

Illinois Soldiers' and Sailors' Home

Quincy, Ill., *Apr. 12 -* 19*32*

To the Adjutant:

Julia A. Angel Co. _____ Regt. _____
died in Hospital at *6⁴⁰ P.M.*, aged *87* years.

Names and address of Relatives and Friends *Mrs. Martha A. Black (relative)*
826 W. College St. Jacksonville, Ill
Reg. No. *534* _____ *Gail Swobbe* Hospital Steward.

Hospital Illinois Soldiers' and Sailors' Home

Quincy, Ill. *April 12th* 19*32*

To the Adjutant:

THIS IS TO CERTIFY, That *Julia A. Angel* Reg. No. _____
late of Co. _____ Reg't _____

died in *S.S. Hospital* Cause of death *Influenza*

J. H. Rippey Surgeon

ILLINOIS SOLDIERS' AND SAILORS' HOME

APPLICATION OF HUSBAND AND WIFE FOR ADMISSION.

Chapin David Angel October 18 1912
of the town of _____
in the County of Morgan and State of
Illinois an honorably discharged Soldier
of the U. S. in the war against The Rebellion
and his wife Julia S. Angel respectfully ask to be admitted
as members of said Home.

To enable the authorities to pass on their eligibility, the said
declares the following statements to be true and correct: that his personal description is as follows: age 74 yrs.;
height 5 ft. 8 inches; complexion light; eyes grey;
hair black mixed with grey

That he was born in Morgan County of _____,
State of Illinois, on the 25 day of Nov, 1838;
that he has been once enrolled; and once honorably discharged
from the U. S. service as follows, to wit:

8	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge
1st.	<u>Jacksonville Ill</u>	<u>Camp Herker, Tenn</u>	<u>private</u>	<u>Co. I - Regt. 115 Ill</u>	<u>Close of War</u>
2nd.	<u>Aug 4 - 1862</u>	<u>June 17 - 1865</u>		<u>Co. Regt.</u>	
3rd.		<u>3d</u>		<u>Co. Regt.</u>	

said David Angel further avers that he and his said wife
Julia S. Angel, (who is now of the age of fifty years or older),
were lawfully married prior to the first day of January, A. D. 1890; and that he has ever since been living with her and
supported her as his lawful wife.

That he is now a bona fide resident of the State of Illinois and has continuously lived in the said state for the last
two consecutive years; or, that he has served in an Illinois organization.

That he now receives on pension certificate number 219671, a pension of 30 dollars a month,
payable the 4th day of next January 1913, at the Chicago Pension Office.

That he owns property, real or personal, of the value of one thousand dollars and no more; that he has
no means of self support other than the above named; that his trade or occupation is that of a farmer

That he has a wife; that he has no children now living; ages, respectively, _____
years. That his postoffice address is Chapin, State of Illinois; that his nearest railway station
is Chapin, on the Wabash & C. R. 2 Railway, in Morgan County
in said State; that the name and address of the person to whom he desires notice of his illness or death shall be given, is
_____, of _____, County of _____, State
of _____; that, in case of his death, he desires all his personal effects to be sent to _____
_____, at _____ County of _____, State of _____

That he has not heretofore been a member of any "Soldiers', Sailors' Home or Institution, excepting the

That he was born in Illinois, County of St. Clair, on the 25 day of Nov, 1838; that he has been once enrolled; and once honorably discharged from the U. S. service as follows, to-wit:

8	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge
1st.	<u>Jacksonville, Ill</u>	<u>Camp Herker, Tenn</u>	<u>Private</u>	<u>Co. 1 - Regt. 115 Ill</u>	<u>Close of War</u>
2nd.	<u>Aug 4 - 1862</u>	<u>June 17 - 1865</u>		<u>Co. Regt.</u>	
3rd.		<u>34</u>		<u>Co. Regt.</u>	

said David Angel further avers that he and his said wife Julia A. Angel, (who is now of the age of fifty years or older), were lawfully married prior to the first day of January, A. D. 1890; and that he has ever since been living with her and supported her as his lawful wife.

That he is now a bona fide resident of the State of Illinois and has continuously lived in the said state for the last two consecutive years; or, that he has served in an Illinois organization.

That he now receives on pension certificate number 219671, a pension of 30 dollars a month, payable the 4th day of next January 1913, at the Chicago Pension Office.

