HEADQUARTERS LIGHT

	Illinois	Soldiers an	d	Sailors	Hon	ne,
		OUINCY,	ILLIN	NOIS-/	,//	7
/	W. , 1			Jul	4 6	190 4
6	Tobart A	LL ,(0) of	the tow	101//SC	uve	// , in the
Cour	ty of Jennelli		lle		merly a Sold:	ier of the United States
of A	merica, in the waragainst (he be admitted as a member of s	(1)	Queston de		***************************************	, respectfully asks
	o enable the authorities to dete					
and s	tates the facts to be that he is n	owyears old; th	at he is	feet and	<u> </u>	inches high; that he is
of		lexion, lee eye				
111		Simderbury of		nd		
of		1846; that he has been (2)				
war a	gainst, a	andin the war of the	late Reb	ellion; and that he	has been (3) .C honorably
	arged from the service of the U					
	and dischargefrom said s of namely:	ervice, and that the cause of	his disc	harge, and of h	is rank at t	ne respective date
		When and Where Discharged.	Rank.	Company and R	egiment.	Cause of Discharge,
No.	When and Where Enrolled.	men and where Discharged	Auto.	Company and a	7 /	- Carrier Continues Age
ıst.	Cur 10 1862	July 15 1865	Pow	D Co/2 2 Regt.	des my	/ ***
2d.		7.0				
				Co. Regt.		
3d.				Co. Regt.	1	
years.	ans of self-support other than that he has (4) wife; the That his postoffice address is	at he has children nov	w lining; Me desir	ages, respectively,, State of Illino Railway, in res notice of his il	(5) (5) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	th shall be given, is
01	The Cly	n case of his doubt, he desires	all his p	ersonal effects to be	sent to	my
	OLA	Genghain Count			State of	
(6)		Kews, Marion	h	ed Eda	uvel	6 de
last to	hat he is now a bona fide resi vo years, or has served in an	dent of the State of Illinois, a Illinois organization.	and has	continuously lived	ana resiaea	in said State for the
T	nat he is so far disabled by (7)	Jan Jan	20	492	S	
	Oreal	5				
		ie omn lining	******	······································		
has no Th confor that h that h	now be incapable of earning he has at all times, heretofo at any time been engaged in, at if he shall be admitted to be more to the rules and regulations to will cheerfully do and perform e will promptly, and willingly emain a member thereof.	re, supported and adhered to to or countenanced, or aided, or a e a member of the said Home, made, or that shall hereafter b a any and all things that shall	he will, e made, be requi	the cause of the late in all things and i for the government red of him by those	e Rebellion, n every responsed and disciplinated there in auti	ect, comply with and ine of the same; and hority over him; and
Iŋ	Testimony Whereof, he has set	his hand this	d	ay of the	100	190.
(9)	A Company of the State of the S	Witness	(8).6	Roport	Hell	Applicant.

	/ V /		1/1
STATE OF ILLINOIS.	1111	1	710
County of Clause	i, Man	, a (10)	
of the town of Quency	, in and for said County, do hereby	y certify that the above nam	ed applicant, to me
personally and well known to be the identical	person he represents himself to be	e, this day personally appea	red before me, and
that I then and there, at his request, plainly	read to him his application, aforesa	id, which he then and ther	e fully understood,
County of Ellany Ss. I, Jane , a (10)	above named, and		
	e same and each of		
	/		
100	1/ 4/0/	Well ell	
+-adderes on		1	Affiant
The first is the second of the		/ 1 n 100 4/	The State State of the State of
		A. D. 190	
Witness my hand and official seal	(A fr		2/ ///
[L. S.]		(12)	/ O ecuer
4 4 4 4	7 85 7	Ne of	
La Italia		eseano P	
I do hereby certify, upon honor, that I ha	ve personally known		
the above Applicant, for, at least, two years I	ast passed; and that to the best of	my knowledge and belief, tl	he statements con-
tained in his foregoing application are entirely	true, and especially that as to the ti	me of his residence in Illino	is, or service in an
Illinois organization. And I further state that	t he has no known mental disorder;	and that he requires no spe-	cial attendant; and
that he can properly be allowed to go at large;	and that he can safely be quartered	with feeble and helpless me	n.
	Witness my hand, (13)		3
		400	
		(14)	
CERT	FICATE OF A LOCAL PHYS	ICIAN.	
I hereby depose and state that I have caref	ully examined the above named App	plicant	
as to his disability	, and I now mid that he has ()		
to such an extent as to prevent him from earni	ng his own living. And I hereby o	certify that he has no known	ı, manifest, or dis-
coverable mental disorder; that he has no nee	d of an attendant; that he may be pr	roperly allowed to go at larg	e; and that he can
safely be quartered with men who are old and	feeble.	*	
# M 12	***************************************		, M. D.
4.17	Jan of		100 And T
certify that I am personally acquainted with	said amant		and that I
know him to be a physician in active practice,	and in good repute, as an honest ma	an and a capable physician,	in the community
and among his fellow physicians where he live			
		(16)	
+3 - 2 × 100			
CERTIFIC	ATE OF SOLDIERS HOME S	URGEON.	
I hereby certify upon honor that I carefully	and critically examined		Code * .
he above named Applicant, as to his mental ar	nd physical condition, at the Hospita	al of this Institution, on	tus
- Dona	a 190 %: and that I f	ound him to be of sour	ad mind, and to be
day of	January 7 , and 1111 - 1	Phone	4 12-
capable of earning his living by reas	on of his physical disability arising	from (11)	
"Translaria, and by	monas disorbili	E .	
1 :-		1	
19.7×			
	2005 7	1 - Wit	
	Witness my hand	USA Home Hos	Aital Summer
		Home Hos	**************************************

STATE OF ILLINOIS, ss. county of adams.

oses and says that he form	nerly resided at <i>Quun</i>	-CC
	that his wife,	
Sometime and the second	, and the	
	ations only, of affiant who would be his	
NAMES.	RELATIONSHIP.	RESIDENCE.
zu Szel	Son	Bing hau,
-		
-		
		T. Kill ay of July

(Form No. 57.)

DANVILLE BRAN	NCH, NATIONAL HOME FOR D. V. S.	
	*	,
	(190 <u>III</u> , 190	ñ
SIR:		
In reply to your	filled of the Lucent charte apply	ing
	n the Home, I have been directed by the G	1.
ernor to send your herev	with enclosed your Delchange Jan	az
this Neme .	I army discharge and	<u>//</u>
Lunting Com	difecte # 975.019	
fill fill de to the total label and the best	tate of the state	
in	~~~	-
Sa Rassina de la constanta de		
		Marine .
0 00	1	
which Collaboration which collaborate all the particular and the parti	per belonging to you on file at this Branch.	
Very res	spectfully,	
27.5		
	400 200	
	Adjuta	nt.
000,	No.	
Novert 2	Nell/	
	2	
9	under	
-	1 20	
	107	