicant, and the said applicant, and the said applicant, and the said and official seal. L. S. CERTIFICATE OF IDENTIFICATION. I do hereby certify, upon honor, that I have personally known. Described in the solution of this reridence is allinois. 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) the Mell Melley State of the said application. I hereby depose and state that I have carefully examined the above named Applicant, and the said state of	COUNTY OF Macoupin 5 1. Theo Athoch - 10 (10) Istary Cublic
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 his said application, and that the same and each of them were true in substance and in fact as he had therein stated and official seal. L. S. CERTIFICATE OF IDENTIFICATION. I do hereby certify, upon honor, that I have personally known. ** ** ** ** ** ** ** ** ** ** ** ** **	of the town of Mr. Olio , in and for said County, do hereby certify that the above named Applicant,
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 (1) Subvised Galvise Majant. Subscribed and sworn to before me, this Aday of Celebra A. D. 1884 Witness my hand and official seal. L. S. CERTIFICATE OF IDENTIFICATION. I do hereby cortify, upon honor, that I have personally known. Falsack Galvise (1) Interpolated in his foregoing Application are entirely true, and especially that as to the time of his residence in Mitoris. 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 feelbe and helpless men. Witness my hand, (12) Att Att Allowed Magnetical	to me personally and well known to be the identical person he represents himself to be, this day personally appeared
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I hereby depose and state that I have carefully examined the above named Applicant, Patrick As to his disability, and I now find that he has(15) Leaf scale of 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 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 that he may be properly allowed to go at large; and that I am personally acquainted with said affinant, that I always 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. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined Patrick Salor Certify and the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Taxobay the 13 day of November, 1894; and that I then found him to be of sound mind, and to be the capable of earning his living by reason of his physical disability arising from(1). The first hand the first hand.	
Certificate of sold and among his fellow physicians where he lives. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and orbit candidate on distribution, at the Hospital of this Institution, on Jausbay the cardialy of carning his living by reason of his physicial disability arising from (17).	
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 devot October, A. D. 189 And I certify that I am personally acquainted with sair alimint, the community and among his fellow physicians where he lives. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined attack below this Institution, on This day he above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on This day he is capable of earning his living by reason of his physical disability arising from(1). Fullower: Heat	
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 day of Otoliar, A. D. 189 And I certify that I am personally acquainted with said affiant. The personally acquainted with said aff	, as to his disability, and I now find that he has(16) Many and
Subscribed and sworn to be one this said affiant, 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. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined patrick baling the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Jacobay the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Jacobay the capable of earning his living by reason of his physical disability arising from(17). Fullowley the street of the capable of earning his living by reason of his physical disability arising from(17).	both lars and heart houble
Subscribed and sworn to be one this said affant, 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. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined patrick baling the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Jacobay the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Jacobay the above carning his living by reason of his physical disability arising from(12). Fullowless Heart the second of the physical condition and to be the capable of earning his living by reason of his physical disability arising from(12).	to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, mani-
Subscribed and sworn to before me, this that I day of October, A. D. 189 H And I certify that I am personally acquainted with said affiant. Introduce Tolerand Tolera	
Subscribed and sworn to be 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. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined. The Hospital of this Institution, on This day the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on This day the 13 day of November, 189 ; and that I then found him to be of sound mind, and to be the capable of earning his living by reason of his physical disability arising from (17). Valorula: Head	large; and that he can safely be quartered with men who are old and feeble.
Subscribed and sworn to be 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. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined. The Hospital of this Institution, on This day the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on This day the 13 day of November, 189 ; and that I then found him to be of sound mind, and to be the capable of earning his living by reason of his physical disability arising from (17). Valorula: Head	Q 1 6 Benneuter M. D.
that I am personally acquainted with said affiliant. The set of south and a capable physician, in the community and among his fellow physicians where he lives. CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined the Hospital of this Institution, on Jacobay the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Jacobay the 13 day of November, 189 4; and that I then found him to be of sound mind, and to be the capable of earning his living by reason of his physical disability arising from (17). Fullowla: Head	Subscribed and sworn to before me, this the dev of October A. D. 100 H and I contien
CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined. Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Tuesday the 13th day of November, 1894; and that I then found him to be of sound mind, and to be the capable of earning his living by reason of his physical disability arising from (17). Valorate.	that I am personally acquainted with sale attent of track of land
CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined Patrick Daloin the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thirday the 13 day of November, 189 , and that I then found him to be of sound mind, and to be the capable of earning his living by reason of his physical disability arising from (17). Fulcular Head	
CERTIFICATE OF SOLDIERS HOME SURGEON. I hereby certify upon honor that I carefully and critically examined Patrick Saloin he above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Jucabay he 13 day of November, 189 , and that I then found him to be of sound mind, and to be the capable of earning his living by reason of his physical disability arising from (17). Faloular Head	
I hereby certify upon honor that I carefully and critically examined. Fatrick Labrin he above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Juesday he 13 day of November, 189 ; and that I then found him to be of sound mind, and to be the capable of earning his living by reason of his physical disability arising from (17). Fulcular Head	This Hoch with Cu
I hereby certify upon honor that I carefully and critically examined Patrick Labora he above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Jucobay he 13 day of November, 189 ; and that I then found him to be of sound mind, and to be the capable of earning his living by reason of his physical disability arising from (17). Puloular Heat	(·) tray give
I hereby certify upon honor that I carefully and critically examined Patrick Labora he above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Jucobay he 13 day of November, 189 ; and that I then found him to be of sound mind, and to be the capable of earning his living by reason of his physical disability arising from (17). Puloular Heat	At The second of the contract of the second
he above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Justing he 13.5 day of November, 189.4; and that I then found him to be of sound mind, and to be in capable of earning his living by reason of his physical disability arising from (17). Valoration Head	CERTIFICATE OF SOLDIERS HOME SURGEON.
he 13 day of November, 189 sand that I then found him to be of sound mind, and to be in capable of earning his living by reason of his physical disability arising from (17). Valorator beat	I hereby certify upon honor that I carefully and critically examined fature along
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recapable of earning his living by reason of his physical disability arising from(17).	he 13 day of November, 189 ; and that I then found him to be of sound mind, and to be
drøense x deafruss & Rheumalism.	the capable of earning his living by reason of his physical disability arising from (17). Vuloular Heat
	disease & deafress & Rheumalism.
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Witness my hand E. B. Montyonnens

