## HEADQUARTERS

## Illinois Soldiers' and Sailors' Home

| 011  | in mel   | 1  | Ma   | urpjo  | -  | Rc. 34" 1910,   |
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| 111  | Chagn Illa Su  | Myll, (0) of tipe  | The state of the s | 14   | rator  | , in the  |
|  | 14 of Macoupis   |  | ini.   | es., form  |  |   |
| of Ar  | nerica, in the war   | (1) Fall Pero  | ellew.   | ei   |  | , respectfully asks   |
| That   | he be admitted as a member of<br>to enable the authorities to det  | ermine whether or not he is  | legally en   | ititled to be  | come a member  | of said Home, he de-  |
|  | and states the facts to be that  |  |  |  |  |   |
| of   |  | 1, Street eyes, ar   |  |  |  |   |
| lona.  | Tomey I in the   | Attitu of A  | Unas   | inio., o   | n the  | A day   |
| of   |  | that he has been (2)   |  |  |  |   |
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|  | arged from the service of the I  |  |  |  |  |   |
|  | ment. and discharge. from sai  | id service, and that the cause   | of his dis   | charge, an   | d of his rank at t   | the respective date   |
| there  | of namely:   |  |  |  |  |   |
| No.  | When and where Enrolled,   | When and where Discharged.   | Rank-  | Company  | and Regiment.  | Cause of Discharge,   |
| tet.   | Feb. 14" 1865. Joelannell.   | en Oct 8" 1865. Fort   | Crime  | 00.4 1   | Regt. 3M Col   | moSurther see   |
| and.   | . /  | Suelling minn  |  | Co. 1  | Regt.  | Sudid'  |
| ard.   |  | 181  |  | Co. I  | Regt.  |   |
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| STATE OF ILLINOIS  |  |
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| county of Macoupin S   | S If Willowghly , a (10) Notury In   |
|  | n and for said County, do hereby certify that the above named applicant, to  |
|  | entical person he represents himself to be, this day personally appeared before  |
| me, and that I then and there, at his reque  | st, plainly read to him his application aforesaid, which he then and there ful-<br>reupon duly sworn, and then and there deposed and said that he was the appli- |
| ly understood, and that he was, by me, the   | equainted with matters and things stated and set forth in his said application,  |
|  | rue in substance and in fact as he had therein stated.   |
| and bliat the same and each of them were t   |  |
|  | (11) William M. Chapter Affiant.   |
| Subscribed and sworn to before me, this  | 24" day of Jeunbu , A. D. 19/0   |
| Witness my hand and official se  | Allengt by not Blow Inblig   |
| [L.8]  | y Junioughory willing & vee  |
|  |  |
|  | ERTIFICATE OF IDENTIFICATION.  |
| I do hereby certify, upon honor, that I  | have personally known Nilliams Mantyse   |
| 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 e   | ntirely true, and especially that as to the time of his residence in Illinois, or service  |
| in an Illinois organization. And I further st  | ate that he has no known mental disorder; and that he requires no special at-  |
| tendant; and that he can properly be allowed<br>less men.                                    | ded to go at large; and that he can safely be quartered with feeble and help-  |
| 100  | 04-11-1  |
| *  | Witness my hand, (13) A Syndman  |
|  | 14 Police magistrate   |
|  | (14) . T. Santa L. Margania Co.  |
|  |  |
|  | rificate of a local physician.  Brefully examined the above named applicant Milani Milatyr   |
| as to his di   | sability, and I now find that he has (15) dislate and wrist modfile  |
| Besternet Ingature ) who   | unations britis entel & Lumber)  |
| to enab an extent as to prevent him from ex  | arning his own living. And I hereby certify that he has no known, manifest, or dis-  |
| coverable mental disorder; that he has no need<br>can safely be quartered with men who are o | of an attendant; that he may be properly allowed to go at large; and that he   |
| out carry, and quantities  | Maria CBI.   |
|  | dill Million M. D.   |
| Subscribed and sworn to before   | me, this 0 day of 0 day of 19/0 And I  |
| certify that I am personally acquainted wit  | h said affiant Malliam Manager , and that  |
| I know him to be a physician in active prac  | tice, and in good repute, and an honest man and a capable physician, in the  |
| community and among his fellow physicians  | STANGER OF METERS (16) MATAIN THE  |
|  | - I map  |
| CERTIFIC   | ATE OF A SOLDIERS' HOME SURGEON  |
| I hereby certify upon honor that I care  | fully and critically examined. Walkianu McOnly   |
| the above named applicant, as to his mental  | and physical condition, at the Hospital of this Institution, on Jaculary   |
| the 30th day of DECE   | and 19 15; and that I found him to be of sound mind, and to be   |
|  | on of his physical disability arising from (17) a punlage and  |
| Verate / Thumselson  | - Teent unjury to left wheel.  |
|  |  |
|  |  |
| Ortlage 120x16 WI  | 10 11 J  |
|  |  |

