Head Quarters

EDWARD W. GOODENOUGH, ASS'T SURGEON. EMILY W. LIPPENCOTT, MATRON.

TRUSTEES:

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

Illinois Poldiers and Pailors Home

James Servity (") of the Town of Brighton M. 1886. States of America, in the war against(") The Revellers (") 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 3 % years old, that he is 5 feet and 3 % inches high; that he is of Acork (") 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 3 % years old, that he is 5 feet and 3 % inches high; that he is 5 feet and 3 % inches high; high that he is 5 feet and 3 % inches high; high that he is 5 feet and 3 % inches high; high that he is 5 feet and 3 % inches high; high that he is 5 feet and 3 % inches high; high that he is of Acork (") feet and 3 % in the war of the late Rebellion; and that he has been (") feet and of the war against fluxes, and in the war of the late Rebellion; and that he has been (") feet and charged from the service of the United States. That the following is a true statement of the time and place		Rear Quincy	, Alli	nois,	
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 I years old, that he is I feet and I inches high; that he is of dark complexion, blue eyes, and Januty hair; that he was born in the town of in the war against Moxico, and in the war of the late Rebellion; and that he has been (2) ward 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. John John John John John John John John	7/)		Brighton El	July 16, 1896.
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That he now receives, on pension certificate number 79% , a pension of 12 dollars a month, payable the 1 day of next October, at the Chicago Pension Office. That he owns property, real and personal, of the value of 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 Labour That he has (4) no wife; that he has no children now living; aged, respectively, (2) years. That his postoffice address is Brighton , State of Illinois; that his nearest railway station is Ninghlon , on the Chicago Burbingh Lling Railway, in Marchine 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 Mrs. David Colling, of Brighton , County of Marchine, State of Illinois; that he name and address of his death, he desires all his personal effects to be sent to Proposition of the has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6). Last in National March	No. When and Where Enrolled.	When and Where Discharged.	Bank.	Company and Regiment.	Cause of Discharge.
That he now receives, on pension certificate number 79%, a pension of 2 dollars a month, payable the 4 day of next October, at the Chicago Pension Office. That he owns property, real and personal, of the value of 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 Labour That he has 4 ne wife; that he has no children now living; aged, respectively,(a) years. That his postoffice address is Brighton, State of Illinois; that his nearest railway station is whighton, on the Chipa Barbarla Living Railway, in Marchan 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 Marchan that, in case of his death, he desires all his personal effects to be sent to Sania Colonia, at Brighton, County of Mascrafic, State of Illinois; that he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (c) Last in National Home D. Marchan March duckay) a grant of fast with the march duckay and grant of fast with the march	Ist. City of New York	Brookly a by - Des 1 wing	Cour her	Ship Hertford	true of Service toping
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State; that the name and address of the person, to whom he desires notice of his illness or death shall be given, is Mrs. David Collins, of Bris Low, Country of Macconfine, State of Lluis; that, in case of his death, he desires all his personal effects to be sent to her. Savid Collins, at Bris Man, Country of Macconfine, State of Lluisi. That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (°) last in National Home.	That he owns property, real ameans of self-support other than That he has (4) 20 wife; tha	t October, and personal, of the value of that above named; that his the has Marchildren now h	at the f rade o	Chi cape Pensi Litte dollars, and no m r occupation is that of a ged, respectively,(5)	on Office. fore; that he has no
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excepting the (6) last in National Home D.V. S. Marine hidens March - declary on account of bad off	Sarrie Collins , at	Brighten ,0	ounty of	Ma confeir , State	ot Illine
excepting the (0) last in National Home D.V. S. Marine hidma March - devolary on account of bad off	That he has not heretofore	been a member of any Sol	diers', S	allors', or other Charitable I	Iome or Institution,
mint had a now a house and maniform of the State of Illinois and has continuously lined and manifold to and Sunt	excepting the (*) last in	national Home D.K. S.	nian	in Indina Branch - discher	god on accounty bad offert of h
That he is now a bona fide resident of the State of Itthous, and has continuously used and resided in said State for he last two years.	That he is now a bona fide resi	dent of the State of Illinois,	and has	continuously lived and resid	ied in said State for
That he is so far disabled by (*) loss of left anu	That he is so far disabled by	(1) loss of left an	ш		

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 16 th day of July 1896.

