HEADQUARTERS

Illinois Soldiers' and Sailors' Home

	1	QUINCY, I	LLIN	OIS,	
	1 01	P	10c	custo still Ve M	auf/4/1912
1	annel St		e town of.	Bucker, Still	, in the
Coun	ty of Macaupin	, and State of	ciois	, formerly a Soldier	of the United States
of An	nerica, in the waragain	st (1) Date Revel	lion		., respectfully asks
that	he be admitted as a member	of said Home. etermine whether or not he is	legally en	titled to become a member	of said Home, he de-
clares	and states the facts to be th	nat he is now 74 years old:	that he	is S. feet and II inche	es high; that he is
of,	Little complex	xion. G1 C4 eyes, and	98.04	hair: that he was b	orn in the town of
<u> </u>	etchown g in the	e. Mater of Mes	abich.	ALM, on the	day
of	Bane 9837,1	; that he has been (2)	2 & enrolle	ed in the U.S. A. service;	Day a Changrahly
wafa	gainst, and	in the war of the la	te Rebelli	on; and that he has been (3)	and placeof his
disch	arged from the service of the	United States. That the followom said service, and that the	cause of h	is discharge and of his ra	nk at the respective
		Hon & Jim	Cr /	List ota	
	1 1 1	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
No.	When and where Enrolled.	P C L		y TAPP	f. 1 tans
1st, 	Binker Holl Ish	Charasu galens	11 5/-	Co. A Regt. [MAN	975) MIL
2nd.	Berry S1 1861	Jaly 25 1864		Co. Regt. Jr.	
3rd.	0	136	1	Co. Regt.	
T	hat he now receives, on pensi	ion certificate number 573	812, a	pension of	dollars a month,
navah	ole the di	ay of next leferil	, at the	Olivayo Pen	sion Office.
T	hat he owns property, real ar	nd personal, of the value of	4000	dollars,	that he has
no me	ans of self-support other the	an the above named: that his	trade or o	ccupation is that of a	73847.46
T	hat he has (4) \mathcal{W}_0 wife;	that he has 4 children is facksawelle	now livin	ng; ages, respectfully, (5).	est reilway station
years	That his postoffice address	as la escame	e Il	atiway, in	County.
is		ddress of the person to whom	he desires	s notice of his illness of dea	th shall be given
is	John Josh	of Dunterly	ree	, County of Maco	State
of_	that, in	case of his death, he desires a	ll his pers	sonal effects to be sent to	The same
60	1h, at A	Lecutter All County of	rnace	State of	Total de la cont
		en a member of any Soldiers',	Sailors', o	other Charitable Home or	Institution, except-
m	Las le in morn a homa fide meet	dent of the State of Illinois and	has continu	ously lived and resided in said	State for the last two
years,	or has served in an Illinois orga	unization of A a		Varicose V.	eins of
T	hat he is so far disabled by (7				naccount
ar	The state	e of right	Hem	ive_	
-7-	ow be incapable of earning his or	0 (/ /	/		
		ofore, supported and adhered ingaged in, or countenanced, or	to the gov	ernment of the United State	es of America, and ate Rebellion.
with a	and conform to the rules and	regulations made, or that shall	things th	at chall be required of him	by those there in
out ha	rity over him; and that he w Home, so long as he shall re	III Droinibuly, and winingly, on	ey all lawi	rui orders that he shall rece	TYC IIOM any omoor
In	Testimony Whereof, he has	set his hand this	-7	day of their	> 191.7
(9) /	MBucha	non	(8)	-Samuel Jo	with
(0)	7	Witness.			Applicant.

