

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

TRUSTEES:
 CAPTAIN WILLIAM STEINWEDELL, QUINCY, ILL.
 COLONEL JAMES A. SEXTON, CHICAGO, ILL.
 GENERAL LEWIS B. PARSONS, FLORA, ILL.

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois,

July 20th 1898

Carlinville Ill., 1898

Philip Owens, of the Town of Carlinville, in the County of Macoupin, and State of Illinois, formerly a soldier of the United States of America, in the war against the Late Rebellion, respectfully asks 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, he declares and states the facts to be that he is now 71 years old, that he is 5 feet and 8 1/2 inches high; that he is of dark complexion, blue eyes, and gray hair; that he was born in the town of Ireland in the of on the 12th day of May, 1827; that he has been twice enrolled in the U. S. A. service; 1st in the war against Mexico, and in the war of the late Rebellion; and that he has been twice honorably discharged from the service of the United States. That the following is a true statement of the time and place of his enrollment, and discharge from said service; and of the cause of his discharge, and of his rank at the respective date thereof, namely:

| No. | When and Where Enrolled. | When and Where Discharged. | Rank. | Company and Regiment. | Cause of Discharge. |
|------|-----------------------------|---|-------|------------------------------------|---------------------|
| 1st. | St Louis Mo Bangor | 31 st Dec 63 at Little Rock Ark | Priv | Co. B Regt. 1 st Mo Cav | for returning |
| 2d. | Little Rock Ark Jan 1/64 | Little Rock Ark Sept 1/64 | | Co. D Regt. 1 st Mo Cav | |
| 3d. | | | | Co. Regt. | |

That he now receives, on pension certificate number 291437, a pension of 12 dollars a month, payable the 4th day of next April, at the Chicago Pension Office.

That he owns property, real and personal, of the value of \$100- dollars, and no more; that he has no means of self-support other than that above named; that his trade or occupation is that of a laborer.

That he has one wife; that he has 5 children now living; aged, respectively, 23, 30, 32, 36, 40 years. That his postoffice address is Carlinville, State of Illinois; that his nearest railway station is Carlinville, on the Chicago & St. Louis Railway, in Macoupin County, in said State; that the name and address of the person, to whom he desires notice of his illness or death shall be given, is W B Dugger and Phil Owens of Carlinville, County of Macoupin, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to W B Dugger or Phil Owens Jr, at Carlinville Mo, County of Macoupin, State of Illinois.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the none.

That he is now a bona fide resident of the State of Illinois, and has continuously lived and resided in said State for the last two years.

That he is so far disabled by heart disease, Fracture of right shoulder and Catarrh

as to now be incapable of earning his own living.

That he has at all times, heretofore, supported and adhered to the government of the United States of America, and that he has not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion.

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.

In testimony whereof he has set his hand this 20th day of July, 1898.

(9) Witness. Philip Owens Applicant.

STATE OF ILLINOIS,

COUNTY OF *Macoupin* ss. I, _____, a(10) _____

of the town of *Carlinville*, 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) *Philip Owens*,
Affiant.

Subscribed and sworn to before me, this *20th* day of *January*, A. D. 189*8*. Witness my hand and official seal.

L. S.

W B Duggan, Notary Public

CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known *Philip Owens*, 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) *Paul G. Calkin*,
(14) *County Clerk.*

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, *Philip Owens*, as to his disability, and I now find that he has (13) *Catawah - Rheuma*
timus and resulting heart troubles 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.

J S Lealuis, M. D.

Subscribed and sworn to before me, this *14th* day of *February*, A. D. 189*8*. And I certify that I am personally acquainted with said affiant, _____, and that I know him to be a physician in active practice, and in good repute, as an honest man and a capable physician, in the community and among his fellow physicians where he lives.

W B Duggan, Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined *Phillip Owens*, the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on *Saturday* the *12th* day of *March*, 189*8*; and that I then found him to be of _____ sound mind, and to be *incapable of earning his living by reason of his physical disability arising from (17) The Atrophy of age & injury to left shoulder*

Witness my hand, *PA Jones*

ORDER ADMITTING APPLICANT.

The application of the said Philip Owens, together with the said several certificates, signatures, and jurats, having been found to be duly 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 17th day of March, 1898.

George W. Fogg
Superintendent.

HOW TO FILL APPLICATION BLANKS.

- 0. Give full name of the Applicant.
- 1. Either "Mexico and the late Rebellion," or one of them.
- 2. 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.
- 6. Here give the name of any Home or other Institution of which he has been a member.
- 7. 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.
- 10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."
- 11. Here Applicant will sign his full name, or make his mark.
- 12. Signature and title of the Justice or Notary.
- 13. 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.
- 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 incapable of earning his own living.
- 16. Name and official title of Notary or Justice.
- 17. 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:

- 1. 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 earning 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.
- 8. 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 elsewhere provided for the care and treatment of such persons.

George W. Fogg
Superintendent.