That he owns property, real or personal, of the value of one thousand dollars and no more; that he has no means of self support other than the above named; that his trade or occupation is that of a farmer

That he has a wife; that he has no children now living; ages, respectively, years. That his postoffice address is Chapin, State of Illinois; that his nearest railway station is Chapin, on the Wabash & Co. R.R. Railway, in Morgan County in said State; that the name and address of the person to whom he desires notice of his illness or death shall be given, is _____, of _____, County of _____, State of _____; that, in case of his death, he desires all his personal effects to be sent to _____, at _____ County of _____, State of _____

That he has not heretofore been a member of any 'Soldiers', Sailors' Home or Institution, excepting the _____

That he is so far disabled by (7) by Bright's Disease and other Kidney troubles

as to now be incapable of earning his own living.

That he has at all times, heretofore, supported and adhered to the government of the United States of America.

That if he and his said wife Julia A. shall be admitted to be members of the said Home, he does hereby obligate himself that should his said wife so request, he will deposit with the Superintendent so much of his said pension money as the Superintendent may deem necessary for the purpose of clothing said wife.* And he and his said wife do hereby jointly promise that they will in all things and in every respect, comply with and conform to the rules and regulations now in force, or that shall hereafter be made for the government and discipline of the Home, and they further obligate themselves and promise that they will cheerfully obey all orders they may receive from any officer of the Home, so long as they shall remain members thereof.

In testimony whereof they have hereunto set their hands this 18 day of October, 1912
H. P. M. M. M. M. M. Witness.
David Angel
Julia A. Angel
 Applicants.

* See Sec. 3b. of act approved Mar 13, 1903, under caption of "Soldiers' and Sailors' Home," Chapter 23 Hurd's Revised Statutes of Illinois.

Certificate of Identification

I do hereby certify, upon honor, that I have personally known David Angel and Julia Angel, the above applicants, for at least two years last past, and that to the best of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that as to the time of their residence in Illinois, or his service in an Illinois organization. And I further state that they have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at large and that they can safely be quartered with feeble and helpless men and women.

WITNESS my hand (8) F.P. McKinney
Geo. W. Smith
(9) _____

Certificate of a Local Physician

I hereby depose and state that I have carefully examined the above named applicant David Angel, as to his disability, and I now find that he has (10) Bright's Disease and other complications of such nature and to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

J.H. Fountain M. D.
Subscribed and sworn to before me, this 18 day of October, A. D., 1912. And I certify that I am personally acquainted with said affiant J.H. Fountain, 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.

(11) F.P. McKinney
Notary Public

Certificate of a Soldiers Home Surgeon

I hereby certify upon honor that I have carefully and critically examined David Angel, the above named applicant as to his mental and physical condition, at the hospital of this Institution, on the 6 day of Nov, 1912; and that I found him to be of a sound mind, and to be in capable of earning his living by reason of physical disability arising from (12) Spastic Paraplegia
Urinary Incontinence
This case has Chronic Cerebral Sclerosis.

Certificate of a Local Physician

I hereby depose and state that I have carefully examined the above named applicant David Angel, as to his disability, and I now find that he has (10) Bright's Disease and other complications of such nature and to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to go at large and that they can safely be quartered with men and women who are old and feeble.

J. H. Fountain
M. D.

Subscribed and sworn to before me, this 18 day of October A. D., 1912. And I certify that I am personally acquainted with said affiant J. H. Fountain, 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.

(11) H. P. McKimney
Notary Public

Certificate of a Soldiers Home Surgeon

I hereby certify upon honor that I have carefully and critically examined David Angel, the above named applicant as to his mental and physical condition, at the hospital of this Institution, on the 6 day of Nov, 1912; and that I found him to be of a sound mind, and to be in capable of earning his living by reason of physical disability arising from (12) Spastic Paraplegia
Urinary Incontinence
His wife has Chronic Cystitis Strabos.

Witness my hand C. E. Telle
Home Hospital Surgeon

Order Admitting Applicant

The application of the said _____ and _____, together with the said several certificates, signatures and jurats, having been found to be duly and formally made, and the Superintendent being satisfied that the applicants have shown themselves to be lawfully entitled to admission to the Home, it is hereby ordered that he is now duly admitted as a member thereof, this _____ day of _____, 19____

Superintendent

WIDOWS' ORIGINAL APPLICATION

FOR ADMISSION TO THE ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

State of Illinois }
 County of Morgan } ss.

