Illinois Soldiers' Sailors' Some QUINCY, ILLINOIS. Co. 126 Reg't Olls DryReg't..... CONTENTS Admission Paper Army Discharge Certificate of Service..... Pension Certificate 774,5-4/ Will. Admitted JAN 30 1901 190 Descho OR

REGISTER No.5464

VIRDEN, ILLINOIS, Jan. 19, 1901.

Mr. Wm. Somerville,

Supt. Soldiers Home, Quincy. 111s.

Dear Sir: -

Inclosed find application of Jas. Wooley for admission to the Soldiers Home, together with cootificate of identification by A. F. Weaver, Commander Post 236, C. A. R. and certificate of local Physician, Dr. A. T. Bartlett. Also find inclosed Army voucher and pension certificate 774541 for payment of pension due March 4, 1901; and also pension certificate 774541 and certificate Yours truly, of Chinous
for Jas Mooley, of discharge of Jas. Wooley,

Direct answer to James Wooley. Care. S. R. Green. Viriden Lle.

-HEADQUARTERS-

Illinois Soldiers and Sailors Home, QUINCY, ILLINOIS.

Och Me	l.	***************************************		21	I
games 10 oon	(%), (%)	10			, in the
/ / /	11110	1-11	0 1		ier of the United States
of America, in the waragainst (1 be admitted as a member of said		CAR.	S.a.C.	, res	spectfully asks that he
To enable the authorities to d	etermine whether or not he is	legally e	ntitled to	become a member of	said Home, he declares
and states the facts to be that he is	now 62 years old; tha	t he is	7188	feet and Eleve	inches high; that
he is of fair comple	exion, gray eyes,		- 11	hair that he	. / /
	3.8; that he has been (2)				
	in the war of the late Rebell			S Manager Papers	
charged from the service of the Unite	ed States. That the following is a	true stat	ement of	the timeand place	of his enrollment,
and discharge from said service,	and of the cause of his discharge	, and	of his ran	ak at the respective d	late thereof namely:
No. When and Where Enrolled.	When and Where Discharged.	Rank.	Comp	oany and Regiment.	Cause of Discharge.
Ist. at nokowne. Il	on July 12 to 1863		~		0 1
August 915 1862	at Pin Bluffe Art.	preval	Co. y	Regt. 126 Sk. Val	Ley you no longer
2d. 0	1.		Co.	Regt.	Descused Sonn
3d.				3	Jagreen Jean
	,		Co.	Regt.	
That he now receives, on pensio	on certificate number 7745	4./, :	a pension	of Eight	dollars a month,
payable theday of r	next March	, at th	e Cole	unling Olies	Pension Office.
That he owns property, real and	l personal, of the value of	0		dollars, and no	more; that he has no
means of self-support other than the	above named; that his trade or	occupati	on is that	of a farme	
means of self-support other than the Who That he has (±)wife; th	at he has Me children now	living;	ages, resp	pectively, (5)	revore to teem for to
years. That his postoffice address is	Virder		, State of	Illinois, that his near	rest railway station is
Oviden Ill, , on	the Chicago 4 Allor	A Rail	way, in	Macoupin	County in said
State; that the name and address					
7 0	, of Roche				
1 6 01.	se of his death, he desires all his		//		100
That he has not heretofore been	a member of any Soldiers', Sai	lors', or	other Cha	ritable Home or Insti	itution, excepting the
(6) NO				,	
That he is now a bona fide reside	ent of the State of Illinois, and h	as contin	uously li	ved and resided in so	
That he is so far disabled by (7)	general dis	alul	lity	That he c	an not
andure to work	0,		/		
					V
is to now be incapable of earning his That he has at all times, hereto		the gove	rnment of	the United States of	America, and that he
nas not at any time been engaged in,	or countenanced, or aided, or al	petted, tl	iè cause o	f the late Rebellion.	
That if he shall be admitted to onform to the rules and regulations				어른 사람들은 이번 사람이 가장이 있다면 이 구를 살아보니까?	
hat he will cheerfully do and perform	n any and all things that shall b	e requir	ed of him	by those there in aut	hority over him; and
hat he will promptly, and willingly, emain a member thereof.	~	n			
In testimony whereof, he has set	his hand this 16 day	of	au	190	I n al sy Applicant.
a Silas Bo la	un	(8)	Oam	es dus W	alsy
J. J	Witness.	()	1	m /	Applicant.
		U		maric	

	STATE OF ILLINOIS,
	COUNTY OF Macoupen 155. I. H. C. Sunous a (10) Notary Publ
	of the town of Vinder , in and for said County, do hereby certify that the above named Applicant, to me person-
	ally 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) Payres Ve Wooler
	James Wooley Affiant.
	Subscribed and sworn to before me, this day of day of A.D. 1.09. Witness my hand
	and official seal.
	L.S. (12) Nolary Publi
	CERTIFICATE OF IDENTIFICATION.
1	I do hereby certify, upon honor, that I have personally known James Wad Ey
	the above Applicant, for, at least, two years last passed; and that to the lest 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, or service in an Illinois
	organization. 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 feedle sold appless men.
	Witness my hand, (13) VIIIVET
	Post-236 GaP (14) Winner
	CERTIFICATE OF A LOCAL PHYSICIAN.
	I hereby depose and state that I have carefully examined the above named Applicant, Januara Itoolay
	, as to his disability, and I now find that he has (15) Chrotheric Inslamualis
	of right Knee and Eruption of right lag
	to soch an extent as to prevent him from earning his own living and the social state of the social state o
	to such an extent as to prevent him from earning his own living. And I hereby conlift 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.
	M. D. Partett M. D.
	Subscribed and sworn to before me, this 19 day of January 19.0 And I certify that I am
	personally acquainted with said affiant under the physician 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.
	Holans where he hoes.
	CERTIFICATE OF SOLDIERS HOME SURGEON.
	I hereby certify upon honor that I carefully and critically examined Junes
	the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Weller Level
	the day of schulled, , 190, ; and that I then found him to be of sound mind, and to be
	Asseapable of earning his living by reason of his physical disability arising from (17) Reheumater
	Cherry & EMpt 1.5
	- Vicuna of pull
	VI Lallate
	Witness my hand

Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said former wooley 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 now duly admitted as a member thereof, this superintendent.

Superintendent.

HOW TO FILL APPLICATION BLANKS.

- 0. Give full name of the Applicant.
- 1. Either "Mexico, the late Rebellion, or Spain."
- 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.
- Here give the name of any Home or other Institution of which he has been a member.
- 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.
- 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. R. Post.
 - . Here write official title.
- The physician here will 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.
- 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 found 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 permited to leave the Home on Furlough, or on Pass of two or more days' duration, you will be required to wear your citizen's clothing. You will not be allowed to wear Home or State clothing, when so absent.

TO BE ELIGIBLE FOR ADMISSION.

- I. The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, the late Rebellion, or the Spanish War.
 - 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, or served in an Illinois organization.
- 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 means of some other PRESENT DISABILITY.
 - 5. That you shall 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.



Register No. 5464

APPLICATION FOR ADMISSION

Illinois Soldiers and Sailors Home

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Application Approved by

Superintendent.

ey 30 ,1901

Admission Granted ...