



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. STATE OF ILLINOIS }
Fill all the blank COUNTY OF JACKSON } ss.
spaces carefully.
On this 14th day of Nov, A. D. 1892, before me
J. L. Simms, Notary Public
[Name and Title of Magistrate.]
personally appeared James Hurley aged 60 years, height 5 feet 10
[Name of Applicant.]
inches, complexion light, eyes gray, hair gray, a resident of JACKSONVILLE
County of JACKSON State of ILLINOIS, who being duly sworn, deposes and says, that he was born in
County Clare Ireland and has been enlisted in the service of the United States
one times during the war of 1861 & 65
war; and was honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

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>July 6 1864</u> <u>Pri</u>	<u>New York</u> <u>N.Y.</u>	<u>"K"</u> <u>Regt. 69 NY SM</u>	<u>Oct 6 1864</u> <u>New York N.Y.</u> <u>Pri</u>	<u>Extension of Service</u>
2d.18		Co..... Regt.....18	
3d.18		Co..... Regt.....18	

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

That he is disabled as follows: Rheumatism, head-trouble & Piles

If no pension is received, so state.

and has been receiving Dollars per month, pension, on Certificate No.
payable at Agency, from 18.....

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.

WITNESS,

Have two witnesses sign and fill all the blanks carefully.

W. W. Mitchell

John Boland

James Hurley
 Nearest R. R. Station, *JACKSONVILLE* On what R. R. *Natash*
 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 *James Hurley* before he executed it.

Read? *Yes* Write? *Yes*

Occupation *Laborer*

Married or Single *Single*
[If a widower, state.]

Children under 16 years _____

J. S. Simms
[Name of Magistrate.]

Notary Public
 NAME AND ADDRESS OF NEAREST RELATIVE.

(Name) *None* (Relation) _____

(Address) _____

Fill all these blanks carefully.

CERTIFICATE OF IDENTIFICATION.

(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.

This is very important. Have it signed as directed.

I HEREBY CERTIFY that I have known the above named *James Hurley* 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.

(Give Official Title) *O. J. McIlbourn* *City 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 *James Hurley* Company *"K"* *69th* Regiment *N. Y. S. M.* Volunteers, and that he is disabled as follows:

"Same back" stiff limbs Constant General stiffness of limbs Rheumatic Heart

Character of Disability *Chronic rheumatism*

Complications *Constipation Difficult micturition*

Present Condition of Applicant *Somewhat debilitating pains in limbs require*

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

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

B. H. Skinner SURGEON.

Sworn to and subscribed before me, this *14th* day of *Nov* A. D. 189*2*, and I hereby certify that the said *B. H. Skinner* is known to me as a Surgeon in actual practice and reputable in his profession.

J. S. Simms
[Name of Magistrate.]

ORDER FOR ADMISSION.

The above application is hereby approved, and *James Hurley* *Nov. 25* 189*2*
 of *K* Co. *69th* Reg't *N. Y. S. M.* Vols., will be admitted to the Illinois Soldiers and Sailors Home at Quincy.

J. C. Rowland
 Superintendent Illinois Soldiers and Sailors Home.

Illinois Soldiers & Sailors Home.

Surgeon's Office, Nov 25, 92

To the Superintendent

I have carefully examined

Gen. Hurley
late Co. K 69 Reg't Ill. Infy

late Co. _____ Reg't _____

and find him disabled by dis-
ease of heart due
probably to rheu-
matism, alcohol
& Tobacco

The condition of
the heart probably
hard work

W. W. Walker
Surgeon.