On this 10th day of September A. D. 1931, personally appeared before me (1) Notary Public within and for the County and State aforesaid (2) Julia A. Angel, aged 86 years; height 5 feet 3 inches; complexion White; a resident of Chapin, County of Morgan, State of Illinois, who being duly sworn, deposes and says, that she was born in near Merritt County of Morgan State of Illinois on the 8th day of Sept. month 1844 year; that for the past two years, she has lived and resided continuously within the State of Illinois; that she is in needy and destitute circumstances and unable to earn an adequate support for herself on account of age or physical infirmities; that she bases her application for admission upon the following statement under oath: That she is now the widow of (3) David Angel a Civil War war veteran, to whom she was married on the 25th day of Oct., 1866 year; and who died on the 4th day of January month, 1916 year; and that she had lived and resided with him continuously as his lawful wife until the date of his death. That he had served in the armed forces of the United States (4) Once times during the (5) Civil War war and was honorably discharged from each service as follows:

(6)

No.	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
1st.	August 4, 1862 Chicago, Illinois.	July 17, 1865 Camp Harker, Tenn.	Pvt.	Co. "I" Regt. 115th Illinois Infantry.	Close of War.
2nd.	Corrected dates.			Co. Regt.	
3rd.	August 6, 1862.	June 11, 1865.		Co. Regt.	

That she now receives on Pension Certificate No. 806800 a pension of \$ 50.00 per month: that she owns property, real and personal, of the value of \$ 150.00 and no more; that she has no means of self support other than the above named; that her trade or occupation is that of None.; that she has no children now living, aged Does not apply and Does not apply years; that she has no relatives who are legally liable for her maintainance who are able to furnish her adequate support. That the name and address of the person to notify in case of sickness or death is Mrs. Martha A. Black of Jacksonville County of Morgan State of Illinois Street address 826 West College Ave., and whose relationship to her is niece by marriage; That in case of her death she desires all her personal effects to be sent to Mrs. Martha A. Black at Jacksonville County of Morgan State of Illinois

That she has not heretofore been a member of any Soldiers' or Sailors' Widows' Home, or any similar institution except from October 6, 1912 until April 8, 1913; That if she shall be admitted to become a member of the home, that she does hereby agree to voluntarily pay over and surrender to the Home such money received from pensions to which she is now or may hereafter become entitled, or such portion thereof as the Managing Officer of the Home may deem necessary for the purpose of purchasing proper and necessary clothing and other needed expenses for which the State does not provide; that she further stipulates and agrees that she will in all things and in every respect, comply with and conform to the rules and regulations now in force, or that shall

sworn, deposes and says, that she was born Morgan State of Illinois on the 8th day of Sept. month 1844 year; that for the past two years, she has lived and resided continuously within the State of Illinois; that she is in needy and destitute circumstances and unable to earn an adequate support for herself on account of age or physical infirmities; that she bases her application for admission upon the following statement under oath: That she is now the widow of (3) David Angel a Civil War war veteran, to whom she was married on the 25th day of Oct., 1866 year; and who died on the 4th day of January month, 1916 year; and that she had lived and resided with him continuously as his lawful wife until the date of his death. That he had served in the armed forces of the United States (4) Once times during the (5) Civil War war and was honorably discharged from each service as follows:

(6)

No.	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
1st.	<u>August 4, 1862</u> <u>Chicago, Illinois.</u>	<u>July 17, 1865</u> <u>Camp Harker, Tenn.</u>	<u>Pvt.</u>	<u>Co. "I" Regt. 115th</u> <u>Illinois Infantry.</u>	<u>Close of War.</u>
2nd.	<u>Corrected dates.</u>			<u>Co. Regt.</u>	
3rd.	<u>August 6, 1862.</u>	<u>June 11, 1865.</u>		<u>Co. Regt.</u>	

That she now receives on Pension Certificate No. 806800 a pension of \$ 50.00 per month: that she owns property, real and personal, of the value of \$ 150.00 and no more; that she has no means of self support other than the above named; that her trade or occupation is that of None.; that she has no children now living, aged Does not apply and Does not apply years; that she has no relatives who are legally liable for her maintenance who are able to furnish her adequate support. That the name and address of the person to notify in case of sickness or death is Mrs. Martha A. Black of Jacksonville County of Morgan State of Illinois Street address 826 West College Ave., and whose relationship to her is niece by marriage; That in case of her death she desires all her personal effects to be sent to Mrs. Martha A. Black at Jacksonville County of Morgan State of Illinois