	\mathbf{NOIS}		
County of		, a (10)	
of the town of	in and for said County, do loe identical person he represents hims nis request, plainly read to him his apply me, thereupon duly sworn, and the	nereby certify that the above named appeted to be, this day personally appeare plication aforesaid, which he then an and there deposed and said that he vand things stated and set forth in his sai	plicant, to me d before me d there fully vas the appli-
	(11)		Afflant.
ubscribed and sworn to before	e me, thisday of	, A. D. 191	
Witness my hand and o			
	[L. S.]	(12)	
		The state of the s	
	CERTIFICATE OF IDENTI	FICATION.	
I do hereby certify, upon bo	onor, that I have personally known	*	
ontained in his foregoing appli- in Illinois organization. And I f	ication are entirely true, and especially further state that he has no known m ly be allowed to go at large; and that he	ne best of my knowledge and belief, the that as to the time of his residence in Illino ental disorder; and that he requires no can safely be quartered with feeble and leads to the control of the contro	is, or service in to special at- helpless men.
	Witness my h	and, (13)	
		(14)	
	CERTIFICATE OF A LOCAL	PHYSICIAN.	
I hereby depose and state th	nat I have carefully examined the abo	ve named applicant	
_ar ====;	as to his disability, and I now find th	nat he has (15)	
such an extent as to prevent	he has no need of an attendant; that	nd 1 hereby certify that he has no known, he may be properly allowed to go at lar	
			M D
	*****		TIT. 17',
Subscribed and sworn to		day of191	
rtify that I am personally acquinous him to be a physician in	before me, thisuainted with said affiantactive practice, and in good repute, a		And I
rtify that I am personally acquinow him to be a physician in	before me, thisuainted with said affiantactive practice, and in good repute, a w physicians where he lives.	day of191	And I , and that cian, in the
rtify that I am personally acquired know him to be a physician in	before me, this	nd an honest man and a capable physical description (16)	And I , and that cian, in the
rtify that I am personally acquired that I am personally acquired the him to be a physician in mmunity and among his fellow	before me, this	nd an honest man and a capable physic (16)	And I , and that cian, in the
tify that I am personally acquired the second secon	before me, this	day of	And I, and that cian, in the
rtify that I am personally acquired know him to be a physician in mmunity and among his fellow I hereby certify upon honor to	before me, this	day of	And I, and that cian, in the
rtify that I am personally acque know him to be a physician in mmunity and among his fellow I hereby certify upon honor to above named applicant, as to day of acceptable of earning his liv.	before me, this	day of	And I, and that cian, in the

Home Hospital Surgeon.

Codinical Ethington

A.S. CUTHBERTSON

ATTORNEY AT LAW

BUNKER HILL, ILL.

March 14th.,1912.

Supt., Ill., Soldiers Home,

Quincy Ill.

Dear Sir :-

I wrote you some days ago about the prospective application of Mr., Samuel Smith.for whom I am conservator. He desires to go to your home, on his discharge from the Illinois Hospital for the Insane at Jacksonville, which will be in the near future, He has lost his discharge and I have written to the Adjutent's Generals Office Washington for a duplicate thereof. I am advised this day that they do not issue duplicates but you write the War Department and they furnish you with the War Record of the applicant in case of the loss of the "Discharge". I wish you would do this now so as not to cause delay when we get things in shape to take him to your institution and advise me that you have received the same. The party is Samuel Smith Private Co., F 7th., Regt., Ill., Vol. I will say that the application will show thathe has a pension of \$15.00 besides about \$2000.00 worth of property. The property will not support him however. I wish you would advise me whether or not such a party can get into your home. If he cannot I do not want to spend the time and money in trying. You know whether, every thing else being equel, he will be received and Iwishyou would advist me frankly about the matter and if he cannot I will take the matter up in otherways, He is very anxious togo the Quincy and if thereis any way to get him to your Home I want to do do.

I will thank you for an early reply and that you may write for his war record. Yours truly,

dellette belsn

says that he formerly resided a	Bunker Gled In	racoupu w off.	
	at his wife,	/	
resides at Bunker	Sie De., and	that the names, relationship and	
	iant who would be his heirs in the ever	nt of his death at this time, are as	
follows, to-wit:			
		RESIDENCE.	
NAMES.	RELATIONSHIP.	RESIDENCE.	
care Emma L. Patrictys	Soughter	Bunkerldies I	
waller & Smith	Son	Los Angelas Co	
Gev. Smith	Son	Las lingles "	
Tharles Smith	Jon	Bellevemon Ca	
±			
de de		•	
F			

A. D. 1912___.

State of Illinois Roard of Administration

L. Y. SHERMAN, President, Springfield. B. R. BURROUGHS, Secretary, Edwardsville. FRANK D. WHIPP, Fiscal Supervisor, Springfield. J. L. GREENE, M. D., Alienist, Kankakee. THOMAS O'CONNOR, Peoria.

PURCHASING COMMITTEE:

FRANK D.WHIPP, CHAIRMAN. THOMAS O'CONNOR. J.L.GREENE, M.D.

MINION SA

SUPERINTENDENT: WM SOMERVILLE.

Address all Home Correspondence to the Superintendent.

