



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 } ss.
 Fill all the blank COUNTY OF MOBILAN }
 spaces carefully.

On this 7th day of Dec A. D. 1892, before me
J. L. Shims, Notary Public
 [Name and Title of Magistrate]
 personally appeared Damon Layton aged 48 years, height 5 feet 10
 [Name of Applicant]
 inches, complexion fair, eyes blue, hair dark, a resident of JACKSONVILLE
 County of MOBILAN State of ILLINOIS, who being duly sworn, deposes and says, that he was born in
Perry Co Mo and has been enlisted in the service of the United States
two times during the of 1861-65
 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.
<u>1st</u>	<u>Aug 20 1864</u> <u>Pri</u>	<u>Pilot Knob Mo</u>	<u>Co. "B"</u> <u>Regt. 47th Mo</u>	<u>March 29 1865</u> <u>St. Louis Mo</u> <u>Pri</u>	<u>Exp. term of service</u>
<u>2^d</u>	<u>Sept - Oct - 1863</u> <u>Pri</u>	<u>Perryville Mo</u>	<u>Co. "D"</u> <u>Regt. 62nd Mo Inf</u>	<u>for re-enlistment</u> <u>in Co. 47th Mo Inf</u>	
<u>3^d</u>	<u>..... 18</u>	<u>.....</u>	<u>Co.</u> <u>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 Rheumatism

If no pension is received, so state.

and has been receiving no 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.

James M. Stegg
D. H. Sorrells

Damon Layton
JACKSONVILLE, On what R. R. *Wabash*
Nearest R. R. Station
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 *Damon Layton* before he executed it.

J. L. Simms
[Name of Magistrate.] *Notary Public*

Read? *Yes* Write? *Yes*

Fill all these blanks carefully.

Occupation *Labourer*
Married or Single *Married*
[If a widower, so state.]
Children under 16 years *one*

NAME AND ADDRESS OF NEAREST RELATIVE.
(Name) *Mary E. Layton* (Relation) *Wife*
(Address) *St. Louis Mo. Eul. Del.*

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 *Damon Layton* 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.

O. J. McIlbun
(Give Official Title) *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 *Damon Layton* Company *"B"* *47th* Regiment *Mo. Infly* Volunteers, and that he is disabled as follows:
Chronic Rheumatism interfering with the actions of joints + muscles -

Character of Disability " " " "
Complications

Present Condition of Applicant *Same as stated*

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.
A. S. Skinner SURGEON.
Sworn to and subscribed before me, this *7th* day of *Dec* A. D. 1892, and I hereby certify that the said *A. S. Skinner* is known to me as a Surgeon in actual practice and reputable in his profession.

J. L. Simms
Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and *Damon Layton* *dec. 12* 1892
B. Co. *47th* Reg't *Mo. Infly* Vols., will be admitted to the Illinois Soldiers and Sailors Home at Quincy.

APPROVED,
J. G. ROWLAND, SUP'T. Superintendent Illinois Soldiers and Sailors Home.

INVENTORY of the Effects of Damon Layton No. 2423
 late to Co. 47 Reg't Mo. Infy Vols., who died
 on the 26 day of March 1903 at Illinois Soldiers and Sailors Home.

ARTICLES.	VALUE.		HOW DISPOSED OF.
	Dolls.	Cts.	
^{.50} Coat. ^{.25} Ironers. ^{.05} Vest.		80	
Combs. ¹⁰ P. Spectacles. ¹⁰ Prayer beads		10	
		<u>90</u>	

We certify that the above Inventory is correct, and that we have, this 8 day
 of April 1903, carefully examined each of the articles therein named, and have written
 opposite each our estimate of its value, and what disposition should, in our opinion, be made of it.

APPROVED:

Superintendent.

S. P. Moorsey
J. M. Muzer

Board of
 Appraisers.

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., March 26 1903

To the Adjutant:

Damon Layton 6 Co. H 7 Mo Inf Regt.

died in Hospital at 12 M., aged 58 years.

Names and address of Relatives or Friends Mrs Mary E. Layton

636 1/2 Spruce St Quincy Ill

Reg. No. 2423

Edward Wood Hospital Steward.

Hospital Illinois Soldiers and Sailors Home.

Quincy, Ill. March 27 1903

To the Adjutant:

This is to certify that Damon Layton Reg. No. 2423

late of C Co. 47th Reg. Mo. Inf. Vol., died in Hospital age 59

Cause of death Pulmonary Tuberculosis

J. B. Ashton Asst. Surgeon.

Illinois Soldiers & Sailors Home

Surgeon's Office, Dec 17 1892
To the Superintendent:

I have carefully examined
Damon Layton
late Co. C 47th Regt Mo.
late Co. _____ Regt _____

and find him disabled by chronic
rhematism.
He is thin in
flesh and ex-
actly lacks
in strength
but there are
no objective
signs of rheu-
matism at
present.

W. W. McShane
Surgeon