

See "EXPLANATIONS AND DIRECTIONS" on Third Page.

APPLICATION FOR ADMISSION
TO THE
Illinois Soldiers and Sailors Home
* ————— AT QUINCY ————— *

TRUSTEES.

DANIEL DUSTIN, Sycamore, De Kalb County, Ill.
L. T. DICKASON, Danville, Vermillion County, Ill.
THOMAS W. MACFALL, Quincy, Adams Co., Ill.

OFFICERS.

J. G. ROWLAND, Superintendent.
J. R. LOTT, Secretary and Adjutant.
R. H. CARNAHAN, Quartermaster and Commissary
R. W. McMAHAN, Surgeon.
JAMES D. MORGAN, Treasurer.

STATE OF Illinois
COUNTY OF Morgan } ss.

On this 21st day of January A. D. 1890, before me

(1) Joel Williams Clerk of the County Court within and for the County and State aforesaid,
personally appeared (2) Wade Kellam aged 5⁴ years, height 5 feet 10¹/₂
inches, complexion Black, eyes Black, hair Black, a resident of (3) Jacksonville

County of Morgan State of Illinois, who being duly sworn, deposes and says, that he was born in
Brookline, Conako County, Alabama and has been enlisted in the service of the United States

(5) one times during the (6) Civil war; and honorably discharged from each enlistment as follows:

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>February 4th 1865</u> <u>Private</u>	<u>Springfield, Ill.</u>	Co. <u>18th</u> Regt. <u>29th MS Col</u> <u>Infantry</u>	<u>Nov 6th 1865</u> <u>Brookville, Tex.</u> <u>Private</u>	<u>Severely being</u> <u>no longer required</u>
2nd.	_____ 18_____	_____	Co. _____ Regt. _____	_____ 18_____	_____
3rd.	_____ 18_____	_____	Co. _____ Regt. _____	_____ 18_____	_____
4th.	_____ 18_____	_____	Co. _____ Regt. _____	_____ 18_____	_____

That he is disabled as follows: (7) an affection of the throat and lungs and head, by which he is disabled from doing manual labor, he has a bad cough and cannot stand exposure incident to outdoor work by which he alone is qualified to obtain a living

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

having no other 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 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 past. 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,

W J Layton
Chas H Ethel

(8) Wade H. May
Nearest R. R. Station Jacksonville on what R. R. Wabash
Post-office Address, Jacksonville Ill.

Sworn to and subscribed before me, the day and year above written, and I hereby certify that the foregoing affidavit was read over and fully explained to Wade H. May before he executed it.

Read? Printing Write? no
Occupation Laborer
Married or Single single
[If a Widower so state]
Children under 16 years _____

(11) John C Williams
County Clerk
NAME AND ADDRESS OF NEAREST RELATIVE.
(Name) John May (Relation) Brother
(Address) Charleston Cole & Sons

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.)

I HEREBY CERTIFY that I have known the above named Wade H. May for the last two years past, and that I believe the declaration signed by him to be true.

(9) W H Ferrisell (Seal)
(Give Official Title) Supt of Inspr of Inspr Co Ill

SURGEON'S CERTIFICATE.

I certify that I have carefully examined (2) Wade H. May
Co. D Regt 29 Volunteers, and that he is (10) permanently temporarily disabled as follows:

Date of Injury or Disease May - 5 day 5 1889

Place of Jacksonville, State of Illinois

Character of Disability On May 5th 89 - Mr May was sent to the Poor Farm with Broucho Pneumonia - he was treated there and on

Complications Present Condition of Applicant June 25 - 89 he was discharged - but exposure has brought on a chronic Bronchial Catarrh, he is better at present - but desires a place to rest and grow strong

(10) M. H. Goodrick SURGEON

Sworn to and subscribed before me, this 21st day of January A. D. 1890, and I hereby certify that the said M. H. Goodrick is known to me as a Surgeon in actual practice and reputable in his profession.

(11) John C Williams
County Clerk, Morgan County, Illinois

ORDER FOR ADMISSION.

The above application is hereby approved, and (2) Wade H. May Jan 31, 1890

D Co., 29 Regt us Cal Inf Vols. will be admitted to the

Illinois Soldiers and Sailors Home, at Quincy.

Superintendent Illinois Soldiers and Sailors Home.



UNITED STATES OF AMERICA,
STATE OF ILLINOIS.

Adjutant-General's Office,

Springfield, December 30, 1869

It is hereby Certified, That it appears from the Records of this Office, that

Wade H. May, enlisted on the Fourth day of February 1865,
at Springfield, Illinois, and was mustered into the service of the United States, as a
Private Recruit in Company "L," 29th Regiment U. S. Colored Troops, Infantry,
for the period of One year and was mustered out of service on the Sixth day of
November 1865, and his residence, at date of enlistment, is stated, at

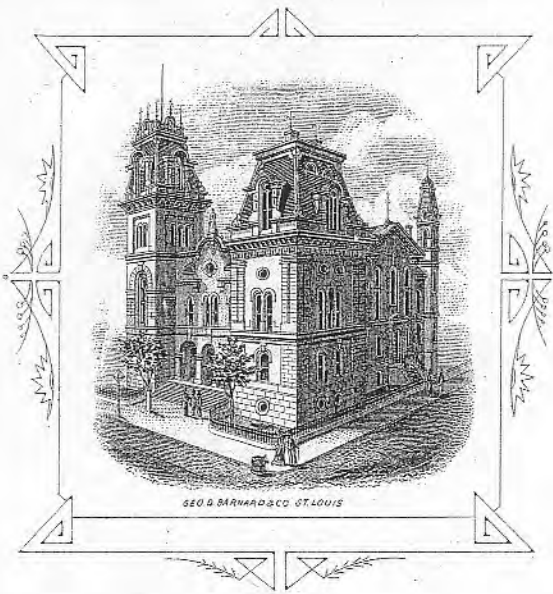
Hopse, W. Deane County, Illinois,

He was mustered out of service as Private, with his company, November 6, 1865, at
Brownsville, Texas, by reason of service being no longer required.

This Certificate is issued at the request of Mr. Wade H. May, Jacksonville, Illinois,

Joseph W. Dauce

Adjutant-General of Illinois.



Jacksonville, Jan'y 22nd 1880

J. J. Rowland Supt
Soldiers Home

Dear Sir:

Herewith
I enclose your Application of Wade N.
May, a Col'd Soldier, for admission to
your Home. And I am requested to ask
that your correspondence with him be sent
to this office

Yours respectfully
J. W. Williams
County Clerk

Illinois Soldiers & Sailors Home.

Surgeon's Office, Jan 31 1890

To the Superintendent:

I have carefully examined

Wade H. May

late Co. D. 29 Reg't U.S.C.

late Co. _____ Reg't _____

and find him disabled by bronchi-
tis, as alleged by his
local Surgeon.

The disability anti-
-thet him to admis-
-sion to the Home

A. W. McKee

Surgeon.