

Illinois Soldiers & Sailors Home,

Surgeon's Office, Oct 27 1893

To the Superintendent:

I have carefully examined

Isaac Allen

late Co. I Reg't 11th Ohio

late Co. Reg't

and find him disabled by

gunshot wound right
wrist-joint. His dis-
ability is sufficient
to entitle him to
admission to the
Home.

E. B. Montgomery
Surgeon

Admitted.

W. W. Frazier
Capt.

APPLICATION FOR ADMISSION TO THE ILLINOIS SOLDIERS AND SAILORS HOME, AT QUINCY.

TRUSTEES.

WILLIAM STEINWEDELL, Pres., Quincy, Ill.
LEWIS B. PARSONS, Flora, Ill.
JAMES A. SEXTON, Chicago, Ill.



OFFICERS.

GEORGE W. FOGG, Superintendent.
JAMES S. MORGAN, Treasurer.

Before filling in the blanks read carefully the explanations and directions on the margin, and extracts from the rules on third page.

Army Discharge, or Certificates of Service, or Pension Certificate, must be sent with this application and all the directions carefully complied with, or the application will be returned, and much delay result.

DIRECTIONS.
Fill all the blank spaces carefully.

STATE OF **ILLINOIS** } ss.
COUNTY OF **MORGAN** }

On this 7th day of Oct A. D. 1893, before me
J. L. Simms, Notary Public within and for the County and State aforesaid,
[Name and Title of Magistrate.]
personally appeared Isaac Allen aged 60 years, height 5 feet 10
[Name of Applicant.]
inches, complexion Dark, eyes Blue, hair Grey, a resident of JACKSONVILLE,
County of MORGAN State of ILLINOIS who being duly sworn, deposes and says, that he was born in
N. Virginia and has been enlisted in the service of the United States
times during the 1861 - 65
war; and was honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

No. of Enlistments.	When Enlisted, With Rank.	When Enlisted—Town and State.	Company and Regiment Mustered in	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	18		Co Regt.	18	
2d.	March 1864 Private	Dayton Ohio	Co "I" Regt. 11 th Ohio Cav.	July 21 1866 St. Louis. D. I.	
3d.	18		Co Regt.	18	

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

Here the applicant should state, in his own way, what his disability is.

That he is disabled as follows: Injury to right wrist - Genl Debility

He has no pension.

If no pension is received, so state.

and has been receiving _____ Dollars per month, pension, on Certificate No. _____ payable at _____ Agency, from _____ 18 _____

The applicant further states that he has no property nor means of support, and being unable on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The applicant must sign this, and swear to the statement.

The said applicant further swears that he has not been engaged in, or aided, or abetted, the late Rebellion in the United States; and further that he has been a bona fide resident of the State of Illinois for the last two years. And said applicant further stipulates and agrees that he will abide by and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him and obey all lawful orders of the Officers of the Home.

WITNESS:

Have two witnesses sign and fill all the blanks carefully

J. L. Simms
Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to *Isaac Allen* before he executed it

To be sworn to before an officer having a seal, or a J. P.

Isaac Allen
JACKSONVILLE, On what R. R. *Wabash*
Nearest R. R. Station

Post-office Address JACKSONVILLE, Ill.

J. L. Simms
[Name of Magistrate.] Notary Public

Fill all these blanks carefully.

Read? *Yes* Write? *Yes*
Occupation *Engineer*
Married or Single *Married*
[If a widower, so state,]
Children under 16 years *No*

NAME AND ADDRESS OF NEAREST RELATIVE:-
(Name) *Julia F.* (Relation) *Wife*
(Address) *803 N. College Ave.*
Jacksonville, Ill.

CERTIFICATE OF IDENTIFICATION.

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, a Mayor or City Clerk, or by a County officer, or by a Justice of the Peace, and attested by seal.)

This is very important. Have it signed as directed.

I HEREBY CERTIFY that I have known the above named *Isaac Allen* for the last two years past, and that I believe the declaration signed by him to be true, and I further state that he is not mentally afflicted so as to require a special attendant, and can safely be quartered in a sleeping room with others.

John F. Clark
(Give Official Title) *Clerk Civ Court*

LOCAL PHYSICIAN'S CERTIFICATE.

This is to be filled out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.

I certify that I have carefully examined *Isaac Allen* Company *"I"* *11th* Regiment *Bar* Volunteers, and that he is disabled as follows.

Character of Disability
Complications
Present Condition of Applicant

I further certify that said Applicant is sane, and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

If signed by U. S. Examining Surgeon this need not be sworn to.

Subscribed and sworn to before me, this *7* day of *Oct* A. D. 189*3*, and I hereby certify that the said *B. M. Skinner* is known to me as a Surgeon in actual practice and reputable in his profession.

J. L. Simms
Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and *Isaac Allen* *Oct-27* *1893*
Co. *11th* Reg't *Ohio Bar* Vols., will be admitted to the Illinois Soldiers and Sailors Home at Quincy.

George W. Togg
Superintendent Illinois Soldiers and Sailors Home.