

OFFICERS:

WILSON , SUPERINTENDENT.
 GENERAL JAMES D. MORGAN, TREASURER.
 CAPTAIN OF THE , ADJUTANT.
, QUARTERMASTER.
 EDMUND B. MONTGOMERY, SURGEON.

EDWARD W. GODDENOUGH, ASST SURGEON.
 EMILY W. LIPPENCOTT, MATRON.

TRUSTEES:

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

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois,

Brighton, Ill. July 16, 1896.

Thomas Gerrity....., (°) of the Town of Brighton....., in the
 County of Macoupin....., and State of Illinois....., formerly a soldier of the United
 States of America, in the war against⁽¹⁾ The 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 58 years old, that he is 5 feet and 3½ inches high;
 that he is of dark complexion, blue eyes, and fancy hair; that he was born in the town of
Tennant in the Louise of Ireland, on the 24 day
 of December, 1836; that he has been⁽²⁾ twice enrolled in the U. S. A. service; both in the
 war against Mexico, and in the war of the late Rebellion; and that he has been⁽²⁾ twice honorably dis-
 charged 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.	City of New York Dec. 16-1862	Brooklyn N.Y. - Dec 14-1864	Cookman	Ship Hartford Co. Regt. U.S. Navy	Wound of service before
2d.	City of New York Jan 4-1865	Brooklyn - N.Y. Aug. 21-1865	Fireman	Ship Huntsville - Co. Regt. U.S. Navy	Close of war
3d.				Co. Regt.	

That he now receives, on pension certificate number 7980, a pension of 12 dollars a month,
 payable the 4th day of next October, at the Chicago Pension Office.

That he owns property, real and personal, of the value of ten 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 Labourer.

That he has⁽⁴⁾ no wife; that he has no children now living; aged, respectively,⁽⁵⁾
 years. That his postoffice address is Brighton, State of Illinois; that his nearest railway station is
Brighton, on the Chicago, Burlington & Quincy 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
Mrs. David Collins, of Brighton, County of Macoupin, State of
Illinois; that, in case of his death, he desires all his personal effects to be sent to
David Collins, at Brighton, County of Macoupin, State of Illinois.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution,
 excepting the⁽⁶⁾ Last in National Home D.V.S. Marine Indian March - discharged on account of bad effects of nature
see above

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⁾ loss of left arm

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, com-
 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 16th day of July, 1896.

W.M. D. I.

76th July 1896

STATE OF ILLINOIS,
COUNTY OF Macoupin } 88. I, Daniel V. Gordon, a (10) Notary Public
of the town of Brighton, 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.

(11) Thomas G. Gentry Affiant.

Subscribed and sworn to before me, this 16th day of July, A. D. 1896. Witness my hand
and official seal.

L. S. Daniel V. Gordon (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Thomas Gentry,
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) John W. Darlington,
(14) Police Magistrate

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, Thomas Gentry,
as to his disability, and I now find that he has (15) been disabled
by the loss of the left arm
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.

Thos A. Horine, M. D.

Subscribed and sworn to before me, this 16th day of July, A. D. 1896. And I certify
that I am personally acquainted with said affiant, Thos. A. Horine, 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.

Daniel V. Gordon (16) Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Thos. Gentry
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Wednesday
the 22nd day of July, 1896; 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)
loss of left arm near shoulder joint.

Witness my hand, E. B. Montgomery

ORDER ADMITTING APPLICANT.

The application of the said Thomas Gervity, 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 day of July, 1896.

[Signature]
Superintendent.

HOW TO FILL APPLICATION BLANKS.

- | | |
|---|--|
| <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, in his own words, 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 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. 17. 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 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.

[Signature]
Superintendent.

Register No. 2587

Thomas Jovity
Application for Admission

TO THE
Illinois Soldiers' and Sailors' Home.

tried to work in as
having never been in
the Home before.

Application Approved by

.....
Superintendent.

Application Received _____, 189__.

Transportation and Order to Report in person
sent _____, 189__.

Admission Denied _____, 189__.

Admission Granted July 22nd, 1896



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
TO THE
ILLINOIS SOLDIERS AND SAILORS HOME,
AT QUINCY.

TRUSTEES.

L. T. DICKASON, Danville, Ill.
THOMAS W. MACFALL, Quincy, Ill.
JAMES I. NEFF, Freeport, Ill.

OFFICERS.

J. G. ROWLAND, Superintendent.
R. H. CARNAHAN, Quartermaster and Commissary.
FRANK F. PEATS, Adjutant.
R. W. McMAHAN, Surgeon.
JAMES D. MORGAN, Treasurer.

DIRECTIONS.

Fill all the blank spaces carefully.

STATE OF Illinois }
COUNTY OF Macoupin } ss.
On this thirteenth day of September A. D. 18 92, before me
a Notary Public
[Name and Title of Magistrate.]
personally appeared Thomas Gerrity aged 55 years, height 5 feet 3
[Name of Applicant.]
inches, complexion Fair, eyes gray, hair Brown, a resident of Brighton
County of Macoupin State of Illinois, who being duly sworn, deposes and says, that he was born in
Ireland and has been enlisted in the service of the United States
two times during the war of the rebellion
war; and was honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

No. of Enlistm'ts.	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>Dec 16 1863</u> <u>Coast Guard</u>	<u>Brooklyn</u> <u>N.Y.</u>	<u>Co. Ship Hartford</u> Regt.	<u>Dec 16 1864</u>	<u>time expired</u>
2d.	<u>Jan 5 1865</u> <u>Friman</u>	<u>Brooklyn</u> <u>N.Y.</u>	<u>Co. Ship</u> <u>"Hutchcock"</u> Regt.	<u>Aug 21 1865</u>	
3d.	<u>18</u>		<u>Co.</u> Regt.	<u>18</u>	

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

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

That he is disabled as follows: by loss of left arm

If no pension is received, so state.

and has been receiving twelve Dollars per month, pension, on Certificate No. 7980
payable at Washington Agency, from July 8 1892.

