HEADQUARTERS

Illinois Soldiers' and Sailors' Home

		QUINCI, II	717174	OIS	1		0	1
(0 /) ,,_		Oe	Tob	el	1-	19.7.6
->	Then Mt 6.	as they (0) of the	town of	Li	641.6			, in the
Count	of Macon M	and State of	Linn	·	rmerly a	Soldier o	f the Ur	nited States
of Am	orice in the war agains	t (1) Rebel	lin				, respe	ctfully asks
that h	e be admitted as a member of enable the authorities to de	termine whether or not he is	legally e	ntitled to b	oecome a	member o	of said H	Iome, he de-
clares	and states the facts to be that	he is now	that he	18	eet and	in	ches hig	h; that he is
of	Dark complexio	n,	nd 🖈	ans.	hair; tl	hat he was	born in	the town of
120	4 Section the	-01			on the.			day
		; that he has been (2)2-24.						
war-ag	ainst,-and:	in the war of the la	te Rebell	lion; and th	nat he ha	as been (3)	Buch	honorably
discha	rged from the service of the	United States. That the fol	lowing is	a true sta	tement o	of the time	eand p	laceof his
enrolln	nentand discharge from sa	id service, and that the cause	of his di	scharge	and of his	s rank at t	he respe	ctive date
thereo	f namely:				-		-	
No.	When and where Enrolled.	When and where Discharged.	Rank-	Compa	ny and Reg	iment-	Cause o	f Discharge.
1st.	Dye 14-1864 Jaringfield Ell	Louis wille Ky	Pa	00.13	Regt.	7/21/2m,	1 Em	inf wa
and.				Co.	Regt.		- 1	
ard.				Co.	Regt.			
years. is	That his postoffice address is.	that he has to children on the GBT Q idress of the person to whom ase of his death, he desires a		State of Il Railway, in es notice of County of	linois; th	nat his nea Adan ess or deat	rest rail h shall	way stationCounty, be given, is State
of	that, in c	case of his death, he desires a	n ms per	sonar enece	US 00 00 S	State of	*******	********
Second or	All the sea beautifus been	a member of any Soldiers', Sa	ilore! or	other Char	ritable H	ome or Ins	stitution	excepting
the (6) The	at he is now a bona fide resident or has served in an Illinois orga	t of the State of Illinois, and he	as continu	ously lived	and resid	led in said	State for	the last two
Th	at he is so far disabled by (7).	Thurma	-f		2	R		

as to no	no be incapable of earning his o	non living.						
that he	has not at any time been er	fore, supported and adhered gaged in, or countenanced, o	r alded, d	r abetteu,	the caus	e or rue is	tre recoe	illon.
and cor same; a	nform to the rules and regula and that he will cheerfully do	oe a member of the said Hom tions made, or that shall her and perform any and all the promptly, and willingly, obey n a member thereof.	ings tha	shall be	required	of him by	those t	here in au-
In	Testimony Whereof, he has s	set his hand this		lay of	00	17	1	19.7.0
(9)	Fred O Edl	oromptly, and willingly, obey n a member thereof. set his hand this	(8)	belv	V.L	ans	lan	plicant.

STATE OF ILLINOIS (ss	
County of, a (10)	
of the town of, 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, prainly 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)	
Subscribed and sworn to before me, this	
Witness my hand and official seal.	
[L. S.](12)	
CERTIFICATE OF IDENTIFICATION.	
I do hereby certify, upon honor, that I have personally known	
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, or service in an Illinois organization. And I further state that he has no known mental disorder; and that he requires no special attendant; and that he can properly be allowded to go at large; and that he can safely be quartered with feeble and help-less men.	
Witness my hand, (13)	
(14)	
CERTIFICATE OF A LOCAL PHYSICIAN.	
I hereby depose and state that I have carefully examined the above named applicant	
, as to his disability, and I now find that he has (15)	
to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, manifest, 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.	
, M. D.	
Subscribed and sworn to before me, thisday of	
certify that I am personally acquainted with said affiant	
(16)	
CERTIFICATE OF A SOLDIERS' HOME SURGEON.	
I havely contife upon honor that I arrafully and artifically avaning toling Mc Carthy	
I hereby certify upon honor that I carefully and critically examined. Deliver (Carthy) the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Satherela,	,
the /st day of October 19/0; and that I found him to be of - sound mind, and to be	
The same of earning his living by reason of his physical disability arising from (17) I here must can the four had dear such	•
Witness my hand KO, M. Landon	
Home Hospital Surgeon.	

HEADQUARTERS

PROVOST COURT

QUINCY, ILLINOIS

	a Upril 1902
Accusation against _ 10/	in Mc Carthy
//	33 Cottage No. 18
0/	absent without Leave
Charge 1st	
	He is so absent since
	630 This a M. april 2/12
Charge 2nd	
Specifications: That	
TRIMAG	A BRIGHANTIW
The oliver	named has been
work me	fast len days
	" a finant
	Selgt Police
	0
	Matt Haine Sorgt Provost Guard.
Plea to Charge 1st	Finding quitty
Disc to Observe 2nd	Finding—
Plea to Charge 2nd	Finding
x:011	me and he
Penalty Sea Cald	we was an and the second
LANCOL	Allega California
	- Carle