ILLINOIS SOLDIERS AND SAILORS HOME

	APPLICATION	ON OF HUSBAND	AND '	WIFE FOR A	DMISSION
STATE C	OF ILLINOIS SS.			-	
	On this 30	day of Set		A. D., 19/0, per	sonally appeared before me,
liam	14 11000	, who being dul	y sworn,	upon oath says:	
	1. My name is (1) William H me	Gove	, and my ag	re is, 6 / years. I am 5 feet
nd /_in	cheshigh. Iam of 💆	complexion, Lyeyeye	s and	Le hair. I was born	in the town of
in	the county of Line	in state of Ill	_	on the/8 day	of nov 1848
				I Backetelener Comm	and in the war of the
te Rebel	lion. I have been (3) 2	times discharged from the	service of	the United States. '	The following is a true state-
ient of th	ne time and place of my ne respective date, is as	enrollment and discharge f	rom said	service, and the caus	se of my discharge, and my
2000				1	18
No.	When and where enrolled	When and where discharged	Rank	Company and regiment	Cause of discharge
lst.	Camp Butter 211	Sam 16-1866. allante Ga	Pa.	Co. 4 Regt. Mes	Val Lufarlay 171 min
2nd.				Co. Regt.	
3rd.		(11)		Co. Regt.	
			. / 8	133611	, a pension of /2 dollars
er month		next you 1910, at t			Pension Office.
	3. On the //d	ay of July	A. D. 18	70 at Garlan	will in the county of
Low	frie in	the state of Iller		I was lawfully ma	arried to
6 81	waste Wil	the state of May 2 th whom I have ever since, as which the state of th	15-18	w living with and sup	Co Lile porting as my lawful wife.
		11/4	posesion	Journ 14	postonico address is
redio	C Stat	e of Ellinois, my nearest rails	way static	on is Orienta	on the Kaus city
n	fm.		AND THE PROPERTY OF THE	more than the state of the stat	

	Firs 1-1868	- Jan 16-186	C.	- :150 1	3 Reason of open	I ont
1st.	Camp Bather.	Mallande Fa	Pa.	Co. 7 Regt. AL	3 reason of open	_ Der
				Co. Regt.		
2nd.		1/1/		Co. Regt.		-
3rd.		(11)		Co. Regt.	Karaman Tanah	
	* * * * * * * * * * * * * * * * * * *		a numbered /	9/3364	, a pension of 12 to do	llare
per mont	h, payable the 4 da	y of next nov /	, at the	pyca.	Pension Offic	
					will in the count	
me lo	opin.	in the state of Ill		, I was lawfully n	narried to like a porting as my lawful wif	
24 9 80	lunardi W	of a Born m	my 25-/	853 Erren	norting as my lawful wif	0
1 34	who'	is many over 50	years of	29-30	apporting as my favirur wit	77
1.	4. I have (4)	3_children now living,	ages respective	years. M	ly postoffice address is	27
medi	<u>د</u> s	tate of Illinois, my neare	est railway stat	tion is Official	on the //au-	de
is RR_	railway, in	County, in	n said state. I	n case of illness or d	leath I desire that notice	e be
son w	Fi hus Gomes	L. Hick	Nill	huntson	leath I desire that notice	_
sent to-		, in the town of	, cot	inty of	, state of	
					ll be sent in case of deat	
WF	ne Gove	at A	ligh Hil	, in the cou	nty of montgon	wy
						/
state of	· Tanana fo	. My trade or occurry disabled by reason of ag	upation is that	ras to be incanable of	earning a living for myself,	and
my sald	wife is without separ	ate property or income su	ifficient to affo	rd herself with a liv	ing, or which combined	with
my mean	ns will enable us to li	ve in comfort; that I have	not heretofore	e been a member of ar	y Soldiers or Sailors Hom	e, or
other cha	aritable institution, e	except (5)				
					lors Home, and my said	
ma	ry & me	Gonesia, destr	res to become a	member of the home	with me, and joins me in	this
3.000103.61	on for membership u	letem. That I have at an	CHITTES TICTOROTO	rol carbborner arre mer	torace on and Barestimane of	
cause of	the late Rebellion. '	That if we shall be admit	ted to be mem	bers of said Home, we	ed, or alded, or abetted, will in all things, and in e	every
respect, o	comply with and cont	form to the rules and regu	alations made,	or that shall hereafte	er be made for the government of water that shall be required of water that the made in the same of th	ment
those in	authority over us, ar	nd that we will promptly a	and willingly o	bey all lawful orders	that we shall receive from	any
officer of	the Home, so long as	s we shall remain membe	ers thereof.		0 6	
	IN TESTIM	MONY WHEREOF we ha	ave set our har	nds this 30 day o	1 Sype /	21,0
19	F1 1.			M201.	4/hP	2
0	Julyary	,		(6) /VILL a	m // (/// V)	our
K		1, 7	_	M 19111	Va Badail	214
(7) (Jones 1	Johnson		mary 1		ots .
· /	-1 1/	1 /2 22 200	1 60	in 7 9.	animay 1-18	90 7
popular	rite sites		100	0	Application 1 - 18	6
0:1.	west be	ming & lent of	d 61 8	. or	21-600 3167	18. 10
1	1 1 /1/2	migar lant : 4	limate in	l possible	-	
arrange.	serol IVI	1	. /			
					a,	
			260			

CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known William / Me Towns
and Mary & Malyoners, the above applicants, for at least two years last past, and that to the best
of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that as to the time of their residence in Illinois, or his service in an Illinois organization. And I further state that they
have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at large and that they can safely be quartered with feeble and helpless men and women.
WITNESS my hand (8) P. E. Hughey,
sussailed Eld Swom 5 byone one this the 3
my Com & pries any "notory Purplie
CERTIFICATE OF A LOCAL PHYSICIAN
08:00:
· I hereby depose and state that I have carefully examined the above named applicant Dillumn
Manager , as to his disability, and I now find that he has (10) Chronice Bronchitio, Asthura
aperination and participo fatt, degeneration of the heart
to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.
Leonard L. Gill.
M. D.
Subscribed and sworn to before me, this 3 Oday of A. D., 19/0. And I certify
that I am personally acquainted with said affiant Lena L Lill , and that I know him to be a physician in active practice and in good repute, and an honest man and a capable physician in the community and among his fellow physicians, where he lives.
my Causty and 24-19/2 notony autice
/ / / / / / / / / / / / / / / / / / / /

Messawe is to his disability, and I now find that he has (10) Empire Arenolities, Asthma. Rheumuliam and partiago fatty degeneration of the huset to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble. Subscribed and sworn to before me, this 3 Oday of Spl. A. D., 1910. And I certify that I am personally acquainted with said affiant languable physician in active practice and in good repute, and an honest man and a capable physician in the community and among his fellow physicians, where he lives. CERTIFICATE OF A SOLDIERS HOME SURGEON
such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble. Subscribed and sworn to before me, this 3 Oday of A. D., 1910. And I certify that I am personally acquainted with said affiant was I see that I know him to be a physician in active practice and in good repute, and an honest man and a capable physician in the community and among his fellow physicians, where he lives. And I have I show him to be a physician in the community and among his fellow physicians, where he lives.
such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble. Subscribed and sworn to before me, this 3 Oday of A. D., 1910. And I certify that I am personally acquainted with said afflant and the lives. A. D., 1910. And I certify that I am personally acquainted with said afflant and the lives. (11) A control of the community and among his fellow physicians, where he lives.
Subscribed and sworn to before me, this 3 ° day of Sp. A.D., 19/0. And I certify that I am personally acquainted with said affiant and Lill and that I know him to be a physician in active practice and in good repute, and an honest man and a capable physician in the community and among his fellow physicians, where he lives. (11) Carrier Charley M.D. And I certify Line I know him to be a physician in the community and among his fellow physicians, where he lives.
that I am personally acquainted with said affiant amount be a physician in active practice and in good repute, and an honest man and a capable physician in the community and among his fellow physicians, where he lives. (11) Carrier Charley (12) Trolony Oublie
that I am personally acquainted with said affiant and Lall and a capable physician in the community and among his fellow physicians, where he lives. (11) Carrier Charley Market Language Community and among his fellow physicians, where he lives.
his fellow physicians, where he lives. (11) aures Grayley (12) arrest Grayley (13) arrest Grayley (14) arrest Grayley (15) arrest Grayley (16) arrest Grayley (17) arrest Grayley (18) arrest Grayley (19) arrest
CERTIFICATE OF A SOLDIERS HOME SURGEON
I hereby certify upon honor that I have carefully and critically examined Won Helle Govern
and Wils
and Wife, the above named applicant as to his mental and physical condition, at the hospital of this
and that I found him to be of sound mind, and to be
asthmany Rheumatien
Wife is in good health.
oge good walk.
Witness my hand Old, Landon Home Hospital Surgeon
ORDER ADMITTING APPLICANT
The application of the said————————————————————————————————————
The application of the said————————————————————————————————————
The application of the said————————————————————————————————————