ORDER ADMITTING APPLICANT.

The application of the said., together with the said several certificates, signatures, and jurats, having been found to be duly and formally hade, 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 now duly admitted as a member thereof, this 3 M. day of America, 189 4.

> GEORGE W. FOGG, Superintendent.

HOW TO FILL APPLICATION BLANKS.

Give full name of the Applicant.

- Either "Mexico and the late Rebellion," or one of 1.
- Here say once, twice, or three times.
- Here say once, twice, or three times.

4. Here say a wife, or no wife.

- 5. Here give their ages, from youngest to oldest.
- 6. 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 ails 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."

11. Here Applicant will sign his full name, or make his mark.

Signature and title of the Justice or Notary. 12.

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. R. 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.

17. 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.

- 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 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 citizen's 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 many, in the war with Mexico, or in the
 - 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 EABNING 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 now 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 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 incapable of self-defence.
- 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.

GEORGE W. FOGG,

Superintendent.

Patrick Galum
Application for Admission
To the

Illinois Soldiers' and Saitors' Home.

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Admission Denied 189	1	Application Received 189	Bury M. Togge Continuentent.
Nov		Order to	M The
(2)	189	Report	Buth
, 189		in person	rintenden

Department of Justice.

OFFICE OF UNITED STATES MARSHAL,

Southern District of Illinois,

CHARLES P. HITCH,

Marshal
E. E. WATTS,

Chief Deputy.

Springfield, Oll. October 18th., 1899.

Patrick Galvin, Esq.,

Danville, Ill.

Dear sir;

Herewith I enclose you check #4708 for \$1.50, the same being amount of witness fees due you in the case of the U. S. vs Patrick Calvin.

Very respectfully,

U. S. Marshal.

THE ABBOTT HOUSE,

FRED ABBOTT, PROPRIETOR.

WASHINGTON AVENUE AND VANBUREN STREET.

Danville, Ill. Sat Cung, 26,898 Danville Ill Capain Somewille please send me an hon-orable discharge to the Cibbott House,) as I have anade upprised to stay here Patrick Salvin her Joe Mright

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill. april 23 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.

Registered Number	Co.	Reg't	State	Term of Service	Number of Certificate.	WITNESS.
2930	F	47	Jee. Po	dry	700176 li	Joseph M. Shahar
	-				Number Co. Reg't State of Service	Registered Number Co. Reg't State of Service Number of Certificate. 2930 F 47 Daly 700176 Parale Co. Reg't State of Number of Certificate.

Register No. 7930

Illinois Soldiers and Sailors Home, QUINCY, ILLINOIS.

Patrick Galvin	7
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ILLINOIS SOLDIERS AND SAILORS HOME

Surgeon's Office April 23 190 4
Respectfully returned to the Super-
intendent. I have carefully examined
Patrick Calin
late Co. FT Regt. 4 Julill Ing
late CoRegt.
and found him
disabled by peasan of there
matis Valvular
Herart Disse and
deafus
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*
D.M. Landons Surgeon.
Surgeon.

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IN THE NAME OF GOD, AMEN.

Illinois Soldiers and Sailors Home, Quincy, Ill.

1, Palried Galven	Illinor Tribes & Callers the fire
the County of Adams and State of Illinois be the uncertainty of this frail and transitory life this to be my last Will and Testament.	ing of sound mind and memory, and considering, do, therefore, make, ordain, publish and declare,
	at conveniently may be.
Second. After the payment of such fund	ral expenses and debts, I give, devise and bequeath
I The second of	hatever nature of which I
nay die possessed to	Rev Father Karr
Bility of Quincy	County of adams
April 23 1902 No Olanga	(desired)

Lastly, I make, constitute and appoint Wm Somerville Supt. or	hi
CCOSSORS in office to be Executor of this, my	. Inc
Will and Testament, hereby revoking all former Wills by me made.	443
In Witness Whereof, I have hereunto subscribed my name and affixed my seal fifteenth day of March in the year of our I	!, th Lord
One Thousand Eight Hundred and Decreely Decree	
Patrick Galvise	EAL.
This instrument was, on the day of the date thereof, signed, published and declared by the testator Satraca Galore to be his last Will and Testament, in	
presence of us who at his request have subscribed our names hereto as witnesses, is	n hi
presence, and in the presence of each other. Charles J. Smith	,
J. S. Smith	
april 23 1904 Joseph N Shahan	

141) 1813