That she has not heretofore been a member of any Soldiers' or Sailors' Widows' Home, or any similar institution except from October 6, 1912 until April 8, 1913; That if she shall be admitted to become a member of the home, that she does hereby agree to voluntarily pay over and surrender to the Home such money received from pensions to which she is now or may hereafter become entitled, or such portion thereof as the Managing Officer of the Home may deem necessary for the purpose of purchasing proper and necessary clothing and other needed expenses for which the State does not provide; that she further stipulates and agrees that she will in all things and in every respect, comply with and conform to the rules and regulations now in force, or that shall hereafter be made for the government and discipline of the Home, and that she will cheerfully obey all orders she may receive from any officer of the Home, so long as she may remain a member thereof:

Witnesses. Julia A. Angel
Address Chapin,
Illinois.

Sworn to and subscribed before me the day and year first above written, and I hereby certify that the foregoing affidavit was read and fully explained to Julia A. Angel before she executed it.

(Seal)

J. W. Schuller
Notary Public
My commission expires Dec 20-1934.

Certificate of Identification

I do hereby certify, upon honor, that I have personally known Julia A. Angel the above applicant, for at least two years last past, and that to the best of my knowledge and belief, the statements contained in her foregoing application are entirely true, and especially that as to the time of her residence in Illinois. And I further state that she has no known mental disorder and that she requires no special attendants; that she can properly be allowed to go at large and that she can safely be quartered with feeble and helpless women.

WITNESS my hand (8) _____

F. V. Schulteis
Chapin, Ill.

(9) _____

Certificate of Local Physician

I hereby depose and state that I have carefully examined the above named applicant Julia A. Angel of Chapin, Ill., as to her disability and I now find that she has (10) Senility and all that goes with it. Is unable to care for herself to such an extent as to prevent her from earning a living for herself. And I hereby certify that she has no known, manifest or discoverable mental disorder, except as due to age; that she may properly be allowed to go at large and that she can safely be quartered with women who are old and feeble.

J. H. Fountain
M. D.

Subscribed and sworn to before me, this 10th day of Sept., A. D., 1931. And I certify that I am personally acquainted with said affiant J. H. Fountain, 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.

(11) _____

F. V. Schulteis
Notary Public
My commission expires Dec. 20-1934.

Certificate of a Soldiers' Home Surgeon

I hereby certify upon honor that I have carefully and critically examined _____, the above named applicant as to her mental and physical condition, at the hospital of this Institution, on the _____ day of _____, 19____; and that I found her to be of _____ sound mind, and to be _____ capable of earning her living by reason of physical disability arising from (12) _____

Certificate of Local Physician

I hereby depose and state that I have carefully examined the above named applicant Julia A. Angel of Chapinville, as to her disability and I now find that she has (10) Senility and all that goes with it - Is unable to care for herself to such an extent as to prevent her from earning a living for herself. And I hereby certify that she has no known, manifest or discoverable mental disorder; Except as due to age that she has no need of attendants; that she may properly be allowed to go at large and that she can safely be quartered with women who are old and feeble.

J. H. Fountain
M.D.

Subscribed and sworn to before me, this 10th day of Sept, A. D., 1931. And I certify that I am personally acquainted with said affiant J. H. Fountain, 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.

(11) F. W. Schulz
Notary Public

My commission expires Dec. 20 - 1934.

Certificate of a Soldiers' Home Surgeon

I hereby certify upon honor that I have carefully and critically examined _____, the above named applicant as to her mental and physical condition, at the hospital of this Institution, on the _____ day of _____, 19____; and that I found her to be of _____ sound mind, and to be _____ capable of earning her living by reason of physical disability arising from (12) _____

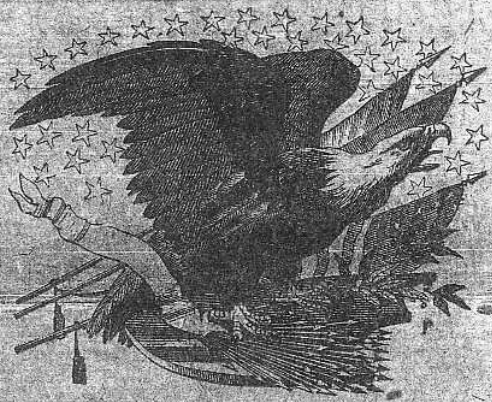
WITNESS my hand _____ Home Hospital Surgeon

Order Admitting Applicant

The application of the said Julia A. Angel, together with the said several certificates, signatures and jurats having been found to be duly and formally made, and the Managing Officer being satisfied that the applicant has shown herself to be lawfully entitled to admission to the Home, Recommended it is hereby ~~admitted~~ that she is now duly admitted as a member thereof, this 12 day of Sept, 1931.

