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

	IL	LINOIS			SAILORS	номе,
	L. T. DI		EES.	R. H. CAI FRANK F. R. W. McI	OFFICERS VLAND, Superintende RNAHAN, Quarterma PEATS, Adjutant. MAHAN, Surgeon. MORGAN, Treasure	ent. ster and Commissary.
DIRECTIONS. Fill all the blank paces carefully.	On the Name personally inches, co	Arcuss a and Title of Magistrate. y appeared July amplexion Hair Manufain	Jaine of Applicant.) eyes Gray, bai State of Julia	Russe, a resider	years, height of Localina within and for the Course of Localina with the second	To a second
State each enlist-	war; and	honorably discharged	from each enlistment	as follows:		
nent separately, and ause of discharge. The army discharge	No. of Enlistm'ts.	When Enlisted, With Rank.	Where Enlisted—Town and State.	Company and Regiment Mustered in. Gust Little Regt Jane	Date and Place of Discharge, with Rank. Cutture July July 2, 5 1848	Cause of Discharge.
reertificate of serv- ce from LAST en- istment is SPECI- LLX required.	2nd.	18		co. Jels.	Months 18	
	3rd.	18		Co. Mey	18	<u>q</u>
Here the applicant hould state, in his wn way, what his isability is. If no pension is received, so state.	full full hup and has be payable at		Lish sist	harry Lis Dollars per month, pens y, from The 29	sion, on Certificate No 2 Juny 18 t, and being unable, on a	of horse of his disability,