STATE OF ILLINOIS, ss. county of adams.

In the matter of the relationship of 10 ic	elian Mc Govern
9 150 Hl Lf	, being first duly sworn according to law,
deposes and says that he formerly resided at Hills	spie Il
that he is married, that his wife, Mary	E Mc Govern
resides with him	, and that the names, relationship and
residences of all, and the relations only, of affiant who we	ould be his heirs in the event of his death,
at this time, are as follows, to-wit:	

NAMES.	RELATIONSHIP.	RESIDENCE.
Mary EMcGovern	· Dife	I Sr S 74. Quincy &
Clara Mitchel	Daughter	Elmont Okla
William F Mc Govern	-fon	Thigh Thee Its
Ollie M Stafford	Daughte	South Bellingham War
	_	
	*	
*		

And further affiant saith not.

Mus 4 Mc Gonesan 25 day of October

Subscribed and sworn to before me, this.

A. D. 1960.

State of Ottools Roard of Administration

L. Y. SHERMAN, President, Springfield B. R. BURROUGHS, Secretary, Edwardsville. FRANK D. WHIPP, Fiscal Supervisor, Springfield. J. L. GREENE, M. D., Alienist, Kankakge. THOMAS O'CONNOR, Peorie.

PURCHASING COMMITTEE: FRANK D.WHIPP, CHAIRMAN. THOMAS O'CONNOR. J.L. GREENE, M.D.



SUPERINTENDENT: WM. SOMERVILLE.

Address all Home Correspondence to the Superintendent.

INSTITUTIONS:

ELGIN STATE HOSPITAL, ELGIN

KANKAREE STATE HOSPITAL KANKAREE

JACKSONVILLE STATE HOSPITAL JACKSONVILLE

ANNA STATE HOSPITAL, ANNA

WATERTOWN STATE HOSPITAL

PEGRIA STATE HOSPITAL, PEGRIA

CHESTER STATE HOSPITAL, MENARD

LINCOLN STATE SCHOOL AND COLONY, LINCOLN

THE ILLINOIS SCHOOL FOR THE DEAF, JACKSONVILLE

THE ILLINOIS SCHOOL FOR THE BLIND, JACESONVILLE

THE ILLINOIS INDUSTRIAL HOME FOR THE BLAND, CHICAGO

THE ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY

THE SOLDIERS' WIDOWS' HOME OF ILLINOIS, WILMINGTON

THE ILLINOIS SOLDIERS' ORPHANS' HOME, NORMAL

THE ILLINOIS CHARITABLE EYE AND EAR INFIRMARY, CHICAGO

THE STATE TRAINING SCHOOL FOR GIRLS, GENEVA

THE ST. CHARLES SCHOOL FOR BOYS, ST. CHARLES

THE ILLINOIS SOLDIERS AND SAILORS HOME

QUINCY Sept. 15, 1910.

Application Blank sent to Wm.H.McGovern.

Mr. Wm. H. McGovern,

Media, Okla.

Dear Sir and Comrade:

In answer to your favor of the 12th inst.,
you are advised that all honorably discharged Illinois
soldiers are eligible to membership in this
Home regardless of where their residence may have
been since leaving the army. Wives of eligible
veterans are admitted, provided they are past **XE*
the age of fifty years and the marriage was solemnized
prior to the first day of January, 1890.

I will forward you blank application under a separate cover.

Very respectfully,