## HEADQUARTERS

## Illinois Soldiers' and Sailors' Home

		QUINCY, 1	LLIN	ois	_
				June 21K	1916:
49	Edward D.	Standart, (0) of the	town of	OBirand	, in the
County	of maconten	, and State of . Alling	M	, formerly a Soldier	of the United States
hat ha	ha admittad as a membe	inst (1). S UKE CRES. r of said Home. determine whether or not he			, respectfully asks
106	enable the authorities to	be that he is now. 7 L. years	old that l	he is 5 feet and 9inc	hes high: that he is
	s and states the lacts to h	mplexion, eyes,	and Gr	hair: that he wa	s born in the town of
of	madron	in the State of	new.	revolvey, on the	. 4 day
of	firme 18	Way; that he has been (2)	oncreid	olled in the U.S. A. servic	e; in the
war aga	finst, and.	in the war of the la	te Rebellio	n; and that he has been (3)	anat. honorably
dischar	ged from the service of t	he United States. That the f	ollowing i	s a true statement of the ti	meand place
of his e the resp	nrollmentand dischar pective date thereof r	rge from said service, and namely:	i that the	cause of his discharge	, and of his rank at
No.	When and where Enrolled	When and where Discharged	Rank	Company and Regiment	Cause of Discharge
18t.	Down only Ja -	Sweet City da.	GSX	Coark ( Regida In	Close of War
2nd.	00000	June 1		Co. Regt.	0
3rd.				Co. Regt.	
payable Tha	the the owns property, real	nsion certificate numberday of nextSub and personal, of the value of than the above named; that h	f at nis trade o	the. Maskung space.  dollars, and n r occupation is that of a	o more; that he has
The	the has (4) SA O wife	: that he has \ children	now livin	g; ages, respectfully, (5)	. KW
isin said is	State; that the name and	on the on the person to who address of the person to who was of on the person to who address of on the person to who address of the person to who address of the person to who address of the person to who	om he desi ('v>> 5\ 'res all his	Railway, in براه المحادثة المنظمة	death shall be given  State  to has slaughts
word	Pary Selmutar, at	1439 . D. Congreduaty of.	منی	State of	Other
		chicago a galdian	-1 Cailona	on other Charitable Hom	o or Institution ev-
2.27	olugione	een a member of any soldier wither Marion sident of the State of Illino	300	anville net of	mulli
		and in an Illinois andanization	111.		
Tha	t he is so far disabled by	(7) Okal. ag E			
				***********	
as to no	w be incapable of earning	g his own living.	ad to thomo	"  Traited Straited S	stac of America and
That that he That with and of the sa	t he has at all times, here has not at any time been t if he shall be admitted d conform to the rules an ame; and that he will che	stofore, supported and adhere engaged in, or countenanced to be a member of the said Had regulations made, or that serfully do and perform any a he will promptly, and willing shall remain a member there as set his hand this 2. K.	lome, he v hall hereat and all thin	vill, in all things and in ev fter be made for the govern gs that shall be required of Il lawful orders that he sha	ery respect, comply ment and discipline him by those there all receive from any
In T	estimony Whereof, he has	as set his hand this	5,	11	
(1)	Dan V. Das	· ~	- per	. W. M. M. A.C.	W. W.

STATE OF ILLINOIS ss	
STATE OF ILLINOIS   ss	
to the town of, in and for said County, do hereby certify that the above named applicant, to me personally and well known to be 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.	
$(11) \dots A \textit{filant}.$	
Subscribed and sworn to before me, thisday of	
[L. S.](12)	
CERTIFICATE OF IDENTIFICATION	
I do hereby certify, upon honor, that I have personally known	
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, (13)	
i (14)	
CERTIFICATE OF A LOCAL PHYSICIAN  I hereby depose and state that I have carefully examined the above named applicant	
, as to his disability, and I now find that he has(15)	
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 altendant; that he may be properly allowed to go at large; and that he can safely be quartered with men who are old-and feeble.	
, M. D.	
Subscribed and sworn to before me, thisday of	
that I am personally acquainted with said affiant, and that I know him to be a physician in active practice, and in good repute, and an honest man and a capable physician, in the community and among his fellow physicians where he lives.	
(16)	
CERTIFICATE OF A SOLDIERS' HOME SURGEON	
I hereby certify upon honor that I carefully and critically examined . Eslivard . B. Stewark	
I hereby certify upon honor that I carefully and critically examined	
the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Saturde	1
he	å
wapable of earning his living by reason of his physical disability arising from (17)	
121 D	
Witness my hand	