COUNTY OF Moconfin 588. I, Slaving Stordey , a(10) many Public.
of the town of Bright , in and for said County, do hereby certify that the above timed 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.
I substance and in fact as he had therein stated.
(11) Money Ling
Subscribed and sworn to before me, this /6 day of full A. D. 189 6. Witness my hand
Subscribed and sworn to before me, this 16 day of July A. D. 189 . Witness my hand and official seal. L. S. Source & George (12) 2004, Public
L. S. Same C. Torrell (12) Lotag Public
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known Themes Semity.
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
and the stop of th
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) John M. Jolieu Magistrati
(14) Tolise Magistrate
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named Applicant, Thomas Zerrity
as to his disability and I now find that he had (15) Total disap the
by the loss of the left and
- January Commission of the contract of the co
to such an extent as to prevent him from earning his own lying. 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
arge; and that he can safely be quartered with men who are and feeble
Subscribed and sworn to before me, this 16: day of July , A. D. 189 C. And I certify
Subscribed and sworn to before me, this 16 day of July , A. D. 189 C. And I certify
hat I am personally acquainted with said affiant, Thos G. Hornice , and that I know him
o 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.
Danie I Souled (10) Way Roblis
CEPTURICATE OF SOLDING WOME SUPERIOR
I hereby certify upon honor that I carefully and critically examined Theo. Guits
I hereby certify upon honor that I carefully and critically examined
he above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on with the state of the Institution, on with the state of the Institution, on the state of the Institution of the Ins
he 22 day of July , 1896; and that I then found him to be of sound mind, and to be
capable of earning his living by reason of his physical disability arising from (17)
loss of left arm near shoulder goint.

Witness my hand, E. B. Montgomery

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 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 and that he now is duly admitted as a member thereof, this ... 22 189.60

HOW TO FILL APPLICATION BLANKS.

0. Give full name of the Applicant.

- 1. Either "Mexico and the late Rebellion," or one of
- 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 ails or disables him.
- 8. Here Applicant will sign his full name, or make his
- 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

Apperintendent.

- 12. Signature and title of the Justice or Notary.
- 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 in-capable of earning his own living.
- 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 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 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 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 reason of some other
 - 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,



Superintedent.

Thomas Gevily Application for Abudesion

Illinais Saldiers' and Saitars' game.

the Home before. tried to work in as

Application Approved by

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Transportation and Order to Report in person

Application Received

189

Admission Granted July 22 nd 1896 Admission Denied

, M. E.

Before filling in the blanks read carefully the explanations and directions on the margin, and extracts from the rules on third page.

Army Discharge, or Certificates of Service, or Pension Certificate. must be sent with this application, and all the directions carefully complied with, or the application will be returned, and much delay result.

NOTE THE EXPLANATIONS AND DIRECTIONS.

APPLICATION FOR ADMISSION

ILLINOIS SOLDIERS AND SAILORS HOME,

AT QUINCY.

TRUSTEES.

L. T. DICKASON, Danville, III.

THOMAS W. MACFALL, Quincy, III.

JAMES I. NEFF, Freeport, III.

OFFICERS.

J. G. ROWLAND, Superintendent.

R. H. CARNAHAN, Quartermaster and Commissary.

FRANK F. PEATS, Adjutant.

R. W. McMAHAN, Surgeon.

JAMES D. MORGAN, Treasurer.

TATE	President	THE STATE OF
AFAI	PERSONAL PROPERTY.	IONS.

Fill all the blank spaces carefully.

STATE OF LE	llinois			
COUNTY OF M	caeoupin	} ss.		
On this	thirtunth	day of	Sepleneber	A. D. 18 92, before me
a lu	day Public		A PA	e County and State aforesaid
A CONTRACTOR OF THE PROPERTY O		Gerrita	aged 5 5 years, h	eight 5 feet 3
inches, complexion	Fresh , eyes gray	hair Pom	4 , a resident of Bru	ghlow
County of Maco	offin State of	Ellinia,		and says, that he was born in
mlen	tus	times duri	and has been enlisted in the	s service of the United States, whelling
war: and was honor	ably discharged from each			111

State each enlistment separately, and cause of discharge.

The army discharge or certificate of service from LAST enlistment is SPECI-ALLY required.

No. of Enlistm'ts.	When Enlisted, With Rank.	Where Enlisted—Town and State.	Company and Regiment Mustered in-	Date and Place of Dis- charge, with Rank.	Cause of Discharge.
Ist.	See 16 1863	Broklyn	co. ship Hortford	Sec 16 1864	time Enferio
0.4	Jan 5- 1865	Brulley	Co. Ship	any 21 18 65-	(1.2.2.2.11.11)
2d.	Friemon	n 4	"Hunch be all " Regt		
3d.	18		Co	18	
			Regt		

Here the applicant should state, in his own way, what his disability is.

by long left ame That he is disabled as follows:

If no pension is recelved, so state.

and has been receiving	twelve	Dollars per	month, pensio	n, on Certif	Scate No. 2580
payable at Mashn	ylow	Agency, from	10 Y 22 1		18.24.

