## =HEADQUARTERS===

Illinois Soldiers and Sailors Home,

	OUINCY,	ILLIN	OIS——	6.69
76.10. 85			Girard SU	_ Mug 7190 7
10 icholas en	rs , (8) of	the town		/in the
County of Macaupun	and State of	0 7	formerly a Sold	
that he be admitted as a member of	(1) South (11) said Home.	Lace	,	, respectfully asks
To enable the authorities to det	ermine whether or not he is le	gally entit	led to become a member of sa	id Home, he declares
and states the facts to be that he is a	10wyears old; th	at he is	Seet and Seet and	inches high; that he is
of dark com	plexion, 3/44 eye  of  1844; that he has been (2)	s, and J	sufficient, on the	as born in the town of
Sauth	and in the war of the	lote Rehel	lion: and that he has been (3	Twee honorably
discharged from the service of the U	and In the war of the	no is a ten	e statement of the time and	place—of his enroll
discharged from the service of the U	inited States. That the follows	his disabe	are and of his rank at t	he respective date
ment—and discharge—from said thereof namely:	service, and that the cause of	nis discus		1 1 1 1 1 1 1 1 1
No. When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
1st. Jeller son Ramagon	Vaken Prison -	Private	co. a Regt. 1 of Del Conc	taken pris
ed. Rolla Gor 30 186)	1863 Her arland	11	co. y Regt. 6 mote	ar. Expiration of the
3d. St. Levina 1945.	It. Leavenworth Kay	11	Co. of Regt. 14th "	" " "
That he now receives, on pensio	n certificate number/ 0474	87	a pension of Turlul	dollars a month,
payable the 17 th day	and new October	nt.	12 1 000	Pension Office,
That he owns property, real and		VA -	dollars, and	no more; that he has
no means of self-support other than	t personal, or the value old			
That he has (4)wife; t	hat he has The children no	w living: o	ges respectively (5) / 9 9L	rs4
		w 1111115; c	, State of Illinois; that his i	nearest railway station
	on the Grate Top Co.	15.77	Railway, in Macoup	county,
in said State; that the name and a	oldress of the person to whom	he desire	s notice of his illness or des	th shall be given, is
of Missouri 1 : that,	in case of his death, he desires	all his per	rsonal effects to be sent to	S. C.
party at S	1 Yours Count	y of	State of	Missoure
That he has not heretofore been	n a member of any Soldiers', Sa	ailors', or	other Charitable Home or Inst	itution, excepting the
That he is now a bona fide res				
last two years, or has served in an	Illinois organization.			1
That he is so far disabled by (7)	) I rejured u	e a	eval un	-c
blosting.				
				The second state of the second
as to now be incapable of earning	his own living.		S 5150 2	at a
That he has at all times, heretofe has not at any time been engaged in. That if he shall be admitted to conform to the rules and regulations that he will cheerfully do and perforthat he will promptly, and willingly shall remain a member thereof.	or countenanced, or aided, or be a member of the said Home made, or that shall hereafter in an and all things that shall y, obey all lawful orders that	abetted, tr	ie cause of the fate Rebellion.	eet comply with and
In Testimony Whereof, he has be	et his hand this	7	Boy Com	1014
(9) V TUNNY JAJA	Witness.	(8)	West Cay way	Applicant.

STATE OF ILI	SS.	, a (10)	
ounty of		100000	
ersonally and well known nat I then and there, at I nd that he was, by me, the nat he was fully acquainte	in and for said County to be the identical person he represents his his request, plainly read to him his applicate ereupon duly sworn, and then and there dep ed with matters and things stated and set fo the and in fact as he had therein stated.	mself to be, this day personally app on, aforesaid, which he then and thosed and said that he was the applica-	eared before me, an ere fully understood ant above named, an
	(11)		1 22
THE STATE OF THE S			Affiant.
	to before me, thisday ofday	, A. D. 190	
Witness my ha	nd and official seal.		
	[L. S.]	(12)	***************************************
it is	-		
* 16. + -	CERTIFICATE OF IDEN	TIFICATION.	
I do hereby certify, upo	on honor, that I have personally known		
	I I further state that he has no known menta owed to go at large; and that he can safely be	quartered with feeble and helpless i	nen,
	99914 4 3 (11	N. Committee of the com	
	Witness my hand, (13	)	ALLO MANDE PORTE VIEW DE
*	. Witness my hand, (12	(14)	
Premeby depose and sta	CERTIFICATE OF A LOCA	L PHYSICIAN. Z	Las
		at PHYSICIAN. Ziek	Las
such an extent as to previous an extent as to previous an extent as to previous and the such as the su	certificate of a Local te that I have carefully examined the above as to his disability, and I now find that he ent him from earning his own living. And that he has no need of an attendant; that he is who are old and feeble.	thas (15)	wn, manifest, or dis-
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Home Hospital Surgeon,

February 25, 19 35.

Mr. Charles T. Williams, David Hart Post #115. Girard, Illinois.

Dear Sir:

This will acknowledge receipt of your letter of February 21, regarding the date of death of Nick Peters a former member of this institution. In reply you are advised that he was discharged on his own request, August 21, 1911, and our records do not show the place of date of death.

Yours very truly,

Kenneth A. Elmore, Managing Officer.

AWM:LW