



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.**

Fill all the blank spaces carefully.

STATE OF ILLINOIS  
COUNTY OF MORGAN } ss.  
On this 20<sup>th</sup> day of Oct A. D. 1891, before me  
J. L. SIMMS, Notary Public within and for the County and State aforesaid  
[Name and Title of Magistrate.]  
personally appeared Alexander J. Matthews aged 48 years, height 5 feet 2 1/2  
[Name of Applicant.]  
inches, complexion Dark, eyes Dark, hair Dark, a resident of JACKSONVILLE,  
County of MORGAN State of ILLINOIS, who being duly sworn, deposes and says, that he was born in  
Madison Co Illinois and has been enlisted in the service of the United States  
1 times during the late  
war; and honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

No. of Enlistm'ts.	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>Sept 3 1864</u>	<u>Alton Ill</u>	<u>Co. 'B'</u> <u>Regt. 147 Ill</u>	<u>July 14 1865</u> <u>Bradley Buttn</u> <u>Private</u>	<u>M.D</u>
2nd.	.....18		Co. .... Regt. ....	.....18	
3rd.	.....18		Co. .... Regt. ....	.....18	

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

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

That he is disabled as follows: Very defective sight

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, 1837; 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.

Have two witnesses sign and fill all the blanks carefully.

WITNESS,  
R. D. Wilson  
Ed. R. Jackson

Alexander J. Mathews  
Nearest R. R. Station, Wabash on what R.R.

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 Alexander J. Mathews before he executed it.

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

Fill all these blanks carefully.

Read? Yes Write? Yes  
Occupation Printer  
Married or Single Single  
Children under 16 years no

NAME AND ADDRESS OF NEAREST RELATIVE,  
(Name) Catherine Mathews (Relation) Sister  
(Address) Alton Illinois

CERTIFICATE OF IDENTIFICATION.

This is very important. Have it signed as directed.

(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.

I HEREBY CERTIFY that I have known the above named Alexander J. Mathews 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.

Geo. Frael Comd Post  
(Give Official Title) "Matt. Star" No 378.

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 Alexander J. Mathews  
Company "B" 144<sup>th</sup> Regiment Ill Infy Volunteers, and that he is disabled as follows:  
Left eye almost blind. Right eye defective & weak. Pterygium on right eye.  
Character of Disability - combination & subject for S.S. Home  
Complications  
Present Condition of Applicant Unable to earn subsistence

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.

Sworn to and subscribed before me, this 22<sup>d</sup> day of Oct A. D. 1891, and I hereby certify that the said B. Mayfield is known to me as a Surgeon in actual practice and reputable in his profession.  
Dr B Mayfield SURGEON.

J. L. Simms, Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and Alexander J. Mathews  
B. Co. 144 Reg't Ill- Inf Vols., will be admitted to the Illinois Soldiers and Sailors Home, at Quincy. APPROVED,  
Superintendent, Illinois Soldiers and Sailors Home, J. G. ROWLAND, SUP

Office of CAPT. M. H. LAMB,  
U. S. COMMISSIONED CLAIM AGENCY,  
J. L. SIMMS, CLERK.  
ROOM 7 GALLAHER BLOCK, WEST STATE ST.

Jacksonville, Ill., Oct 22<sup>nd</sup> 1897

Dear Major  
Ocy Ill

I can cheerfully recommend Mr  
Alex. J. Matthews. Has been my next door  
neighbor for the past two years and is  
so nearly blind that he can not make  
a living at his trade viz - Printer. I will  
get his pension through for him by Spring  
and I presume he can then take care  
of himself

Respectfully & hastily yours

M. H. Lamb

Please address }  
in my care }

Subaltern of Saaler Home

Dumrey Mo. Oct 31, 91

To Superintendent

Sir I have <sup>Surgeon's Office</sup> carefully

Examined A. J. Matthews

late Private Co B. 144

Illinois Inf - and find

him disable by reason

of Blindness of Left

Eye and impaired

Vision of right

J. A. Dewdney  
ad Surgeon