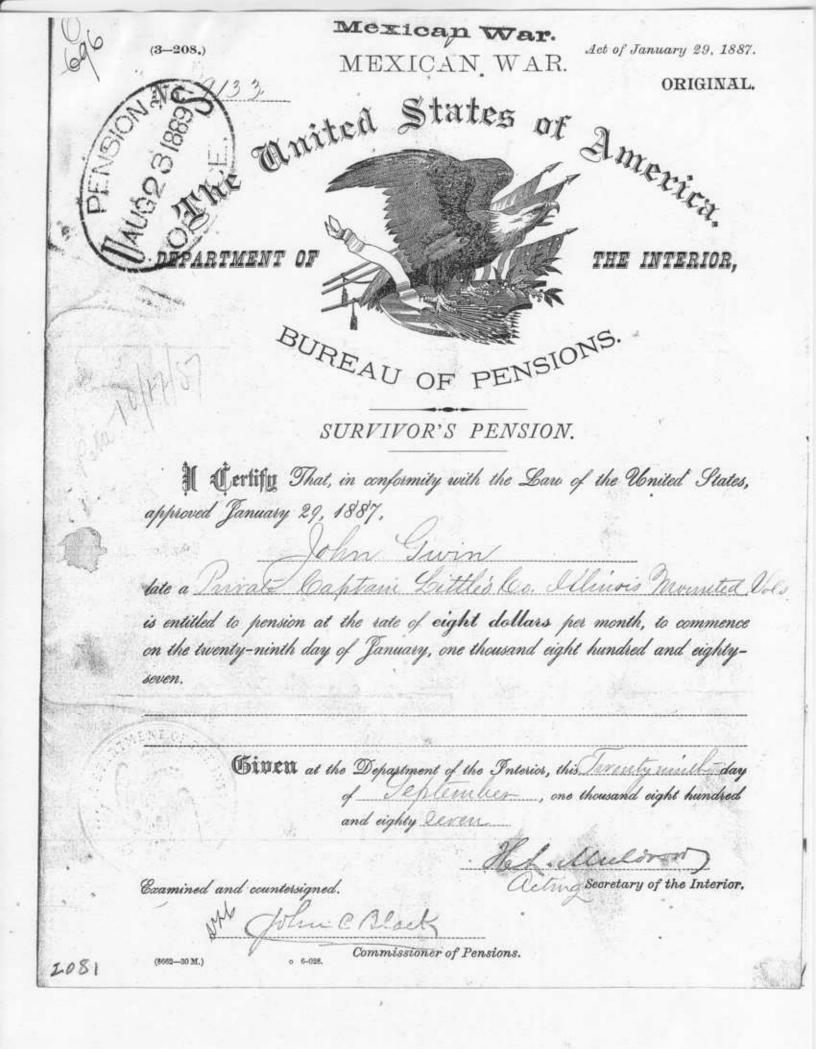
The applicant mus ign this, and swea o the statement.	r States; and that he was not a member of any Soldiers or in fide resident of the State of Illinois for the last two years.	een engaged in, aided or abetted the late Rebellion in the United Sailors Home, June 15, 1887; and further, that he has been 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 ficers of the Home.
	WITNESS,	e p hys le
Have two witness	1 95 110 11	John & Twin
s sign and fill all the	· I M- Nill	mark get 0+0
lanks carefully.	7,0000000000000000000000000000000000000	Secret R. R. Station Coarlinaile on what R.R. 10 1 W
20 A.	Danies Thincais	Post-office Address, Carlinville III.
W. L. (1)	Series to and anhearthed before me the day and seem first a	bove written, and I hereby certify that the foregoing affidavit was read
To be sworn to be ore an officer bay	over and fully explained to John Gu	before he executed it.
ng a seal, or a J. P		- ·
	TALES.	(Name of Magistrate.)
	1 10	Netary Public
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	Sand year land on	NAME AND ADDRESS OF NEAREST RELATIVE,
Fill all these blanks	Occupation deubures	1 1 10
arefully.	Massied or Bingle DUNGAL	(Name) Patent Juin (Relation) Brothe
	[If a Widowy, so state.]	1
	Children under 16 years More	(Address) Carlinulle Historia
	CERTIFICATE O	F IDENTIFICATION.
This is very im-	(The following Certificate must be signed by the Commander or Ac	flutant of a G. A. R. Post, the Mayor or City Clerk of the city, or by a County cace, and attested by an official seal.
ortant. Have it		eace, and attested by an official seal.
igned as directed.	I HEREBY CERTIFY that I have known the above nam	ed fehre Guin for the
		ned 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.
		1 W HC N:11
	Sind	J. J. G. CTO LUC
	10:6	e Official Title) Sustice of the Sucar
	(GIV	e Omeiai Title)
	LOCAL PHYSICI	AN'S CERTIFICATE.
	1.1.	0 '
	I certify that I have carefully examined	- June
This is to be filled	1.11. 1.60 18/1/2 1/1/1	Me Nolunteers, and that he is disabled as follows:
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ımily physician, or	Souble incumal herria, Bro	netition and leass of the
ne in the neighbor-		
ood of the residence	411	
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	/	
	Complications	1.11.11 91
	I reacht Condition of Appropria	only wooderably will summitted
If signed by U. S.	I further certify that said applicant is sane and has no spells	of mental disturbance, and can safely be assigned quarters with
xamining Surgeon	other comrades.	108 0
is need not be	The state of the s	ATTOCOPY MY DIC ASPRGEON
worn to.	Se	+ mentgowery to Penyly exquestoy 101
norn to.	Sworn to and subscribed before me, this	day of A. D. 189 and I hereby certify that
	the said	is known to me as a Surgeon in actual practice and reputable in
	his profession.	
	ORDER FOR	R ADMISSION.
	OMPAN EVI	· ~ / / / / / / /
	1.	159 /
	m at an arrivation in banks arranged and 40	my younn.
	The above application is hereby approved, and	12/2 1800/14
	Castonia Lettles Roger Mornita	Vals, Ill Mux Vols, will be windted to the Illinois
	Soldiers and Sailors Home, at Quincy.	APPROVE
	WARRIED MARK STATES TO THE STATE OF THE STATES OF THE STAT	SOUTAND, SUP II
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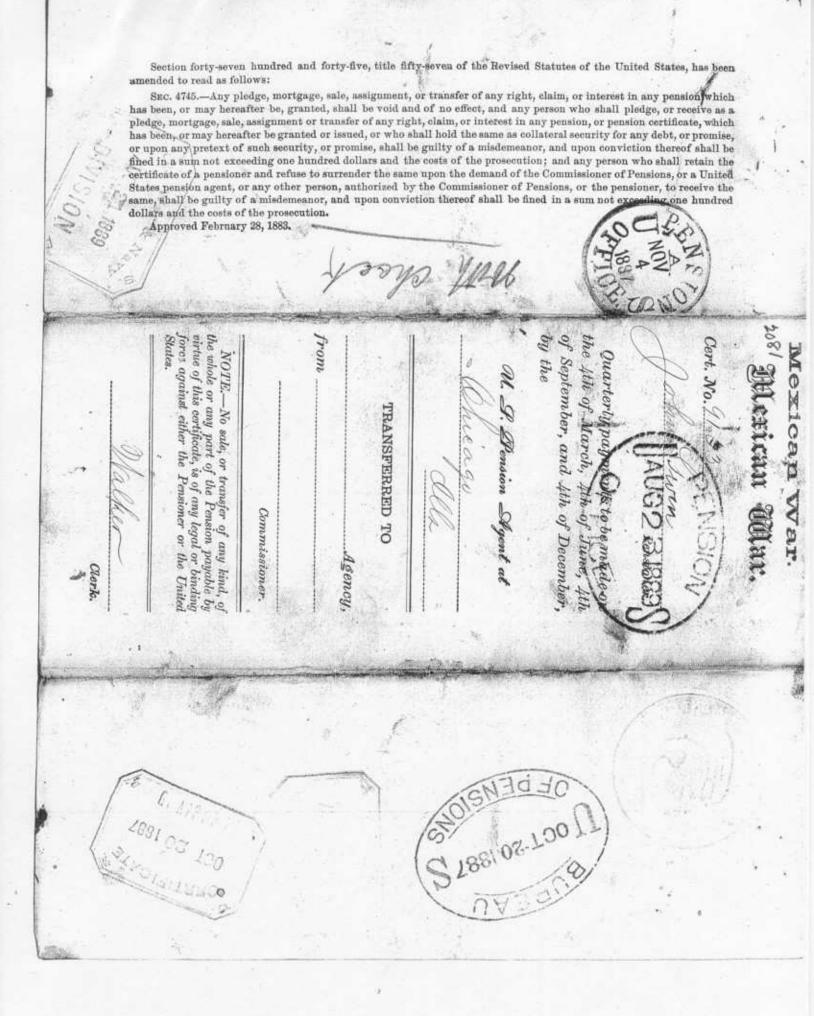
Register Now NOT FILL OUT THIS BLANK)

