

HEADQUARTERS

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS

Mitchell W. Mearns, (0) of the town of Jacksonville, in the County of Morgan, and State of Ill, formerly a Soldier of the United States of America, in the war against 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 65 years old; that he is 5 feet and 6 inches high; that he is of light complexion, blue eyes, and grey hair; that he was born in the town of Bond Co Ky in the month of July, 1828 that he has been (2) enrolled in the U. S. A. service; in the war against the rebellion; and in the war of the late Rebellion; and that he has been (3) 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:

Table with 6 columns: No., When and Where Enrolled, When and Where Discharged, Rank, Company and Regiment, Cause of Discharge. Contains handwritten entries for Dec 18, 1863 and Aug 30, 1865.

That he now receives, on pension certificate number 846664, a pension of \$8 dollars a month, payable the 4 day of next July, at the Chicago 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) one wife that he has 7 children now living; ages, respectively, (5) years. That his postoffice address is Jacksonville, State of Illinois; that his nearest railway station is Jacksonville, on the Jacksonville Railway, in Morgan 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, is Roll Mearns, of Jacksonville County of Morgan, State of Ill; that, in case of his death, he desires all his personal effects to be sent to Jacksonville, at Morgan County of Ill State of Ill.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the (6) Jacksonville Soldiers and Sailors 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) as to now be incapable of earning his own living.

That he has at all times, heretofore, supported and adhered to the government of the United States of America, and that he has not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion.

That if he shall be admitted to be a member of the said Home, he will, in all things and in every respect, comply with and conform to the rules and regulations made, or that shall hereafter be made, for the government and discipline of the same; and that he will cheerfully do and perform any and all things that shall be required of him by those there in authority over him; and that he will promptly, and willingly, obey all lawful orders that he shall receive from any officer of the Home, so long as he shall remain a member thereof.

In Testimony Whereof, he has set his hand this 4 day of May 1904 (9) [Signature] Witness. (8) [Signature] Applicant.

STATE OF ILLINOIS, }  
County of ..... } ss.

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 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.

(11) .....  
Affiant.

Subscribed and sworn to before me, this ..... day of ....., A. D. 190.....

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 ..... 190..... 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, as an honest man and a capable physician, in the community and among his fellow physicians where he lives.

..... (16) .....

**CERTIFICATE OF SOLDIERS HOME SURGEON**

I hereby certify upon honor that I carefully and critically examined *Mitchell R. Mann* the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on *Monday* he *22* day of *August* 190*0*; and that I found him to be of *sound* mind, and to be *incapable* of earning his living by reason of his physical disability arising from (17) .....

*General Debility due to old age*

*Assign 22  
Ward 71*

Witness my hand *R. M. Landow*  
Home Hospital Surgeon.

REGISTER No. 6711

Illinois Soldiers' and Sailors' Home  
QUINCY, ILLINOIS.

Mitchell H Mann  
Jacksonville Morgan Co Ia

Co. Reg't  
E Co 124 Reg't Ord Inf  
Co. Reg't

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Admission Paper 1  
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Certificate of Service  
Pension Certificate 1-846664 Will 1-

Admitted May 24 1904

Dec 30 1905 Disch'd on full  
Aug 22 10 Re Admitted  
Died in Hospital Nov 3 1911

# Illinois Soldiers and Sailors Home.

Quincy, Ill., Nov 3 1901

To the Adjutant:

Mitchell H Mann Co. E 124 Ind Inf Regt.

died in Hospital at 8:45 A.M., aged 72 years.

Names and address of Relatives and Friends

Reg. No. 6946711 L. S. Barnes Hospital Steward.

## Hospital Illinois Soldiers' and Sailors' Home.

Quincy, Ill. Nov. 3 1901

TO THE ADJUTANT:

**This is to Certify, That** Mitchell H Mann Reg. No. 694

late of Co. E, 124 Reg't Ind Inf

died in Hosp. age 72 Cause of death Gen. Paralysis of Locomotion

J. B. Frost  
Surgeon.

# ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., May 4, 1904

*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 Certificate.	WITNESS.
<u>Mitchell H Mann</u>	<u>6711</u>	<u>E</u>	<u>124</u>	<u>Ind</u>	<u>Inf</u>	<u>846664</u> <u>M H Mann</u>	<u>J. B. Frost</u>