Illinois Soldiers and Sailors Home,

		QT	IINCY, 1	LLINC		2 10 8	(0 -
				no	buly	Ico, Och	190.3
	Casher Leile	-2	. (0) of the tow	n of	sabaly 1	Frighton, in the
	- A Run well	, and Sta	a			, formerly a Sold	lier of the United States
Coun	merica, in the war against (1).	War 17 4	Rebeec	in the			respectfully asks that he
be ac	lmitted as a member of said Hom	е.	**				
,	n 11. 11thereities to dot	ormina whether	or not he is	legally ent	itled to beco	me a member of sai	d Home, he declares and
state	s the facts to be that he is now	77 7.50	ars old; that	he is	feet	and	inches high; that he is
of	Jan complection	n, 9364	eyes,	and	ray	hair; that he w	as born in the town of
ME	Ederwiell int	- Swith	elani	Cof		, on the	day
of		1825; that he l	has been (2)	once	enrolled in	the U.S. A. service	e;in the war
acrain	est Rebelloon and	in the w	ar or the late	Rebellion;	and that he	has been (3)	honorably dis-
charg	and from the corning of the United	States. That the	e following is	a true state	ement of the	time and place	of his enrollment,
and d	lischargefrom said service, and	that the cause of	his discharge	and o	of his rank a	t the respective dat	ethereof namely:
No.	When and Where Enrolled.	When and When	e Discharged.	Rank.	Compan	y and Regiment.	Cause of Discharge.
	15th august 1862	ya pune	1865	Privale	Co. G. I	Regt. 82 July	End of lear
2d.	Carroyo CA	y june				Regt.	
3d.	That he now receives, on pension			77.		Regt.	dollars a month,
mean years State	that the name and address	personal, of the vove named; that he has	his trade or of hildren now lite to whom to whom	ccupation i	s that of a, repectively, State of H. Railway, in notice of h	(5) 36 That his new that his ne	County, in said the shall be given, is State of
226	; that, in o	ease of his death,	he desires all	his persona	l effects to b	e sent to	220
mb	zore Long at	nouse	ZCou	nty of	uuco d	State of	withution arounting the
(6)	That he has not heretofore been	n a member of a					
2	That he is now a bona fide resider , or has served in an Illinois org	amization.	Himms, and	has contin	uously lived (and resided in said	I State for the last two
years 1	That he is so far disabled by (7)	Rheum	alier	n r	old	art, a a	beafress
	is the second	B =					
•				Ş.,		The state of the s	
at an to the fully and	now be incapable of earning his That he has at all times, heretofor y time been engaged in, or counter that if he shall be admitted to be rules and regulations made, or the do and perform any and all thing willingly, obey all lawful orders that the stimony whereof, he has set here the stimony where th	own living. e, supported and a manced, or aided, a member of the shat shall hereafter s that shall be requat he shall received	adhered to the or abetted, th aid Home, he be made, for uired of him e from any offi	government government government will, in all the govern by those the cer of the I	nt of the Unithe late Rebe things and ment and dis tere in author Home, so long	ted States of Ameri llion. in every respect, or cipline of the same ority over him; an g as he shall remain	ca, and that he has not omply with and conform and that he will cheer-
(9)	11/3 Chines	Σ		(8)	uspe	~ XIII	Applicant.
AND SHORE	COMPANIES CONTRACTOR C	14/24	0000		-		22,00000000000

Danier de	1	
STATE OF HEINOIS.	mms /_	1.2 8 1-1
COUNTY OF Banduly	ss. I, III Sumul	, a (10) Willing Viebler
	in and for said County, do hereby certify that	
at his request, plainly read to him his application upon duly sworn, and then and there deposed matters and things stated and set forth in his	represents himself to be, this day personally apation, aforesaid, which he then and there fully and said that he was the applicant above not said application, and that the same and each	understood, and that he was, by me, there- amed, and that he was fully acquainted with
he had therein stated.	Ceresty	et Seiler
		Affiant.
Subscribed and sworn to before me, this	J day of October	, A. D. 190 Witness my hand
and official seal.	my Simil	100 Min Tubico
L, S.		
	CERTIFICATE OF IDENTIFICATION.	1
	0 /	to las
I do hereby certify, upon honor, that I h	rave personany known	Tolkes and helief the statements contained in
his foregoing application are entirely true, a zation. And I further state that he has no k	last passed; and that to the best of my known and especially that as to the time of his residence mown mental disorder; and that he requires no fely be quartered with feeble and helpless men. Witness my hand, (13)	ce in Illinois, or service in an Illinois organi-
	\	
		(14)
100	CERTIFICATE OF A LOCAL PHYSICIAN.	
I hereby denose and state that I have car	refully examined the above named Applicant	Casher Leiler
	sability, and I now find that he has (15)	ed a Rheimaliam
. L	musiney, and I now have ended no mus ()	
	ing his own living. And I hereby certify tha	
	tendant; that he may be properly allowed to go	
with men who are old and feeble.	^	11 #
WIGH MICH WHO 220 GA MAG 20025.	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	Asll M.D.
Subscribed and sworn to before me, this	f day of Oct	190 3. And I certify that I am
personally acquainted with said affiant	11 11 12 11.	, and that I know him to be a physician in
personally acquainted with sale aman.	est man and a capable physician, in the comm	
he lives.	annal -	- And Page
ao mesi	11-12 Cliver	VI Officery outlier
	- yatası	
CEF	TIFICATE OF SOLDIERS HOME SURGE	ON. O. O.
I hereby certify upon honor that I careful	ly and critically examined	r Heller
	and physical condition, at the Hospital of this	
1110		
	on of his physical disability arising from (17)	1
and semility.		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	AM	7 1 1

Aridon Home Hospital Surgeon. Witness my hand

STATE OF ILLINGOUNTY OF ADAM  In the matter of	the relationship of Oaslow	t duly sworn according to law,
	that his wife, Deacased	goupin a He,
	ations only, of affiant who would be his ho-wit:	
NAMES.	RELATIONSHIP.	RESIDENCE.
na Lotter ary Long	Daughter	noberly Bro

Subscribed and sworn to before me, this 14 day of October A. D. 1901.