MAJOR GEORGE W. FOGG, SUPERINTENDENT. GENERAL JAMES D. MORGAN, TREASURER. CAPTAIN B. P. MCDANIEL, ADJUTANT. CAPTAIN JAMES P. MOORMAN, QUARTERMASTER. EDMUND B. MONTGOMERY, SURGEON.

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 Voldiers and Pailors

Patrick Mangam , of the Town of Carlina Mangam , in the pointy of Ma Complaint , and States of America, in the war against (1) and States of Mangam , formerly a Soldier of the United States and states the facts to be that he is now a years old, that he is a feet and the inches high at he is of Mangaman complexion, and eyes, and mangaman hair; that he was born in the town in the Complexion, and eyes, and mangaman hair; that he was born in the town in the Complexion of the United States. That the following is a true statement of the time and place are enrollment and discharge from said service; and of the cause of his discharge and of his rank at the spective date.		Mear Quincy	r. Illino	ris.	12
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musty of MacManda against (*)	Pal' W	21.		Engl'	1, 1809
ke 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 declares and states the facts to be that he is now of years old, that he is. I feet and he is of declares and states the facts to be that he is now of years old, that he is. I feet and he is of declares and states the facts to be that he is now of years old, that he is. I feet and he is now in the declares and states the facts to be that he is now of years old, that he is. I feet and he is now in the declares and states to determine whether or not he is legally entitled to become a member of said Home declares and states to determine whether or not he is legally entitled to the intervention of the time and he is now in the declares and fact the fact that he following is a true statement of the time and place. In the war of the late Rebellion; and that he has been (?) Mcl. honorably diarged from the service of the United States. That the following is a true statement of the time and place. Sentiment, and discharge. from said service; and of the cause of his discharge. The hereof, namely: When and Where Enrolled. When and Where Discharged. Rank. Company and Regiment. Cause of Discharge. Callword of the Cause of Discharge. Callword of the Cause of Discharge. Callword of the Cause of Discharge. That he now receives, on pension certificate number 2 1/2/3, a pension of 2 dollars a mont yeale the 4/4 day of next 1/2/2 and	The state of the s			own of Carlins	in the
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To enable the authorities to determine whether or not he is legally entitled to become a member of said Hom declares and states the facts to be that he is now by years old, that he is of feet and he had been at he is of state of complexion, while eyes, and frag hair; that he was born in the town in the Canada Holly of the hair that he was born in the town in the Canada Holly of the fact of the U.S. A. service; in the register of the service of the United States. That the following is a true statement of the time and place are enrolled in the service of the United States. That the following is a true statement of the time and place are enrollement, and discharge from said service; and of the cause of his discharge, and of his rank at the specifive date thereof, namely: When and Where Enrolled. When and Where Discharged. Rank. Company and Regiment. Cause of Discharge. Calculated States. That he now receives, on pension certificate number 24/1/3, a pension of the cause of his discharge. That he owns property, real and personal, of the value of the cause of his discharge. That he now receives, on pension certificate number 24/1/3, a pension of the cause of Discharge. That he now receives, on pension certificate number 24/1/3, a pension of the cause of the cause of the pension office. That he now sproperty, real and personal, of the value of the cause of the cause of the cause of the pension office. That he has (") A wife; that he has the children now living; aged, respectively,(") That he has (") A wife; that he has the children now living; aged, respectively,(") That he has (") A wife; that he has the children now living; aged, respectively, state of the cause of the person, to whom he desires notice of his illness or death shall be given, the thing has the pension of the State of Hilmois, and has continuously lived and resided in said State for the has he has not be recorded to the State of Hilmois, and has continuously lived and resided in said State for last two years. That he has not	그림은 아이는 얼마나 얼마나 얼마나 나도 살아 되었다면 하다 하는 것이 없는 것이 없다면 하다 없다고 있다.		19000	lline	, respectfully
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That he now receives, on pension certificate number 24/1/3, a pension of the state of illinois, and has continuously lived and resided in said State for least two years. That he now receives, on pension certificate number 24/1/3, a pension of the state of Illinois, and has continuously lived and resided in said State for least two years. That he now receives, on pension certificate number 24/1/3, a pension of the state of the state of the pension of the state of the state of the pension of the state of th					
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That he now receives, on pension certificate number 24/13, a pension of 2 dollars a mont vable the 4 day of next 1241 and 24/13, a pension of 2 dollars a mont vable the 4 day of next 1241 and 24/13, at the Manager Pension Office. That he owns property, real and personal, of the value of 10 dollars, and no more; that he has name of self-support other than that above named; that his trade or occupation is that of a Ceal Municipal That he has (') wife; that he has Manager 14 for now living; aged, respectively,('a) respectively, (a) respectively, (b) respectively, (c) respectively, (c	1 16 aug 1861		Post	Co. 6 Regt. 32 Vels	6 veleran
That he now receives, on pension certificate number 24/1/3, a pension of 2 dollars a mont rable the 4 day of next 1244 and 1244 a	nates in miss	Fot Levenwood		12,200	c. 1 .
That he now receives, on pension certificate number 2 4/1/3, a pension of 2 dollars a mont vable the 4 day of next 1000000000000000000000000000000000000	Juny 20 1864	16 ac rept 1865	-"-	Co. 6 Regt. 12 1)	H DUNNA
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repting the (°). Nay ton O; That he is now a bona file resident of the State of Illinois, and has continuously lived and resided in said State for last two years. That he is so far disabled by (°). Bladder hours, wants, wants with my lived that we have the said State for hours for my lived to now be incapable of curning his own living. That he has at all times, heretofore, supported and adhered to the government of the United States of America	able the 4 day of	next hime,	at the Me	as to und a last Town	
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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.

