

HEADQUARTERS

Illinois Soldiers' and Sailors' Home
QUINCY, ILLINOIS

Peter M. Saughlin..... October 25th 1915.....
Franklin....., in the
County of *Morgan*....., and State of *Illinois*....., formerly a Soldier of the United States
of America, in the war..... against (1) *of 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 *40* years old; that he is *5* feet and *4* inches high; that he is
of *Irish* complexion, *Blue* eyes, and *Gray* hair; that he was born in the town of
Ireland in the of on the *8th* day
of *Feb* 18*61*; that he has been (2) *twice* enrolled in the U. S. A. service; in the
war against....., and..... in the war of the late Rebellion; and that he has been (3) *twice* 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:

No.	When and where Enrolled	When and where Discharged	Rank	Company and Regiment	Cause of Discharge
1st.	<i>Jacksonville, Dec Feb. 15. 1865</i>	<i>Camp Butler, Dec Sept. 18. 1865</i>	<i>Priv</i>	<i>Co. K 154 Regt. Dec Inf</i>	<i>muster out</i>
2nd.	<i>Jacksonville, Dec May 7. 1864</i>	<i>Sept. 27. 1864</i>	<i>"</i>	<i>Co. B. 133 Regt. Dec Inf</i>	<i>" "</i>
3rd.		<i>(11)</i>		<i>Co. Regt.</i>	

That he now receives, on pension certificate number *1016691*, a pension of *20* dollars a month,
payable the *15th* day of next *January*, at the *Washington* 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) *no* wife; that he has *no* children now living; ages, respectfully, (5)
years. That his postoffice address is *Dunlap*, State of Illinois; that his nearest railway station
is *Dunlap*, on the *C. & O.* Railway, in *Adams* 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 *None*, of County of State
of; that, in case of his death, he desires all his personal effects to be sent to *S. S. Stam*
Dunlap, at County of *Adams*, State of *Illinois*.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, ex-
cepting the (6) *(None)*.

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) *General disability*
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 *25th* day of *October* 1915.

(9) *Robert S. Stam* Witness. (8) *Peter M. Saughlin* Applicant.
marks

STATE OF ILLINOIS }
County of } ss

....., a (10)

to the town of, in and for said County, do hereby certify that the above named applicant, to me personally and well known to be 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. 191 ...

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

..... (16)

CERTIFICATE OF A SOLDIERS' HOME SURGEON

I hereby certify upon honor that I carefully and critically examined *Peter McLaughlin* the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on *Monday* the *25* day of *Oct*, 191*2*; 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)

Poor vision and old age

Witness my hand.....

R.H. Jacobs
Home Hospital Surgeon.

SUPERINTENDENT'S COURT

HEADQUARTERS
ILLINOIS S. AND S. HOME
QUINCY, ILLINOIS

May 2nd 1917

Accusation against Peter McLaughlin

Register No. 10747 Cottage No. 13

Charge 1st A.W.O.L.

Specifications: That

As a Drunkard and a Nuisance, he is the limit. Ward 6 is the proper place for him.

Charge 2nd

Specifications: That

W. Brown 13
Serg't Police

Plea to Charge 1st Finding

Plea to Charge 2nd Finding

Penalty Discharged

J. M. Andrews
Superintendent

877

Illinois Soldiers' and Sailors' Home.

List of clothing returned by Members to Q. M.

Quincy, Ill. *May 12* 191*7*

To *Adjutant*

Sir: *Peter M. Laughlin 10747*
Comrade *A.W.O.L.*

this day

The following is a full list of all the State clothing in his possession:

Blouse.	Trousers.	Vests.	Shirts.	Undershirts.	Drawers.	Shoes.	Socks.	Hats.	Suspenders.	Night Shirts.	Over Coats.
<i>2</i>			<i>4</i>	<i>2</i>	<i>2</i>		<i>3</i>	<i>1</i>			

Of which the following articles are in the laundry:

I hereby certify that the above is true and correct.

A. Myers

Sergeant Cottage No. *13*

Due on Clothing \$2.70

Q.M.

Illinois Soldiers' and Sailors' Home

Soldiers Home Hospital, Ill., Aug 22 1912

To the Farm Supt: Ady

The Funeral of Peter McLaughlin Co.

will take place at 8 a.m. Aug 23, 1921

Services at

Catholic Chapel.

Gart Swoboda

Hospital Steward

11

Quincy Ill. June 9. 1914.

Sir Sir.

Please send Mr. Pete McLaughlin belonging of bat-
13. and participate by Mr. Murphy and Oblige.

Pete McLaughlin