Illinois Soldiers and Sailors Home	TO THE	APPLICATION FOR ADMISSION

No. Received		Co	Co.	the win	Manual dan la
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189	Superintendent.	Vols.	. Vols.	erolo, Mex.	Z amori et u

Notice of approval sent MN - 11 1891





Carlinville Illurs J & Howland Sup. S. H. Drivery Ill I am Sorry to leave of My Brother Roberts Sickness. Please give how the best alleston posible. Which of Coxree you will. I Know of Mothing of a business Hater which Should distart him as he has Very little personal property & nothing elec. Township Sturios lin

Mous him Will & May be able to gime Some information as to his brief or 2000- 2000, Tell him me are all will. & Please High me footed from time to time as to his land-time to time was to his land-time to the Rush Beard

Fонм 65, 200-12-13-⁹0.

ILLINOIS SOLDIERS AND SAILORS HOME.

To the Adjutant:	10	Quincy, 111.,	Fray 11 1892
	John	Guino cases	Capt Such, comment of Mest Roge.
died in Hospital ab	1045 pm	Fely 10.	
		\sim	Ward Master.

REPLACEMENT

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August 1847 July 25, 1848 9133

GWINN, John

Pvt. Ind Co. Ill Mounted Vols Feblo, 1892

Sunset

Ill. S.& S.Home

Quincy Ill

#2081 1-10-D.

JUN 24 1940

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

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Surgeon's Office 100 /4 1891 To the Superintendent: I have carefully examined late Co. Reg't and find him disabled by 4 Molle