

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

EDWARD W. GOODENOUGH, ASST. SURGEON.
 EMILY W. LIPPENCOTT, MATRON.
 TRUSTEES:
 CAPTAIN WILLIAM STEINWEDDELL, QUINCY, ILL.
 COLONEL JAMES A. SEXTON, CHICAGO, ILL.
 GENERAL LEWIS B. PARSONS, FLORA, ILL.

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois.

Oct 8th, 1894.

Patrick Galvin, (1) of the Town of Mt. Olive, in the County of Macoupin, and State of Illinois, 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 63 years old, that he is 5 feet and 6 inches high; that he is of ruddy complexion, brown eyes, and black hair; that he was born in the town of Atlane in the County of Roscommon, Ireland, on the 1st day of April, 1831; that he has been (2) twice enrolled in the U. S. A. service; in the war against Mexico, and in the war of 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 of 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>Provia Ill</u>	<u>Vicksburg</u>	<u>Private</u>	<u>Co. F. Regt. 47 Ill.</u>	<u>Heart Disease</u>
2d.	<u>Provia Ill</u>	<u>"</u>	<u>"</u>	<u>Co. G. Regt. 1st Miss. Inf. Regt.</u>	<u>"</u>
3d.	<u>Aug 11 1861</u>	<u>Mar 1863</u>		<u>Co. Regt.</u>	

That he now receives, on pension certificate number 700176, a pension of 12 dollars a month, payable the 4 day of next January, at the Chicago Pension Office.

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

That he has (4) no wife; that he has no children now living; ages, respectively, (5) no years. That his postoffice address is Mt. Olive, State of Illinois; that his nearest railway station is Mt. Olive, on the Wabash 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 Frank Helmbold, of Mt. Olive, County of Macoupin, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to Frank Helmbold, 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.

That he is so far disabled by (7) Heart Disease, Rheumatism and deafness of both ears 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 8th day of October, 1894.

(8) Frank Helmbold
 Witness.

(9) Patrick Galvin
 Applicant.

Army discharge, lost before he came here - F.

COUNTY OF Macoupin } ss. Thos. 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 1st day of October, A. D. 1894. Witness my hand and official seal. Patrick Galvin Affiant. Thos. Koch (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Patrick Galvin, 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) at Mt. Olive Ill this 8 R. Voigt (14) Police Magistrate Seal

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, Patrick Galvin, as to his disability, and I now find that he has (15) deafness of both ears and heart trouble 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 1st day of October, A. D. 1894. And I certify that I am personally acquainted with said affiant, Edward Berninger Patrick Galvin, 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. E. Berninger, M. D. Thos. Koch (16) Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Patrick Galvin, the above named 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 incapable of earning his living by reason of his physical disability arising from (17) valvular Heart disease & deafness & Rheumatism.

Witness my hand E. B. Montgomery

ORDER ADMITTING APPLICANT.

The application of the said Patrick Galvin, together with the said several certificates, signatures, and jurats, having been found to be duly and formally made, 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 13th day of November, 1894.

GEORGE W. FOGG,
Superintendent.

HOW TO FILL APPLICATION BLANKS.

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| <ol style="list-style-type: none"> 0. Give full name of the Applicant. 1. 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. 6. Here give the name of any Home or other Institution of which he has been a member. 7. Here state, <i>in his own words</i>, what it is that ails or disables him. 8. Here Applicant will sign his full name, or make his mark. 9. Here the witness will sign his name. 10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court." | <ol style="list-style-type: none"> 11. Here Applicant will sign his <i>full name</i>, 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. R. Post. 14. Here write official title. 15. The physician will here state tersely, but fully, as far as he can learn, <i>every</i> cause or disorder that tends in any degree to render the Applicant <i>incapable of earning his own living</i>. 16. Name and official title of Notary or Justice. 17. Here state <i>minutely</i> what disorder, ailment, disease, or cause, it is that, in your judgment, <i>disables the Applicant and renders him incapable of earning his own living</i>. |
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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 navy, in the war with Mexico, or in the late Rebellion.
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 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 sane 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.

