

# HEADQUARTERS

# Illinois Soldiers' and Sailors' Home

QUINCY, ILLINOIS

..... Savoy Stinas ..... (0) of the town of St. Joseph <sup>Nov. 19<sup>th</sup></sup> 1913, in the County of Buchanan, and State of Missouri, formerly a Soldier of the United States of America, in the war against (1) of the Rebellion, respectfully asks that he be admitted as a member of said Home.

To enable the authorities to determine whether or not he is legally entitled to become a member of said Home, he declares and states the facts to be that he is now 70 years old; that he is 5 feet and 4 inches high; that he is of Fair complexion, Blue eyes, and Gray hair; that he was born in the town of Greene Co in the State of Illinois, on the 11<sup>th</sup> day of February, 1843; that he has been (2) once enrolled in the U. S. A. service; ..... in the war against ..... and ..... in the war of the late Rebellion; and that he has been (3) once honorably discharged from the service of the United States. That the following is a true statement of the time and place of his enrollment and discharge from said service, and that the cause of his discharge, and of his rank at the respective date thereof namely:

No.	When and where Enrolled.	When and where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
1st.	<u>Jacksonville Dec. 1865</u>	<u>Springfield Dec. 1865</u>	<u>BSX</u>	<u>Co. K 15th Regt. Inf.</u>	<u>Exp. of Serv.</u>
2nd.				<u>Co. Regt.</u>	
3rd.		<u>(6)</u>		<u>Co. Regt.</u>	

That he now receives, on pension certificate number 364875, a pension of 14 dollars a month, payable the 11<sup>th</sup> day of next February, at the Washington Pension Office.

That he owns property, real and personal, of the value of ..... 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 (4) a wife; that he has 5 children now living; ages, respectfully, (5) 17, 10, 10 years. That his postoffice address is Dunlap, State of Illinois; that his nearest railway station is Dunlap, on the C. & O. Railway, in Adams 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 to Rebecca Stinas, of 1907, Washington Ave, County of Buchanan, State of Illinois; that, in case of his death, he desires all his personal effects to be sent to his wife Rebecca Stinas, at St. Joseph County of Buchanan, State of Missouri.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) Leadworth Nat. Home.

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

That he is so far disabled by (7) Disease of Rectum and General Disability.

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In Testimony Whereof, he has set his hand this 19<sup>th</sup> day of Nov. 1913.

(9) Robert G. Farr Witness. (8) Leroy Stinas Applicant.

STATE OF ILLINOIS

} SS

County of \_\_\_\_\_, I, \_\_\_\_\_, a (10) \_\_\_\_\_

of the town of \_\_\_\_\_, in and for said County, do hereby certify that the above named applicant, to me personally and well known to be 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.

(11) \_\_\_\_\_ Affiant.

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, A. D. 191 \_\_\_\_\_

Witness my hand and official seal.

[L. S.] \_\_\_\_\_ (12) \_\_\_\_\_

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known \_\_\_\_\_ 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, or service in an Illinois organization. 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.

Witness my hand, (13) \_\_\_\_\_

(14) \_\_\_\_\_

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named applicant \_\_\_\_\_, as to his disability, and I now find that he has (15) \_\_\_\_\_

to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, manifest, 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.

\_\_\_\_\_ M. D.

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 191 \_\_\_\_\_. And I certify that I am personally acquainted with said affiant \_\_\_\_\_, 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.

\_\_\_\_\_ (16) \_\_\_\_\_

CERTIFICATE OF A SOLDIERS' HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Seroy Hines the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Wed the 19 day of Nov, 1913; and that I found him to be of a sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) \_\_\_\_\_ Humeroids

Witness my hand C. E. Felt

Home Hospital Surgeon.

4639 Lucille  
Wash

October 7<sup>th</sup> 1914

My Dear adgnt  
and Comarad

My japans has  
not com get i wish  
that you start a tracer  
from your post office  
there as i dont want to  
lose them and oblig yours  
most truly  
of Leng Koinus

ILLINOIS SOLDIERS & SAILORS HOME

QUINCY, ILL.

*Sept 15 1914*

*Henry Hines*

Co. *K* Reg. *154* ~~154~~ Register No. *10215* of *12*

is her by \_\_\_\_\_ honorably DISCHARGED from this Home by

reason of *Own Request*

*J. Murphy* ADJUTANT *John B. ...* SUPERINTENDENT