12h day of May In testimony whereof he has set his hand this.

STATE OF ILLINOIS,
COUNTY OF Macanfrie 88. 1, 77 B Dugger , a(10) notary Public
of the town of balliwille , 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) Patrick Mangan
Subscribed and sworn to before me, this 12 to day of May A. D. 189 8. Witness my hand
Subscribed and sworn to before me, this / Z day of / May A. D. 189 8. Witness my hand
and official seal. L. S. W Dongger (12) Hustary Public
7
I do hereby certify, upon honor, that I have personally known Pain's R Manyan,
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, (12) Fulls Oction
(1) County Ceuh
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named Applicant, Patrick
Mangan, as to his disability, and I now find that he has (10) Chronic Bronditte,
Files and 7 in Chotming of right Cog, dea to froction of Jums.
o such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, mani-
est, 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 old and feeble.
le 1 de
M. D.
Subscribed and sworn to before me, this 12 day of May, A.D. 1898. And I certify that I am personally acquainted with said affiant, b 16 discher, and that I know him
be a physician in active practice, and in good repute, as an honest man and a capable physician, in the commu-
ity and among his fellow physicians where he lives. Who Dayger (10) We Tuny Feld
my ger (1º) meny var
CERTIFICATE OF SOLDIERS HOME SURGEON.
I hereby certify upon honor that I carefully and critically examined Patricis mangan.
he above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Muldisseday
ne At day of June , 189.8; 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)
(harroad (heind Hernovskinds Jun Shat Chands
in right leg & stripied testical right side
PHA

Witness my hand,

RDER ADMITTING APPLICANT. The application of the said / allu together with the said several certificates, signatures, and jurats, having been found to be any 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. HOW TO FILL APPLICATION BLANKS. 11. Here Applicant will sign his full name, or make his 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.

0. Give full name of the Applicant.

- Either "Mexico and the late Rebellion," or one of them.
- 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 mark.
- 9. Here the witness will sign his name.
- Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."
- 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:

- 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 carning 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.
- s. 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 elscwhere provided for the care and treatment of such persons.

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