J. B.
Managing Officer.

To all whom it may Concern.



RECEIVED
 THE 10 DAY OF JULY
 1865
 PAYMASTER'S OFFICE
 U.S. ARMY

Know ye, That David Angel a
 Private of Captain George A Rutherford's
 Company, (I.) 115th Regiment of Illinois Infantry
 VOLUNTEERS who was enrolled on the 5th day of August
 one thousand eight hundred and Sixty five to serve three years or
 during the war, is hereby **Discharged** from the service of the United States,
 this Eleventh day of June, 1865, at Camp Horner
 Tennessee by reason of instructions received from War Department
 (No objection to his being re-enlisted is known to exist.)

Said David Angel was born in Concord
 in the State of Illinois, is several years of age,
 five feet 8 1/2 inches high, Light complexion, Blue eyes,
 Dark hair, and by occupation, when enrolled, a Farmer

Given at Camp Horner Tenn this Eleventh day of
 June 1865.

M. McCONNEL
 PAID
 JULY
 23
 1865
 PAYMASTER U.S.A.

W. Nicholas Capt
 5th U.S.V. and A.C.
 Commanding the Regt / 5th Div 4th A.C.

* This sentence will be erased should there be anything
 in the conduct or physical condition of the soldier
 rendering him unfit for the Army.

[A. G. O. No. 99.]

James A Rutherford Capt
 Comd'g Co

AMERICAN RED CROSS

Morgan County Chapter

City Hall

Jacksonville, Illinois.

September 11, 1931.

Mr. Jack Bessling,
Adjutant,
The Illinois Soldiers'
and Sailors' Home,
Quincy, Illinois.

Re: ANGEL, David
Deceased, Civil
War Veteran.
Widow: Mrs. Julia A. Angel,
Chapin, Illinois.

Dear Mr. Bessling:

As requested in your letter of September 8, 1931, enclosed you will please find Widows' Original Application for Admission to The Illinois Soldiers' and Sailors' Home, Quincy, Illinois, properly filled in and executed by the widow of the above named deceased Civil War Veteran, Mrs. Julia A. Angel, Chapin, Illinois, Mr. F. W. Schultis, and Mrs. Angel's attending physician, Dr. J. H. Fountain, together with the original discharge certificate which belonged to the applicant's husband, and Mrs. Angel's last pension certificate.

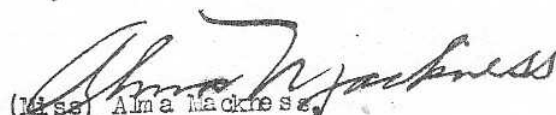
Mrs. Angel is very anxious to be admitted to your Home immediately. She will be taken from Chapin, Illinois to your Home in Mrs. Martha A. Black's car, so please do not send half-fare transportation request in this case.

Mrs. Martha A. Black is 75 years old and not well. She is a niece by marriage, and she is very much interested in Mrs. Angel's welfare, and the only person who does anything for her.

Upon the approval of this application, kindly notify Mrs. Martha A. Black, 826 West College Avenue, Jacksonville, Illinois, as I will be away from this city on my vacation from September 14th to September 26th, 1931, and there will be no one in this office during that time.

Hoping that Mrs. Angel may be admitted to your Home some day next week, and thanking you very much for your assistance in this case, I am

Very truly yours,


(Miss) Alma Mackness,
Acting Secretary.

ENC. -3.
GAM:

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC WELFARE

GENERAL OFFICE, SPRINGFIELD

RODNEY H. BRANDON, DIRECTOR
MRS. MARY L. SILVIS, ASSISTANT DIRECTOR
A. L. BOWEN, SUPERINTENDENT OF CHARITIES
FRANK D. WHIPP, SUPERINTENDENT OF PRISONS
E. F. THROGMORTON, FISCAL SUPERVISOR
PAUL L. SCHROEDER, M. D., CRIMINOLOGIST
SIDNEY D. WILGUS, M. D., ALIENIST
W. C. JONES, SUPERVISOR OF PAROLES

ADDRESS ALL COMMUNICATIONS TO THE MANAGING OFFICER

THE ILLINOIS SOLDIERS' AND
SAILORS' HOME

H. H. FLETCHER, M. D., MANAGING OFFICER
QUINCY

September 12, 1931.

