



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.

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 Manly } ss.
On this 5th day of February A. D. 1892 before me
John B. Dublin
[Name and Title of Magistrate.] within and for the County and State aforesaid
personally appeared John B. Ferguson aged 44 years, height 5 feet 8
[Name of Applicant.] inches, complexion Light, eyes Blue, hair Light, a resident of Jacksonville
County of Manly State of Illinois, who being duly sworn, deposes and says, that he was born in
Illinois and has been enlisted in the service of the United States
once times during the late 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.	Where Enlisted—Town and State.	Company and Regiment Mustered in.	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>Jan'y 1st 1862</u>	<u>Jacksonville, Illinois</u>	<u>Co. B 2d Jefferson</u>	<u>July 22 1862</u>	<u>Disability</u>
2d.	<u>Discharged</u>	<u>lost in trying</u>	<u>to get his Back Pay</u>	<u>18</u>	
3d.	<u>18</u>			<u>18</u>	

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

That he is disabled as follows: by chronic inflammation of bladder which was caused by stone which was removed by operation

If no pension is received, so state.

and has been receiving Five Dollars per month, pension, on Certificate No. 525458 payable at Chicago Agency, from May 1st 1892

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,
John D. Devlin
Thomas H. Raff

John B. Ferguson
Nearest R. R. Station, *Jacksonville* On what R. R., *C. & N. W.*
St. Louis
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 *John B. Ferguson* before he executed it.

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

Fill all these blanks carefully.

Read? *yes* Write? *yes*
Occupation *Lawyer*
Married or Single *Married*
[If a Widower, so state.]
Children under 16 years *1*

NAME AND ADDRESS OF NEAREST RELATIVE.
(Name) *Marie C. Ferguson* (Relation) *Wife*
(Address) *326 E. College St.*
Jacksonville 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 *John B. Ferguson* 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.

Jno C. Williams
[Give Official Title] *County Clerk*

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 *John B. Ferguson* Company _____ Regiment _____ Volunteers, and that he is disabled as follows:
Chronic inflammation of bladder caused by stones, which was removed by operation Jan'y 20, 1891, but the urine has not returned to normal.
Character of Disability _____
Complications *probably from new formation of stones in bladder*
Present Condition of Applicant *Completely disabled.*

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.

Sworn to and subscribed before me, this *4th* day of *July* A. D. 189*2*, and I hereby certify that the said *Thomas J. Petter* is known to me as a Surgeon in actual practice and reputable in his profession.
Thomas J. Petter SURGEON.
Drew Snowling
Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and *John B. Ferguson* *Feb 18* 189*2*
E. Co. 10 Reg't *Ill. Cav.* Vols., will be admitted to the Illinois Soldiers and Sailors Home, at Quincy.

APPROVED
Superintendent Illinois Soldiers and Sailors Home.
J. G. ROWLAND, SGT.

Illinois Soldiers' and Sailors' Home

Surgeon's Office, Feb 18 1892

Respectfully returned to Gen. C. E. LIP-
PINGOTT, Superintendent.

I have carefully examined

John B. Ferguson
late Co. L. 10 Reg't Ill. Cav.

late Co. Reg't

and find him disabled by dis-

ease of bladder
the disability en-
titled him to ad-
mission to the Home

assign & report

R. W. Morahan
Surgeon.