Head Quarters

CAPTAIN WILLIAM STEINWEDELL, QUINCY, ILL. COLONEL JAMES A. SEXTON, CHICAGO, ILL. GENERAL LEWIS B. PARSONS, FLORA, ILL.

Allinois Holdiers and Hailors Home

	Mear Quincy	, Allinois.		
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0110)	Muy	A/U , 1897	4
Athla Mant	Llud , (°) o	f the Town of VACKS	ONVIELE, , in th	.e
County of MORGAN	. , and State of II	LINOÏS, form	nerly a Soldier of the Unite	d
States of America, in the war	against(1) / X 6 / 75	1860	, respectful	ly
asks that he be admitted as a m				
To enable the authorities to	determine whether or not he	e is legally entitled to beco	ome a member of said Home	э,
he declares and states the facts	- 1		1-	
that he is of July - comp	/1 /	/ */ ^		
Machan in	the Menson	of Ind	, on the 28 da	у
	4; that he was been (2)			
war against Morico, and Attin				
charged from the service of the				
his enrollment, and discharge. respective datethereof, namely		the cause of his discharge	, and of his rank at the	e
respective datethereof, namer				=
No. When and Where Enrolled.	When and Where Discharged.	Rank. Company and Reg	riment, Cause of Discharge.	
1st. July 7, 1862	Jun 5. 1865.	12 Co. & Regt. 80	5. All Externs	J Somu
2d. Petersting 261	Springfuld &	Co. Regt.		
3d.		Co. Regt.		
That he now receives, on per	·····		f 85 dollars a month	=
That he now receives, on per	nsion certificate number p	at the Eureum		1,
payable the day of ner				
That he owns property, real				0
means of self-support other than				***
That he has(4)wife; that years. That his postoffice address	JACKSONVIL	iving; ages, respectively,(·)	
	the Malrael			
State; that the name and address				
Clas & Manker	₩ , of JACKSOI	NVIELE County of A	IORGAN. , State of	of
Olus & Hawlins, a	t JACKSONVILLE	County of MORG	AN State of ILLIN	TOIS
That he has not heretofore be				
40 %				2
That he is now a bona fide res	sident of the State of Illinois,	and has continuously lived	and resided in said State for	r
That he is so far disabled by(7) Ullumation	n & Went- W	prilite	•••
				
				00
as to now be incapable of earning. That he has at all times, here and that he has not at any time. That if he shall be admitted to ply with and conform to the rule discipline of the same; and that by those there in authority over receive from any officer of the E	etofore, supported and adher been engaged in, or countena- to be a member of the said less and regulations made, or the he will cheerfully do and per him; and that he will promp	nced, or aided, or abetted, the Home, he will, in all thing that shall hereafter be ma rform any and all things the puly, and willingly, obey all	he cause of the late Rebellion is and in every respect, com- ide, for the government an hat shall be required of him	1. - d n
In testimony whereof he has	set his hand this 2	day of Tuly	, 189.6.	
(1) John Nicha	20 , 217		A Applican	
(º) John Njeha	# 706. E	Soller on	/ hus Applican	
	The second second	The second secon		

STATE OF ILLINOIS,
COUNTY OF MORGAN. SS. I. J. L. Simms, , a (10) NOTARY PUBLIC.
of the town of JACKSONVILLE and for said County, do hereby certify that the above named Applicant,
to me personally and well known to be the identical person he represents himself to be, this day personally appeared
before me, and that I then and there, at his request, plainly read to him his application, aforesaid, which he then and
there fully understood, and that he was, by me, thereupon duly sworn, and then and there deposed and said that he
was the Applicant above named, and that he was fully acquainted with matters and things stated and set forth in
his said application, and that the same and each of them were true in substance and in fact as he had therein stated ### ### ### ########################
I do hereby certify, upon honor, that I have personally known Stanton Hardun,
the above Applicant, for, at least, two years last passed; and that to the best of my knowledge and belief, the
statements contained in his foregoing Application are entirely true, and especially that as to the time of his residence
in Illinois. And I further state that he has no known mental disorder; and that he requires no special attendant;
and that he can properly be allowed to go at large; and that he can safely be quartered with feeble and helpless men.
V DOL WELL
Witness my hand, (13) To M I Mayor for its onville
morgan County Ill
CERTIFICATE OF A LOCAL PHYSICIAN.
II hereby depose and state that I have carefully examined the above named Applicant, Allient, as to his disability, and I now find that he has(15)
Hart Complication + Kidny agretion.
to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, mani-
fest, or discoverable, mental disorder; that he has no need of an attendant; that he may be properly allowed to go at
large; and that he can safely be quartered with men who are old and feeble.
Subscribed and sworn to before me, this
to be a physician in active practice, and in good repute, as an honest man and a capable physician, in the commu-
nity and among his fellow physicians where he lives.
OLDMAN (16) NOTARY Prince
CERTIFICATE OF COLDERED FORE STRONG
Thereby certify upon honor that I carefully and critically examined Stephen Faculting
I hotoby columny upon none time a continue of
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on the
capable of earning his living by reason of his physical disability arising from(17). Rheumation
r Chronie niphrito.
\$ \tag{\alpha}
Witness my hand 6. B. Mentgomeny,

ORDER ADMITTING APPLICANT.

HOW TO FILL APPLICATION BLANKS.

0. Give full name of the Applicant.

- Either "Mexico and the late Rebellion," or one of them.
- 2. Here say once, twice, or three times.
- 3. Here say once, twice, or three times.
- 4. Here say a wife, or no wife.
- 5. Here give their ages, from youngest to oldest.
- 6. Here give the name of any Home or other Institution of which he has been a member.
- Here state, in his own words, what it is that ails or disables him.
- Here Applicant will sign his full name, or make his mark.
- 9. Here the witness will sign his name.
- 10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."

11. Here Applicant will sign his full name, or make his mark.

Brobert we want IL

- 12. Signature and title of the Justice or Notary.
- 13. To be made and signed by any Judge of any county or state court, by any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or Adjutant or Commander of any G. A. R. Post.
- 14. Here write official title.
- 15. The physician will here state tersely, but fully, as far as he can learn, every cause or disorder that tends in any degree to render the Applicant incapable of earning his own living.
- 16. Name and official title of Notary or Justice.
- Here state minutely what disorder, ailment, disease, or cause, it is that, in your judgment, disables the Applicant and renders him incapable of earning his own living.

SPECIAL INFORMATION FOR APPLICANT.

READ THIS CAREFULLY. For it will avail you nothing, when you come before the Superintendent for examination on the facts alleged by you in your application, to say you are ignorant of what is here and herein plainly and explicitly set forth for your information:

- 1. Have some capable person, who writes a fair hand, fill all the blanks in your application.
- 2. Have every blank in the application properly filled, and every Certificate, except that of the Surgeon of the Home, duly made and signed, and every jurat duly executed, signed and sealed by the Clerk, Notary or Justice of the Peace making the same.
- 3. Send your application, so prepared, by mail or otherwise, with your last discharge and all your pension papers, to the Superintendent of the Home.
- 4. On his receipt of your application, and your last discharge, and all your pension papers, all in due form, transportation will be sent you, and you will be ordered to report at the Home for examination by the Home Surgeon as to your disability, and for examination by the Superintendent as to the allegations of fact made by you in your application for admission.
- 5. If all your statements are found to be true, and the Surgeon finds you to be so far disabled as to render you incapable of earning your own living, you will then be admitted to the Home, and not otherwise.
 - 6. If, for any reason, you are found not to be eligible for admission, you will not be admitted to the Home.
- 7. If you fail to be admitted, no transportation to your home will be furnished you. Therefore, you should bring sufficient money to pay your return fare.
- 8. When permitted to leave the Home on Furlough, or on Pass of two or more days duration, you will be required to wear your citizen's clothing. You will not be allowed to wear Home or State clothing, when so absent.

TO BE ELIGIBLE FOR ADMISSION.

- 1. The law requires that you shall have served in the U.S.A. service, in the army or navy, in the war with Mexico, or in the late Rebellion.
 - 2. That you shall have been honorably discharged from that service.
 - 3. That you shall have lived and resided, CONTINUOUSLY and in good faith, FOR THE LAST TWO YEARS, in the State of Illinois.
- 4. That you shall have been rendered INCAPABLE OF EARNING YOUR OWN LIVING, AND SHALL NOW BE INCAPABLE OF EARNING YOUR OWN LIVING, through the exigencies of your military service, by reason of old age, or by means of some other PRESENT DISABILITY.
 - 5. That you shall now have NO PROPERTY OR OTHER SUFFICIENT MEANS OF LIVING.
- 6. That you shall be of sane mind; that you shall not be in need of an attendant; that you shall be capable of ministering to your own personal wants; that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE that would render your residence in the Home DANGEROUS to others; that you may SAFELY be quartered with men who are feeble and incapable of self-defence.
- 7. NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARED FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.