## STATE OF ILLINOIS, ss. county of adams.

| In the matter of the relationship of William Mc Intyr  | -      |
|--|--------|
| 4. 3 bar , being first duly sworn according  |        |
| deposes and says that he formerly resided at Staurstan Jee                                       | ,      |
| that he is married, that his wife, Many F Mc Intyre  |        |
| resides at Stanton, Ill , and that the names, relationsh   | ip and |
| residences of all, and the relations only, of affiant who would be his heirs in the event of his | death, |
| at this time, are as follows, to-wit:  |        |

| NAMES.            | RELATIONSHIP.           | RESIDENCE.                              |
|-------------------|-------------------------|---|
| Mary F Mc Inty    | e Wife Denon            | Stanson Ell                             |
| Vice Stockwell    |                         | Lacramento bal.                         |
| Charles Mc Intyre | - Jan                   | Unknown<br>117 E. masoupen              |
| otta Marsey       | Daughter                | Stann For Sel                           |
| Jessie Mc Intyre  | . Acrese                | ed a bel                                |
| Inlia Mc Intyre   |                         | Stanuton                                |
| Paris It Intyre   | . Changes of address ne | Stanton "                               |
|                   | · Charge yard           |   |
|                   |                         |   |
| +                 |                         | *************************************** |
|                   |                         |   |
|                   |                         |   |

And further affiant saith not.

Subscribed and sworn to before me, this ..... A. D. 1900.

9/ m. Mc Julya 30 day of December

Staunton Ill. Mar. 17th, 1922.

adjutant: \_

Please send me my discharge papers and order for helf fare ticket to Danville. Co G. 3 rd Cal. and Oblige . Um me Intyre.

REGISTER NO. 9364 14 3 ILLINOIS SOLDIERS AND SAILORS HOME Y QUINCY, ILLINOIS. William Me Intyre Stannton, Maconfrin 60 Lel Pr co. 4 - 3 Reg's Sel Car Reg't CONTENTS. Admission Paper Army Discharge Certificate of Service Pension Certificate 5-57114 December 30 1980 Qua 568. 19 1915. NIS QR Wed 4-1920 12 W Jan 6-1921 Dis OVR June 4-1921 B W July 1-1921 1 is on Fire fully 21-19210

R.a. Let. 8-1922 Dis on Fur Mas-18 R a mar, 29-1 Dis on Fur Jung R. C. aug Po 19 Bis on Fur Feb 29 R. a. meh 17 19 Duck in Hos Nov 29 1925 Deschonge Popular Qual Tho I flores now Sent Him, Feb 25 1 Humpon

DUPLICATE

## ILLINOIS SOLDIERS' AND SAILORS' HOME

| REMARKS                                |                   | Sergeant, Cottage No.                            | Registry NoHospital Steward |                 |
|--|-------------------|--|-----------------------------|-----------------|
| RELATIONSHIP                           | SNTORY            | Sergeant,  | Re                          | SCORD           |
| P. O. ADDRESS                          | COTTAGE INVENTORY | personal effects of                              |                             | HOSPITAL RECORD |
| PERSON TO BE NOTIFIED IN CASE OF DEATH |                   | Received the above described personal effects of |                             |                 |
| No.                                    |                   |  |                             |                 |
| YEAR                                   |                   |  |                             |                 |
| DATE                                   |                   |  |                             |                 |
| MONTH DAY YEAR No.                     |                   |  |                             |                 |
|  |                   |  |                             |                 |

| itory of the personal<br>sed.  Hospital Steward  |
|--|
| I hereby certify that the above is a true and correct inventory of the personal ts of the personal Deceased.  Hospital Steward Oved: |
| s a true and   |
| the above is   |
| Www. 734   |
| I hereby<br>effects ofApproved:  |
|  |
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