Mr. A. L. Bowen, Supt. of Charities.,
Department of Public Welfare,
Capitol Building,
Springfield, Illinois.

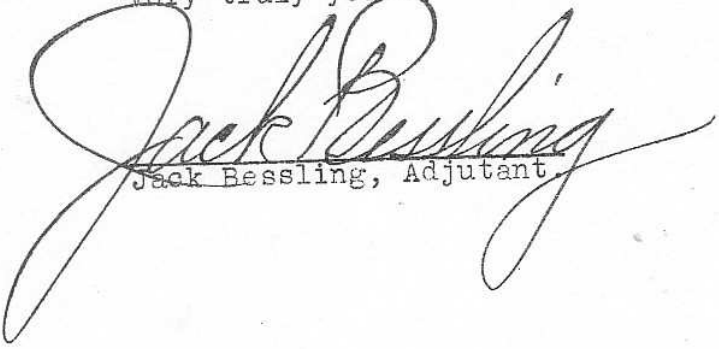
Refer to application of:
Mrs Julia Angel.

Dear Mr. Bowen:

Attached find application of this
Soldiers Widow. Several weeks ago, communication
was received from you stating that if this Widow is
eligible to the Soldiers Widows Home at Wilmington,
she would naturally be eligible to membership to this
Home.

I am recommending approval of this
application under grounds of eligibility in every
respect.

Very truly yours,


Jack Bessling, Adjutant

JB/LM

NAME *Angel, Julia A. (widow)* No. *534*
 NATIVITY *Widow.* SEX *Female* COLOR *W.*
 DATE OF BIRTH *Sept 8-44* PLACE *Morgan Co. W. Va.*
 ADMITTED FROM _____ TOWN *Chapin* COUNTY *Morgan*
 Co. *Husband David Angel* REG'T *115 100 Inf* OCCUPATION *None*
 ADMISSION *Sept 18-1931*
 RELATIVE'S ADDRESS *Mrs Martha A. Black* WHICH WAR *Widow*
826 W. College Ave
Jacksonville W. Va.
 PENSION \$ *50.-* CERT. No. *806800*
 (85149-2m-3-28)

Name *Angel, Julia A.* Cot. _____ Home No. *534*
 Rank _____ Co. _____ Reg't _____ War _____
 Length of Service, Months _____ Nativity _____
 Age at Date of Original Admission _____ Yrs. _____
 Enlisted in _____ Admitted from *Morgan*
 Pension \$ _____ Cert. No. _____ Occupation _____
 Social Condition _____ Read and Write *87*
 MAJOR CHARGE *R.A. 9/18/31* MINOR CHARGES *Chapin*
 Penal Offense _____ A. W. O. L. _____
 Bringing Liq. _____ Drunkenness _____
 Drunk on Duty _____ Disord'y Cond. _____
 A. W. O. L. Und. Sen. _____ Lying or False Ac. _____
 Insubordination _____ Violation of Rules _____
 Other Misconduct _____ Jumping Fence _____
 (50185-5M-1-31)

AMERICAN RED CROSS

Morgan County Chapter

City Hall

Jacksonville, Illinois.

August 25, 1931.

Mr. Jack Bessling,
Adjutant,
The Illinois Soldiers' and
Sailors' Home,
Quincy, Illinois.

Re: ANGEL, David
Deceased, Civil
War Veteran.


Dear Sir:

Mrs. Julia Angel, age 85, living at Chapin, Illinois, widow of the above named deceased Civil War Veteran, has requested the assistance of this office in securing her admission in your home for care. Mrs. Angel is suffering from the infirmities of old age, and she wishes to go to your Home to stay, because she and her husband spent one winter there several years ago.

If Mrs. Angel may receive admission in your Home, please send the proper application form to this office at once for her to execute, and also kindly give me the complete military record of Mr. David Angel, if you have it, as Mrs. Angel cannot locate the discharge paper which belonged to her husband.

Thank you very much for giving this case your immediate attention.

Very truly yours,


(Miss) Alma Mackness,
Acting Secretary.

GAM: