

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.

			PPLICATI	ON FOR A	DMISSION								
	ILLINOIS SOLDIERS AND SAILORS HOME,												
	L. T. D		EES.	R. H. CA FRANK F R. W. Mc	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 Country	MODG	OIS AN. 29 th	ss.	buary	A. D. 1892., before m							
	personall	and Title of Magistrate.] y appeared Millia omplexion Light, f MORGAI SMILL Lake	Wotan W. H. Parkil [Name of Applicant.] eyes Stack, hai State of ILL1 Les Olic t	r <i>dark</i> , a resider NOI, Sho being d	years, heightnt ofJACKS								
State each enlist- ment separately, and	war; and	honorably discharged When Enlisted, With Rank,			Date and Place of Dis- charge, with Rank.	Cause of Discharge,							
cause of discharge.	lst.	ang 21 1862	Non York	co. 13" 3 d	July 13 1860	Ex Storm of							
The armydischarge or certificate of serv- ice from LAST en- listment is SPECI- ALLY required.	2nd.	Privatz 18	<u> </u>	Regt N. J. D. W.	<u>Syraeuri M.9</u> 18	. somec							
	ard.	18	<u> </u>	Co.	18								
Mere the applicant should state, in his own way, what his disability is.	That he is disabled as follows:												
ceived, so state.	and has be	een receiving.		Dollars per month, pens									

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

The said applicant further swears that he has not been engaged in aided or abetted the late Rebellion in the United sign this, and swear 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 to the statement. 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. Post-office Address ACKSONVILLE, the day and year first above written, and I hereby certify that the foregoing affidavit was read fore an officer havover and fully explained to., re he executed it. ing a seal, or a J. P. [Name of Magistrate. NAME AND ADDRESS OF NEAREST RELATIVE Occupation Fill all these blanks carefully. Married or Single. Children under 16 years. 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 seak?) This is very important. Have it signed as directed. I HEREBY CERTIFY that I have known the above named / L.C. 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. LOCAL PHYSICIAN I certifiy that I have carefully examined This is to be filled Volunteers, and that he is disabled as follows: Regiment./ Company. out by the applicant's family physician, or one in the neighborhood of the residence of the applicant. Character of Disability. Complications Present Condition of Applicant. If signed by U. S. I further certify that said applicant is sane and has no spells of mental disturbance, and can safely be assigned quarters with Examining Surgeon other comrades. this need not be sworn to. A, D. 189 2, and I hereby certify that and subscribed before me, this. tual practice and reputable in as a Surg is known to his profession.

ORDER: FOR ADMI

The above application is hereby approved, and Reg't.

Vols., will be admitted to the Illinois

Soldiers and Sailors Home, at Quincy.

J. G. ROWLAND, Superintendent Illinois Soldiers and Sailors Home.

HEADQUARTERS
ILLINOIS S. AND S. HOME,

PROVOST COURT.	QUINCY, ILLINOIS.
	Mar 28 1901
Accusation against Mrn	H Parks
Accusation against 1194	
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I H Denning

UNDER ACT OF JUNE 27, '90, DISABILITIES INCURRED SINCE SERVICE ARE PENSIONABLE

Applications for Pensions, Bounty, Back, Pay and Property Sent Direct to Department. Employ an Agent or Attorney who will Attend to your Correspondence. Instead of Telling You How to do it—Give me Address of Comrades, Physicians and Neighbors and I will get your Evidence

UNITED STATES COMMISSIONED CLAIM AGENCY

J. L. SIMMS, Clerk ROOM 7, MHSONIC TEMPLE

Major J. S. Rowland, All. HEBy 29 1892 Supples & Houseard Supples Standayor.

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Illinois Soldiers & Sailors Home. Surgeon's Office, May 4 1897 To the Superintendent: I have carefully examined Mrs H Parker Late Co B 3 Regt hy & a late Co. Reg't and find him disabled by alrophill Muscles of The

ILLINOIS SOLDIERS AND SAILORS HOME

Surgeon's Office Drov. 2 2 1901 Respectfully returned to the Super-I have carefully examined late Co. Regt. late Co. Regt. and found him

HEADQUARTERS

ILLINOIS S. AND S. HOME, QUINOY, ILLINOIS.

PROVOST COURT. (Secretary 2 1896
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Specifications: That he wentout on a
Special Night Pass - Fiely 1st
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I'M = which, he didnot do.
Witness Jos N. Shaham
Witness, Jos. N. Shehan
Witness, Harrison braham
Witness, Jan B. Halton
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FORM 57.

ILLINOIS SOLDIERS AND SAILORS HOME.

REQUISITION FOR CLOTHING.							Quincy, III., april 8 1701							
Registry No.	Page.	NAME.	Blonse	Trousers.	Vests.	Shirts.	Undershirts.	Drawers.	Shoes.	Socks.	Hat.	Suspenders.		REMARKS.
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SERGEANT COMPANY.

Illinois Soldiers and Sailors Home.

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111111	171	/	
Of which the	following articles	s are in laundry	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
I hereby certify that t	the above is true	and correct.	
1/1/20	- Bow		
		geant Cottage 1	Jo 2
		geant Cottage 1	

HEADQUARTERS ILLINOIS S. AND S. HOME, PROVOST COURT. QUINCY, ILLINOIS. Accusation against Register No. 219 Cottage No. absent without lenf Specifications: Witness. Witness

Plea,