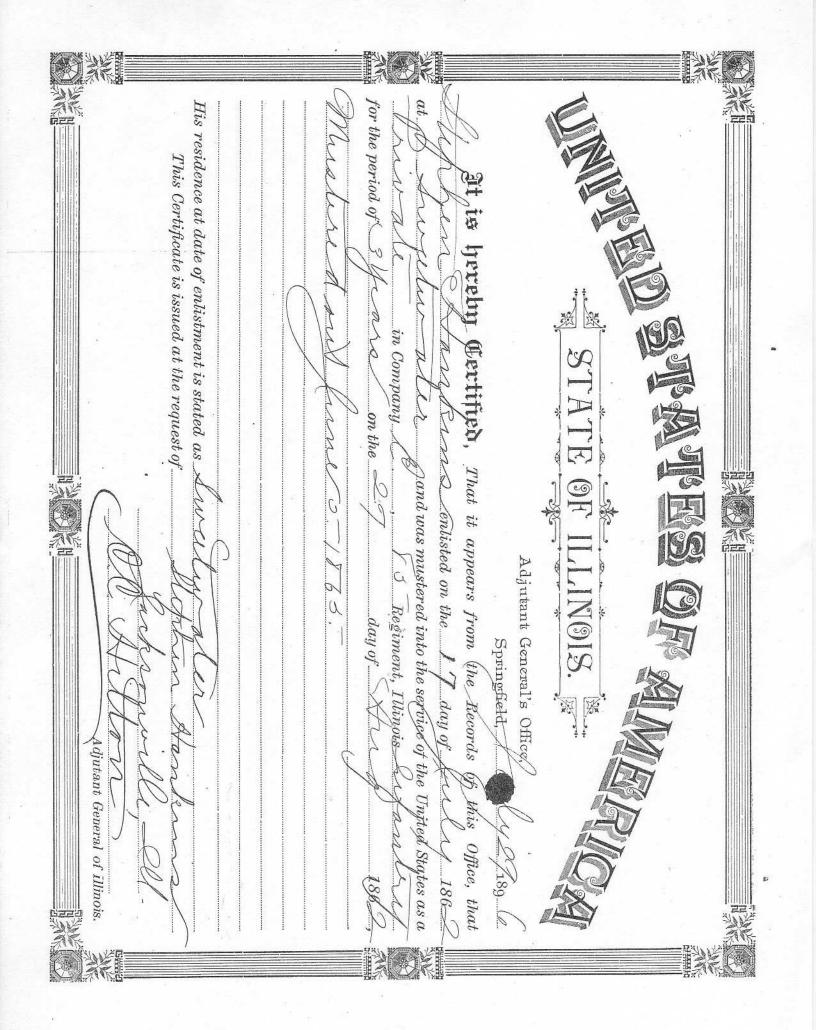
Superintendent.

STATE OF ILLINOIS, SS. COUNTY OF ADAMS.

COUNTY OF ADAMS	relationship of Stephen	Hankins
Charles 11 Th	- Go 1981	2
resides at Jackson	resided at Accusacia dis wife, Arminchia dis sonly, of affiant who would be his	hat the names, relationship and
at this time, are as follows, to-w	RELATIONSHIP.	RESIDENCE.
minda Haurino	Trifa	Jacksonville Ile
Marli L Hankins	Don	<u> </u>
Bertha Mackey	Daughes	Bearlington Don
	1 PT/	Il h.

A. D. 19/0

Subscribed and sworn to before me, this...



ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, III., Nov 28 19/0

The undersigned hereby instruct the clerk in charge of Post Office at Soldiers Home to deliver all mail from the Pension Department to the Superintendent.

NAME	Registered Number	Co.	Reg't	State	Term of Service	Number of Certificates	WITNESS
Stephi Hannein	3632	E	85	Se	36	638889	60 Jones
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SHORT WILL.

ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL.

IN THE NAME OF GOD, AMEN.

I, Ote John Hankins of Illinois Soldiers' and Sailors' Home
in the Country of Adams and State of Illinois, being of sound mind and memory, and considering the will
certainty of this frail and transitory life, do, therefore, make, ordain, publish and declare, this to be my last,
Will and Testament.
First. I order and direct that my Execut hereafter named, pay all my just debts and
funeral expenses as soon after my decease as conveniently may be.
for any amount of any and debts. I give, devise and bequeath all
Second. After the payment of such funeral expenses and decot, 2 gets,
worldly goods of which I may die possessed,
worldly goods of which I may the posterious,
n A. Police & Hounkins
to fly soon - murin of
to Thy Don Charles & Hankins 2018 Ky Street Jacksonville
MM Jumarville dupt or his
T to an attitute and ammoint
Lastly, I make, constitute and appoint
Lastly, I make, constitute and appoint of this
Lastly, I make, constitute and appoint Lastly
Lastly, I make, constitute and appoint Lastly
Lastly, I make, constitute and appoint to be Execut of this my last Will and Testament, hereby revoking all former Wills by me made. In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the day
Lastly, I make, constitute and appoint Lastly
Lastly, I make, constitute and appoint **Executive Constitute and appoint **Executive Constitute and appoint **Executive Constitute and appoint **In Will and Testament, hereby revoking all former Wills by me made. **In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the day of the formula of the constitution of the sear of our Lord One Thousand Nine Hundred to the constitution of this search will be a seal of the constitution of the
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Lastly, I make, constitute and appoint to be Executed to be Executed of this my last Will and Testament, hereby revoking all former Wills by me made. In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the day of the year of our Lord One Thousand Nine Hundred to the seal testator of the day of the date thereof, signed, published and declared by the said testator to be his last Will and Testament, in the presence of us, who at his last request have subscribed our names hereto as witnesses in his
Lastly, I make, constitute and appoint to be Executed to be Executed of this my last Will and Testament, hereby revoking all former Wills by me made. In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the day of the year of our Lord One Thousand Nine Hundred to the seal testator of the day of the date thereof, signed, published and declared by the said testator to be his last Will and Testament, in the presence of us, who at his last request have subscribed our names hereto as witnesses in his
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