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.

The said applicant further swears that he has not been engaged in, 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. 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,

Have two witnesses sign and fill all the blanks carefully.

Wm. Anderson
Frank Schwesler

Thomas Gerrity
Nearest R. R. Station, *Brighton Ill.*, On what R. R., *Chicago & Alton*
Post-office Address, *Brighton Ill.*

To be sworn to before an officer having a seal, or a J. P.

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 *said Thomas Gerrity* before he executed it.

Daniel D. Goodell
[Name of Magistrate.] *Notary Public*

Fill all these blanks carefully.

Read? *no* Write? *no*
Occupation *labourer*
Married or Single *single*
[If a Widower, so state.]
Children under 16 years

NAME AND ADDRESS OF NEAREST RELATIVE.
(Name) *none in this County* (Relation)
(Address)

CERTIFICATE OF IDENTIFICATION.

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, 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.)

This is very important. Have it signed as directed.

I HEREBY CERTIFY that I have known the above named *Thomas Gerrity* for the last two years past, and that I believe the declaration signed by him to be true, and I further state that he is not mentally afflicted so as to require a special attendant, and can safely be quartered in a sleeping room with others.

D. D. Goodell
(Give Official Title) *Village Clerk of Brighton Ill.*

LOCAL PHYSICIAN'S CERTIFICATE.

This is to be filled out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.

I certify that I have carefully examined *Thomas Gerrity* Company *5th Heavy Regiment* *Humboldt* Volunteers, and that he is disabled as follows:
loss of left arm, six inches below shoulder.

Character of Disability
Complications
Present Condition of Applicant

If signed by U. S. Examining Surgeon this need not be sworn to.

I further certify that said applicant is sane and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

U. A. Horine, SURGEON.

Sworn to and subscribed before me, this *13th* day of *September* A. D. 189*2*, and I hereby certify that the said *Thos. G. Horine* is known to me as a Surgeon in actual practice and reputable in his profession.

Daniel D. Goodell
Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and *Thomas Gerrity*, 189*2*
Co. *1st* Reg't *1st* Vols., will be admitted to the Illinois Soldiers and Sailors Home, at Quincy.

Wm. Anderson
Superintendent Illinois Soldiers and Sailors Home.

EST. (DO NOT FILL OUT THIS BLANK.)

Register No. 2319

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers and Sailors Home

Thomas Henry

OR *W. S. May*

Co. _____ Reg't _____ Vols. _____

Co. _____ Reg't _____ Vols. _____

Admitted *Sept 19* 189 *2*

APPROVED BY

J. G. McDonald
Superintendent.

No. _____

Received *Sept. 16* 189 *2*

Notice of approval sent *Sept 16* 189 *2*

5/10/97 - Note 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 Garity Reg-2319
set Home clothing tied up with
piece of string and no wrapper
and at an expense of 25 cts.
for Ex. Chgs.

Ret. 1 Blouse 1 vest

Took 1 Shoes - 1 undershirt -

1 Suspenders, value \$1.50

Ex. Chgs .25

\$1.75

ILLINOIS SOLDIERS AND SAILORS HOME.

REQUISITION FOR QUARTERMASTER'S STORES, for _____ day of _____ 189_____

FOR WHOM.

Feb 9 1847
Thomas Gerrity
left in baggage
name clothing
as follows -

	Blouse.	Trousers.	Vest.	Shirts.	Undershirts.	Drawers.	Shoes.	Socks.	Hat.	Suspenders.											
<i>2314</i>		<i>1</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>3</i>	<i>1</i>		<i>1</i>	<i>1</i>											

Carroll Hovan Sergt. Co. 22

ILLINOIS SOLDIERS AND SAILORS HOME.

REQUISITION FOR QUARTERMASTER'S STORES, for *26* day of *Febry* 189*7*

FOR WHOM

Thomas Gerrity 2319
U S Navy
July 22/96
Nov 10 "
Febry 3

	Blouse	Trousers	Vest	Shirts	Undershirts	Drawers	Shoes	Socks	Hat	Suspenders											
	<i>1</i>	<i>1</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>2</i>	<i>1</i>	<i>2</i>	<i>1</i>	<i>1</i>											
			<i>1</i>	<i>2</i>																	

W. W. MITCHELL
 Q. M. STORE KEEPER

and hand

APPROVED:

Supt.

Sgt. Co.

Illinois Soldiers & Sailors Home.

Surgeon's Office, Sept 19 1892

To the Superintendent:

I have carefully examined

Thomas Gerrity
late Co. U.S. Navy
Reg't

late Co. Reg't

and find him disabled by loss
of left arm + trem-
ors from eyes-
sion drunk

The disability
from loss of arm
entitles him to
admission to the
Home.

A. W. M. Graham
Surgeon.

Register No. 2319

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

Thomas Gerrity
Brighton, Massachusetts
CO. REG'T U.S. Navy
CO. REG'T Hartford
CO. REG'T Hunchback

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