



Before filling in the blanks read carefully the explanations and directions on the margin, and extracts from the rules on third page.

Army Discharge, or Certificates of Service or Pension Certificate, must be sent with this application, and all the directions carefully complied with, or the application will be returned, and much delay result.

NOTE THE EXPLANATIONS AND DIRECTIONS.

APPLICATION FOR ADMISSION
TO THE
ILLINOIS SOLDIERS AND SAILORS HOME,
AT QUINCY.

TRUSTEES.

L. T. DICKASON, Danville, Ill.
THOMAS W. MACFALL, Quincy, Ill.
JAMES I. NEFF, Freeport, Ill.

OFFICERS.

J. G. ROWLAND, Superintendent.
R. H. CARNAHAN, Quartermaster and Commissary.
FRANK F. PEATS, Adjutant.
R. W. McMAHAN, Surgeon.
JAMES D. MORGAN, Treasurer.

DIRECTIONS.

Fill all the blank spaces carefully.

STATE OF Illinois }
COUNTY OF Macoupin } ss.
On this 24th day of September A. D. 1891, before me
W. W. Freeman, Notary Public within and for the County and State aforesaid
[Name and Title of Magistrate.]
personally appeared Mr. Mc Figure aged 63 years, height 5 1/2 feet 6 1/2
[Name of Applicant.]
inches, complexion Ruddy, eyes Grey, hair Brown a resident of Carlinville
County of Macoupin State of Illinois, who being duly sworn, deposes and says, that he was born in
Castle Barr, Ireland and has been enlisted in the service of the United States
Two times during the Civil War
war; and honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

No. of Enlistm'ts.	When Enlisted, With Rank.	Where Enlisted—Town and State.	Company and Regiment Mustered In.	Date and Place of Discharge, with Reason.	Cause of Discharge.
1st.	<u>Dec 16th 1861</u>	<u>St Louis Mo.</u>	<u>Co. 1st Mo Cavalry</u>	<u>1862</u> <u>Rolla, Mo</u>	<u>By reason of</u>
2nd.	<u>1862</u>	<u>Rolla, Mo.</u>	<u>Co. 1st Mo Cavalry</u>	<u>1864</u> <u>Rolla, Mo</u>	<u>By reason of</u>
3rd.	<u>18</u>		<u>Co.</u>	<u>18</u>	

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

Here the applicant should state, in his own way, what his disability is.

That he is disabled as follows: By reason of Piles and general breaking down of his Physical system, Dimness of Sight, with paralysis of left leg and old age

If no pension is received, so state.

and has been receiving Seven Dollars per month, pension, on Certificate No 635, 274
payable at Chicago Agency, from July 23rd 1890

The applicant further states that he has no property nor means of support, and being unable, on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The applicant must sign this, and swear to the statement.

The said applicant further swears that he has not been engaged in, aided or abetted the late Rebellion in the United States; and that he was not a member of any Soldiers or Sailors Home, June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years. And said applicant further stipulates and agrees that he will abide by, and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him and obey all lawful orders of the Officers of the Home.

Have two witnesses sign and fill all the blanks carefully.

WITNESS.
W. E. Studley
W. W. Freeman

William M. Figue
Nearest R. R. Station, ^{2 1/2} Leasville, on what R.R. ^{Leasville & Atlantic}
Post-office Address, Leasville, Ill.

To be sworn to before an officer having a seal, or a J. P.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to William M. Figue before he executed it.

W. W. Freeman
[Name of Magistrate.]
Notary Public

Fill all these blanks carefully.

Read? yes Write? yes
Occupation Leasville
~~M~~ Married or Single Single
[If a Widower, so state.]
Children under 16 years None

NAME AND ADDRESS OF NEAREST RELATIVE,
Mary A. McFigue
(Name) (Relation)
(Address) St Louis, Mo.

CERTIFICATE OF IDENTIFICATION.

This is very important. Have it signed as directed.

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, the Mayor or City Clerk of the city, or by a County officer, or by a Justice of the Peace, and attested by an official seal.)

I HEREBY CERTIFY that I have known the above named William M. Figue for the last two years past, and that I believe the declaration signed by him to be true, and I further state that he is not mentally afflicted, so as to require a special attendant, and can safely be quartered in a sleeping room with others.

W. B. Duggan, Comdr
(Give Official Title) Sauvick Post 339
Dept Ill

LOCAL PHYSICIAN'S CERTIFICATE.

This is to be filled out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.

I certify that I have carefully examined William M. Figue, late Co. 13 me. Cav. Volunteers, and that he is disabled as follows:

from piles and rheumatism and debility of age,
and perverted sensation in left leg extremely
Character of Disability feble
Complications _____
Present Condition of Applicant feble

If signed by U. S. Examining Surgeon his need not be sworn to.

I further certify that said applicant is sane and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

A. C. Cross, M. D., Pinckney SURGEON
Subst. Board Ill.

Sworn to and subscribed before me, this _____ day of _____ A. D. 189____, and I hereby certify that the said _____ is known to me as a Surgeon in actual practice and reputable in his profession.

ORDER FOR ADMISSION.

The above application is hereby approved, and _____ Sept 30 1891.
William M. Figue
Co. 13 Reg't Me Cav. Vol's, will be admitted to the Illinois Soldiers and Sailors Home, at Quincy.

APPROVED:
J. G. ROWLAND, SUP'T.
Superintendent Illinois Soldiers and Sailors Home.