Register No. 2930

Patrick Galvan

Application for Admission

TO THE

Illinois Soldiers' and Sailors' Home.

Application Approved by

George W. Taggart,
Superintendent.

Application Received _____ 189__

Transportation and Order to Report in person

sent _____, 189__.

Admission Denied _____, 189__.

Admission Granted *Nov-13, 1894.*

Department of Justice.
OFFICE OF UNITED STATES MARSHAL,
Southern District of Illinois,

CHARLES P. HITCH,
Marshal.
E. E. WATTS,
Chief Deputy.

Springfield, Ill., 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 Galvin.

Very respectfully,


U. S. Marshal.

THE ABBOTT HOUSE,

FRED ABBOTT, PROPRIETOR.

WASHINGTON AVENUE AND VANBUREN STREET.

Danville, Ill. Sat Aug. 26, 1898

Danville Ill

Captain Somerville
Dear Sir:

Will you please send me an honorable discharge (to the Abbott House,) as I have made up ^{my} mind to stay here

Patrick Galvin

per Joe Wright elk

$\frac{.2}{2930}$

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.

NAME	Registered Number	Co.	Reg't	State	Term of Service	Number of Certificate.	WITNESS.
<i>Patrick Galvin</i>	<i>2930</i>	<i>F</i>	<i>47</i>	<i>Illinoi</i>		<i>700176</i>	<i>Joseph M. Shahan</i> <i>Patrick Galvin</i>

Register No.

2930

1200

Illinois Soldiers and Sailors Home,
QUINCY, ILLINOIS.

Patrick Galvin

Mt. Olive, Macoupin Co.

F Co. 47 Reg't Ill Inf

Co. Reg't

Co. Reg't

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Army Discharge, -----

Certificate of Service, 1

Pension Certificate, 1 # 700,176

April 23 1904 Readmitted
April 13 1906 Dischg. OR

Received -----, 18

Admitted Nov 13, 1894

AUG 28 1899 Dis. OR on Foot. ^{All papers sent here}

ILLINOIS SOLDIERS AND SAILORS HOME

Surgeon's Office *April 23 1904*

Respectfully returned to the Superintendent. I have carefully examined

Patrick Galvin

late Co. *H* Regt. *4 7th Ill Inf*

late Co. Regt.

and found him

disabled by *pusser of rheu*

matism talocular

Heret Disau and

deafness

D. M. London

Surgeon.

IN THE NAME OF GOD, AMEN.

Illinois Soldiers and Sailors Home, Quincy, Ill.

I, Patrick Galvin of Illinois Soldiers and Sailors Home
the County of Adams and State of Illinois being of sound mind and memory, and considering
the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish and declare,
this to be my last **Will and Testament**.

First. I order and direct that my *Executors* hereinafter named, pay all my just debts
and funeral expenses as soon after my decease as conveniently may be.

Second. After the payment of such funeral expenses and debts, I give, devise and bequeath
All worldly effects of whatever nature of which I
may die possessed to

The Rev Father Karr
City of Quincy - County of Adams
State of Illinois

April 23 1904
No Change desired

Lastly, I make, constitute and appoint Wm Somerville Supt. or his
successors in office to be Executor of this, my last
Will and Testament, hereby revoking all former Wills by me made.

In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the
Fifteenth day of March in the year of our Lord,
One Thousand Eight Hundred and twenty nine

Patrick Galvin



This instrument was, on the day of the date thereof, signed, published and declared by the said
testator Patrick Galvin to be his last Will and Testament, in the
presence of us who at his request have subscribed our names hereto as witnesses, in his
presence, and in the presence of each other.

Charles P. Smith

J. S. Smith

April 23 1904 — Joseph W. Shahan