The applicant further states that he has no property nor means of support, and being unable, on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The applicant must sign this, and swear to the statement.	States; and that he was not a member of any Soldiers or fide resident of the State of Illinois for the last two years	en engaged in, aided or abetted the late Rebellion in the United Sailors Home, June 15, 1887; and further that he has been a bona And said applicant further stipulates and agrees that he will be Board of Trustees, or by their order; that he will perform all flicers of the Home.
Have two witnesses sign and fill all the blanks carefully.	Frank Behoeberk	Hearest B. B. Station, Brighton 2le, On what B. B. Chrosp Hellow Post-office Address, Brighton III.
To be sworn to be- fore an officer hav- ing a seal, or a J. P.	Sworn to and subscribed before me, the day and year first a over and fully explained to Seid Thomas Ge	bove written, and I hereby certify that the foregoing offidavit was read Same of Magistrate.] ' water, Public
	Read? No Write? No Occupation Cabour	NAME AND ADDRESS OF NEAREST RELATIVE.
Fill all these blanks carefully.	Married or Single	(Name) since in Mus' Count (Jelation)
	Cultures and to years.	/ (Audiose)
This is very impor- tant. Have it signed as directed.	(The following Certificate must be signed by the Commander or A officer, or by a Justice of the I Hereby Certify that I have known the above named to the commander of the comma	on signed by him to be true, and I further state that he is not
	, (Gi	ve Official Title) Bright Lee,
	7/	mas Genili-
This is to be filled, out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.	Company Hartful & Regiment Hunchbac	Nounteers, and that he is disabled as follows:
	Complications	
If signed by U. S. Examining Surgeon this need not be	I further certify that said applicant is sane and has no spell other comrades.	s of mental disturbance, and can safely be assigned quarters with
sworn to.	Sworn to and subscribed before me, this 13 to that the said Theo. G. Horing reputable in his profession.	and of lefetinibin A. D. 189.2, and I horoby certify us known to me as a Surgeon in actual practice and Lawie Develop
	The above application is hereby approved, and Co. Reg't Soldiers and Sailors Home, at Quincy.	Vols., will be admitted to the Illinois
		Superintendent Illinois Soldiers and Sailors Home.

EST (DO NOT FILL OUT THIS BLANK.)

Register No. 2319

APPLICATION FOR ADMISSION

Illinois Soldiers and Sailors Home

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Moron	h	0		Co	homas &
W Wand	10	Reg't	Reg't	Regular	Herry
" Lul	189	ı	1	Jy (of

Notice of approval sent Sufah 16 1891

Received .

8/10/97 - Whote to him to remit \$ 1.75 BEST EQUIPPED PRINTING HOUSE IN THE CITY. as below

VOLK, JONES & McMEIN,

PRINTERS-

600 AND 602 MAINE STREET, TELEPHONE 114, QUINCY, ILL.

OFFICE STATIONERY A SPECIALTY.

Thomas Generated Reg. 2319

set Home Clothing tied up with

price of string and no wrapper

and at an Expense of 25 cts.

for Ex. Ches.

Ret. 1 Blowse 1 west

Jook 1 Shoes - 1 undershoot
1 Suspenders, value \$ 150

Ex. Ches. . 25

ILLINOIS SOLDIERS AND SAILORS HOME.

REQUISITION FOR QUARTERMASTER'S STORES, for day of

REQUISITION FOR	QUARTER	MASTE	R'S	STO	RES	, fo	r				day o					18	9		
FOR WHOM.	Blouse.	Trousers, Vest,	Shirts.	Undershirts.	Drawers, Shoes,	Socks.	Hat.	Suspenders.	Con beat										
Thomas Gerritz left in Gottage Name blotholy as follows -	2814	11	2.	3.	3 /		1		1										
								6	des	223	e .	26	en.	8	n	S	ergt	. Co	.2. 2

FORM 57

ILLINOIS SOLDIERS AND SAILORS HOME.

REQUISITION FOR QU	UAR	TE	RM	AS'	TEF	? 'S	ST	OR	ES,	for	2			da	y of	Fe	long		18	97		
FOR WHOM	6	sers			Undershirts	ers				enders												
Thomas Garrity 2319 U & Navy	Blouse	Tronser	Vest	Shirts	Unde	Drawers	Shoes	Socks	Hat	Suspend						2	5					
July 22/96	1	1	1	2	2	2	1	1	1	1	M	d:	hai	L			10	S. C.	(A)	2000	100	

11:34

APPROVED:

Supt.

Sgt. Co.

Winois Soldiers & Sailors Home.

Surgeon's Office, Seft/91892 To the Superintendent: I have earefully exumined Thomas Gerret late Co. n. S. Mar late Co. Rugit. and find him disadthad by low The disabilis

Awril . Tue

Register No. 23/9

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

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Brighton, M	Pacoussin
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	REGIT G. S. Mast
CO	REGIT Hartford
	11 100
CO	REG'T Hunchlas
CONTEN'	
PER STATE OF THE S	
Admission Paper / Sent p	apers by mark
Army Discharge	8-10-97
Certificate of Service. Z	
Pension Certificate / #1980) Will
Pension Certificate./	Will
Received	9-19-92
A A	
Discharged	11-16-9
Readmitted	7-22-9
A A	1-11-9
A A	LAGI
Dis Discharged for	
Dis Discharged for desertion and carry Clothing	
Dis Discharged for	