

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 Certificate 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.

**NOTE THE EXPLANATIONS AND DIRECTIONS.**

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

**TRUSTEES.**

L. T. DICKASON, Danville, Ill.  
THOMAS W. MACFALL, Quincy, Ill.  
JAMES I. NEFF, Freeport, Ill.

**OFFICERS.**

J. G. ROWLAND, Superintendent.  
R. H. CARNAHAN, Quartermaster and Commissary.  
FRANK F. PEATS, Adjutant.  
R. W. McMAHAN, Surgeon.  
JAMES D. MORGAN, Treasurer.

**DIRECTIONS.**

Fill all the blank spaces carefully.

STATE OF Illinois }  
COUNTY OF Marion } ss.  
On this Third day of September A. D. 1891, before me  
A. M. ... Public within and for the County and State aforesaid  
[Name and Title of Magistrate]  
personally appeared Philip Dolen 52 years, height 5 feet 11  
[Name of Applicant]  
inches, complexion Light, eyes Gray, hair Dark, a resident of Jacksonville  
County of Marion State of Illinois, who being duly sworn, deposes and says, that he was born in  
Lancaster, Pennsylvania and has been enlisted in the service of the United States  
One times during the late  
war; and honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

No. of Enlistm'ts.	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>March 6, 1865</u>	<u>Pittsburg, Pennsylvania</u>	<u>Co. E, 1st Pa. Regt.</u>	<u>Dec 6, 1865</u>	<u>Mustered out of command</u>
2nd.	<u>18</u>		<u>Co. ... Regt.</u>	<u>18</u>	
3rd.	<u>18</u>		<u>Co. ... Regt.</u>	<u>18</u>	

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

That he is disabled as follows: Chronic Neuritis of the Optic Nerve  
Shingles and Piles

If no pension is received, so state.

and has been receiving No Pension Dollars per month, pension, on Certificate No. But has  
payable at Applied and his name is numbered 915-244 Agency, from

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, 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. 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.

Have two witnesses sign and fill all the blanks carefully.

WITNESS,  
William G. Watkins  
H. B. Bacon

Philip Dolan  
Nearest R. R. Station, Delaware on what R.R. Proctor  
Post-office Address, Jacksonville Ill.

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

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 Philip Dolan before he executed it.

David M. Williams  
[Name of Magistrate.]  
Notary Public

Fill all these blanks carefully.

Read? yes Write? yes  
Occupation Blacksmith  
Married or Single single  
[If a Widower, so state.]  
Children under 16 years

NAME AND ADDRESS OF NEAREST RELATIVE,  
(Name) William Goodman (Relation) sister  
(Address) McComb M' Donough 60 Ill

CERTIFICATE OF IDENTIFICATION.

This is very important. Have it signed as directed.

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, 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 have known the above named Philip Dolan 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.

David M. Williams  
(Give Official Title) Notary Public

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 Philip Dolan  
Company E, Regiment 74 Pa. Volunteers, and that he is disabled as follows:  
Muscular Rheumatism Arms Shoulder  
+ legs and Piles  
Character of Disability chronic  
Complications  
Present Condition of Applicant Poorly nourished, Anaemic

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

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

Thomas M. Cullinan SURGEON.

Sworn to and subscribed before me, this 3<sup>rd</sup> day of Sept A. D. 1891, and I hereby certify that the said Thomas M. Cullinan is known to me as a Surgeon in actual practice and reputable in his profession.

David M. Williams  
Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and Philip Dolan Sept 12 1891  
E Co. 74 Reg't Penna Inf will be admitted to the Illinois Soldiers and Sailors Home, at Quincy.

W. M. Maud  
Superintendent Illinois Soldiers and Sailors Home.

Illinois Soldiers & Sailors Home

Surgeon's Office, May 18<sup>th</sup> 1897

To the Superintendent:

I have carefully examined

Phillip Dolan

late Co. E. 77<sup>th</sup> Reg't Penn. Inftry

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

and find him disabled by Rheumatism

Hemorrhoids & Fistula in

ano

R. H. Jones

Surgeon

Illinois Street Sailors Home.

Surgeon's Office, Sept 1891

To the Superintendent:

I have carefully examined

Phillip D. Dole

late Co. D, 7th Regt. B. Inf.

late Co. \_\_\_\_\_ Regt. \_\_\_\_\_

and find him qualified by reason  
of chronic Rheumatism  
and Piles

goe Kromwell Sept 21 1891  
I had a little with trouble & left the  
George. Campbell found the dirty  
home he call me all the dirty  
coronel he said thump of the  
sands he got into the trouble and I  
sawd most hope him out he  
was at night and I could not  
stand him so I bring it forward  
large and now I would like you  
to send me a letter from 30 days  
and tell me what to do  
yours-respect  
Phillip Dole

Phillip Dole  
Surgeon