INSTITUTIONS:

ELGIN STATE HOSPITAL, ELGIN

KANKAKEE STATE HOSPITAL KANKAKEE

JACKSONVILLE STATE HOSPITAL JACKSONVILLE

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PEORIA STATE HOSPITAL, PEORIA

CHESTER STATE HOSPITAL, MENARD

LINCOLN STATE SCHOOL AND COLONY, LINCOLN

THE ILLINOIS SCHOOL FOR THE DEAF, JACKSONVILLE

THE ILLINOIS SCHOOL FOR THE BLIND, JACKSONVILLE

THE ILLINOIS INDUSTRIAL HOME FOR THE BLIND, CHICAGO

THE ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY

THE SOLDIERS' WIDOWS' HOME OF ILLINOIS, WILMINGTON

THE ILLINOIS SOLDIERS' ORPHANS' HOME. NORMAL

THE ILLINOIS CHARITABLE EYE AND

EAR INFIRMARY, CHICAGO THE STATE TRAINING SCHOOL FOR

GIRLS, GENEVA THE ST. CHARLES SCHOOL FOR

BOYS, ST. CHARLES

The Illunois Soldiers and Sailors Home

QUINCY Mar - 23 - 1912

State of Illinois Board of Administration

L. Y. SHERMAN, President, Springfield. B. R. BURROUGHS, Secretary, Edwardsville FRANK D. WHIPP, Fiscal Supervisor, Springfield. F. P. NORBURY, M. D., Alienist, Springfield. THOMAS O'CONNOR, Pecria.

PURCHASING COMMITTEE:
FRANK D.WHIPP, CHAIRMAN. THOMAS O'CONNOR. H.S. CARRIEL



SUPERINTENDENT:
J. O. ANDERSON.

Address all Home Correspondence to the Superintendent.

THE ILLINOIS SOLDIERS AND SAILORS HOME

QUINCY

April 6-1912.

Mr Samuel Smith.

H.B. Carriel, Supt.,

Jacksonville State Hospital,

Jacksonville, Ill.

Dear Sir:

I have received your letter of the 5th inst. containing application of Mr. Samuel Smith for admission to this Home. His application seems to be all right and proper and upon receipt of his Army Discharge (or a certified copy thereof) which his conservator undoubtedly has, he will be received into this Home. However, if said conservator should not have his Army Discharge, if he will send his Pension Certificate that will be sufficient to admit him. If he has never been an inmate of this Home, I can upon receipt of his Army Discharge as aforesaid, forward transportation to this place.

Yours very truly,

Superintendent.

JOA/MS.

State of Ultrois Knard of Administration

L. Y. SHERMAN, President, Springfield. B. R. BURROUGHS, Secretary. Edwardsville. FR. NORBURY, M. D., Alienist, Springfield. F. P. NORBURY, M. D., Alienist, Springfield. THOMAS O'CONNOR, Peoria.

PURCHASING COMMITTEE:

FRANK D.WHIPP, CHAIRMAN. THOMAS O'CONNOR. H.G. HARDT,



SUPERINTENDENT: H.B.CARRIEL, M.D.

Address all Hospital Correspondence to the Superintendent.

JACKSONVILLE STATE HOSPITAL

JACKSONVILLE April 8th. 1912.

JACKSONVILLE STATE HOSPITAL

INSTITUTIONS:

ELGIN STATE HOSPITAL, ELGIN KANKAKER STATE HOSPITAL KANKAKER

Jacksonville

ANNA STATE HOSPITAL, ANNA

WATERTOWN STATE HOSPITAL WATERTOWN

PEORIA STATE HOSPITAL. PEORIA

CHESTER STATE HOSPITAL, MENARD

LINCOLN STATE SCHOOL AND COLONY, LINCOLN

THE ILLINOIS SCHOOL FOR THE DEAF, JACKSONVILLE

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THE ILLINOIS CHARITABLE EYE AND EAR INFIRMARY, CHICAGO

THE STATE TRAINING SCHOOL FOR GIRLS, GENEVA

THE ST. CHARLES SCHOOL FOR BOYS, ST. CHARLES Mr. A. S. Cuthbertson,

Bunker Hill, Illinois.

Dear Sir:

I am enclosing a letter from Mr. J. O. Anderson, Superintendent of the Soldiers' & Sailors' Home, Quincy.

Mr. Smith filled out the blank application sent him and sent it to the Home; I was there one day last week and took the matter up with Mr. Anderson and he has sent me the enclosed letter.

You will note by this, he accepts Mr. Smith's application but requests that, in the absence of his army discharge, or a dertified copy thereof, that if you will send his pension certificate, Mr. Smith will be accepted.

If Mr. Smith will do as well there as he has here, recently, I think there will be no trouble about his getting along.

Please return Mr. Anderson's letter after you have read same.

Yours very truly,

Superintendent.

A.B. Can

(Enclosure)