



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

Army Discharge, or Certificate 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.

DANIEL DUSTIN, Sycamore, DeKalb County, Ill.
L. T. DICKASON, Danville, Vermillion County, Ill.
THOMAS W. MACFALL, Quincy, Adams Co., Ill.

OFFICERS.

J. G. ROWLAND, Superintendent.
J. R. LOTT, Secretary and Adjutant.
R. H. CARNAHAN, Quartermaster and Commis'ry
R. W. McMAHAN, Surgeon.
JAMES D. MORGAN, Treasurer.

DIRECTIONS.

Fill all the blank spaces carefully.

STATE OF Illinois } ss.
COUNTY OF Macoupin }

On this 13th day of September A. D. 1890, before me
(1) a Notary Public within and for the County and State aforesaid,
personally appeared (2) Frank Karg aged 46 years, height — feet —
inches, complexion —, eyes —, hair —, a resident of (3) Brighton
County of Macoupin State of Illinois, who being duly sworn, deposes and says, that he was born in
(4) Geneseo and has been enlisted in the service of the United States
(5) me times during the (6) late Civil war
war; and honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

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

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.	18 <u>61</u>	<u>Bloomington</u> <u>Illenn</u>	Co. <u>B</u> Regt <u>39, Reg Ill Cav</u>	<u>Fort</u> 18 <u>Monroe - Va.</u>	<u>Various</u> <u>causes</u>
2nd.	18		Co. Regt	18	
3rd.	18		Co. Regt	18	
4th.	18		Co. Regt	18	

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

That he is disabled as follows: (7) by his disability - from one eye
and injuries received in the service

If no pension is received, so state.

and has been receiving 10 - Dollars per month, pension, on Certificate No. 252,873
payable at Washington D.C. Agency, from Apr 7, 1890.

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.

*Franklin from
Bay State Home, 1887*

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 past. 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.

* see letter herewith

WITNESS,

Have two witnesses sign and fill all the blanks carefully.

F. Voelkel
Hubert Helter

(*) *wd*
Fred & Ross
Nearest R. R. Station, *Brighton* or what R. R. *CTA & PB+2*
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 *Sail Fred Ross* before he executed it.

Read? *no* Write? *no*
Occupation *Cabman*
Married or Single *single never married*
[If a Widower, so state.]
Children under 16 years *no*

(11) *Daniel W. Gossel*
Noty Public
NAME AND ADDRESS OF NEAREST RELATIVE
No relative in this county
(Name) (Relation)
(Address) *has no near relation anywhere*

Fill all these blanks carefully.

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 *Fred Ross* 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.~~

(*) *Daniel W. Gossel*
(Give Official Title) *Justice Clerk, Brighton*

LOCAL PHYSICIAN'S CERTIFICATE.

I certify that I have carefully examined (*) *Fred Ross*
Company *B* 39 Regiment *2d. Me* Volunteers, and that he is disabled as follows:

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

Debility - Rheumatism and
varicose Veins of left leg & knee
Character of Disability *Rheumatism of left leg & knee*
Complications *varicose Veins of left*
Present Condition of Applicant *fair*

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

(10) *J. P. Rinkel* SURGEON.
Sworn to and subscribed before me, this *13th* day of *Sept* A. D. 188*0*, and I hereby certify that the said *Dr. J. P. Rinkel* is known to me as a Surgeon in actual practice and reputable in his profession

(11) *Daniel W. Gossel*
Noty Public

ORDER FOR ADMISSION.

The above application is hereby approved, and (*) *Oct. 16*, 1890
Fred. Ross
"B." Co., *39th* Reg't *Ill. Inf.* will be admitted
to the Illinois Soldiers and Sailors Home, at Quincy.

Superintendent Illinois Soldiers and Sailors Home.