

# APPLICATION FOR ADMISSION

TO THE

## Illinois Soldiers' and Sailors' Home

AT QUINCY

**TRUSTEES.**

DANIEL DUSTIN, Sycamore, DeKalb County, Ill.  
 L. T. DICKASON, Danville, Vermillion County, Ill.  
 THOMAS W. MACFALL, Quincy, Adams County, Ill.

**OFFICERS.**

J. G. ROWLAND, Superintendent.  
 S. B. SHEPHERD, Secretary and Adjutant.  
 R. H. CARNAHAN, Quartermaster and Commissary.  
 R. W. McMAHAN, Surgeon.  
 JAMES D. MORGAN, Treasurer.

STATE OF Illinois  
 COUNTY OF Morgan } ss.

On this 10<sup>th</sup> day of December A. D. 1888, personally appeared before me

(1) \_\_\_\_\_ within and for the County and State aforesaid,

(2) John Cole aged 83 years; height 5 feet 8 inches, complexion fair, eyes blue, hair gray a resident of (3) near Franklin

County of Morgan State of Illinois, who, being duly sworn, deposes and says, that he was born in

(4) Tennessee and has been enlisted in the service of the United States

(5) one times during the (6) civil

war, and honorably discharged from each enlistment, as follows:

No. of Enlistments.	When Enlisted, With Rank.	Where Enlisted, Town and State.	Company and Regiment Mustered in.	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>27 Aug 1861 private</u>	<u>Springfield Camp Bulla Illinois</u>	Co. <u>D</u> Regt. <u>26 Ill. Inf</u>	<u>April 27 1863</u> <u>at Appleton Wis</u> <u>or Channahon</u>	<u>Disease of abdomen</u> <u>bloating</u>
2d.	_____ 18	_____	Co. _____ Regt. _____	_____	_____
3d.	_____ 18	_____	Co. _____ Regt. _____	_____ 18	_____
4th.	_____ 18	_____	Co. _____ Regt. _____	_____ 18	_____

That he is disabled as follows: (7) by bloating in abdomen & disease of ears  
contracted at Lagersess Tenn & in that locality while in the  
service in 1862 & 1863. & general debility from said disease & old  
age that he applied for a pension but his claim is not adjuicated

and has been receiving \$ 15/00 Dollars per month Pension, on Certificate No. \_\_\_\_\_ payable at \_\_\_\_\_ Agency, from \_\_\_\_\_ 18 \_\_\_\_\_, and being unable, on account of his disability, to earn his living by manual labor, desires admission to the Illinois Soldiers' and Sailors' Home.

The said applicant further swears, that he has not been engaged in, or aided or abetted the late rebellion in the United States; and that he was not a member of any Soldiers' or Sailors' Home June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years past. 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. *He further declares he has lost his Discharge papers*

WITNESS,  
*D. G. Taylor*

(8) *John Cole*

Post Office Address, *Franklin* Ill.

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 *John Cole* before he executed it. *J. G. Taylor*

(11) X *John C. Williams*  
County Clerk

**CERTIFICATE OF IDENTIFICATION.**

(9) The following Certificate must be signed by the Mayor or City Clerk of the city, or by a County Officer, or by a Justice of the Peace, and attested by an official seal.

I HEREBY CERTIFY that I know the above named *John Cole* and that I believe the declaration signed by him to be true.

(9) X *John C. Williams*  
County Clerk

**URGEON'S CERTIFICATE.**

I certify that I have carefully examined (3) *John Cole* Co. *A* Reg't *26 Ill* Volunteers, and that he is (10) permanently temporarily disabled for obtaining his subsistence by manual labor.

Date of Injury or Disease, *during service in* day *186-10-2* 18\_\_

Place of *Bolt Know* State of *Bolt Know*

Character of Disability, *Dispepsia resulting chronic Irritation of bowels*

Complications, *old age*

Present condition of Applicant, *Unable to perform any manual labor.*

(10) *E. L. Merritt*, SURGEON.

Sworn to and subscribed before me, this *10* day of *Dec* A. D. 188*8*, and I hereby certify that the said *John Cole* is known to me as a Surgeon in actual practice and reputable in his profession.

(11) *John C. Williams*  
County Clerk

Occupation, Farming  
 Married or Single, Single - widow  
 [If a widower, so state.]  
 Children under 16 years, none

NAME AND ADDRESS OF NEAREST RELATIVE,  
Lillie Cole & Mattie Cole, Daughters  
Franklin Illinois

**ORDER FOR ADMISSION.**

Dec 13, 1888

The above application is hereby approved, and (2) John Cole  
A Co., 26 Reg't Ill Inf Vols., will be admitted to the Illinois Soldiers' and Sailors'  
 Home at Quincy.

*J. G. Rowland*  
 Superintendent Illinois Soldiers' and Sailors' Home.

**EXPLANATIONS AND DIRECTIONS.**

THE FIGURES IN THE BODY OF THIS APPLICATION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED IN FILLING THE BLANKS.

1. Name and Title of Magistrate.
2. Applicant's Name.
3. Post Office Address.
4. Town, County, State (or Nation).
5. State the number of times actually mustered into the service of the United States.
6. Give the name of the War, (Mexican, or Civil).
7. Here state minutely the cause and nature of the disability; if by wounds, state the nature of the wounds, and when and where received; if by disease, state the nature of disease, and when and where contracted.
8. Signature of Applicant and Post Office Address. Two witnesses are required if he makes his mark.
9. This Certificate must be signed by the Mayor or City Clerk of the City, by a County Officer, or Justice of the Peace of the Town in which the applicant resides. No application will be approved until this direction has been complied with.
10. If the Certificate of Examination is officially signed by a Surgeon-General of a State, or by a United States Examining Surgeon, or by a Surgeon designated for that purpose by the Superintendent of the Home, it need not be sworn to. One of the words "permanently" or "temporarily" in the Certificate must be erased by the Surgeon.
11. Official Signature of Magistrate or Notary.

*The soldier or sailor making this application, must forward to the Superintendent his Discharge, or a certified copy thereof from their last enlistment, and Pension Certificate, before his application will be approved. These papers will be retained by the Superintendent, and returned to the member when he is discharged. This rule is adopted to prevent the loss of such papers and certificates, and to hinder fraudulent practices.*

After filling out this application and executing it as above directed, forward it, with the other papers, to the Superintendent, whose name is printed on the first page of this sheet.

Illinois Soldiers' and Sailors' Home.

Surgeon's Office, Dec 13 1888.

Respectfully returned to

J. G. ROWLAND,

Superintendent.

I HAVE CAREFULLY EXAMINED

*John Cole*

late Co. D. 26 Reg't Ill. Infy

late Co. .... Reg't .....

and find him ..... disabled by *age*.

*The infirmities of  
age prevent his  
admission to  
the Home.*

*J. W. M. M. M. M.*

SURGEON.