



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 Eleventh day of September A. D. 1891, before me
A Notary Public within and for the County and State aforesaid
[Name and Title of Magistrate.]
personally appeared John Jacob Robert aged 46 years, height 6 feet
[Name of Applicant.]
inches, complexion gray eyes gray hair dark, a resident of Waverly
County of Morgan State of Illinois who being duly sworn, deposes and says, that he was born in
Madison Co Kentucky and has been enlisted in the service of the United States
One times during the late civil
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>Private</u> <u>Sept 1st 1861</u>	<u>Camp Dick</u> <u>Robinson Ky</u>	Co. <u>"A"</u> Regt. <u>1st Ky Cav.</u>	<u>Dec 30 1864</u> <u>Camp Nelson Ky</u>	<u>Expiration of time</u>
2nd.	18		Co. Regt.	18	
3rd.	18		Co. Regt.	18	

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

That he is disabled as follows: I have Rheumatism
and sitting trouble and my left shoulder has been
washed up I also have stiffness and suffer with
nervous headaches and general weakness.

If no pension is received, so state.

and has been receiving Eight Dollars per month, pension, on Certificate No. 264886, payable at Chicago Agency, from July 12th 1890

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, 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 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
Edward Kempfle
Bertrara Roach

John Jacob Roberts
Nearest R. R. Station, Waverly on what R.R. J.D.E.
Post-office Address, Waverly Morgan Co. 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 John Jacob Roberts before he executed it.
A. H. Kempfle
[Name of Magistrate.] Notary Public

Fill all these blanks carefully.

Read? Yes Write? Yes
Occupation Farming, Drumming, hedges
Married or Single Married
[If a Widow, so state.]
Children under 16 years Three

NAME AND ADDRESS OF NEAREST RELATIVE,
(Name) Bertrara Roach (Relation) Daughter
(Address) Waverly Morgan Co. 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. E. 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 John Jacob Roberts 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.

Edward Kempfle
(Give Official Title) Mayor

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 John Jacob Roberts
Company D. G. Regiment 1st Kentucky Cav. Volunteers, and that he is disabled as follows:
That he has chronic rheumatism of back
Character of Disability Rheumatism of back
Complications Sour Kidney disorder
Present Condition of Applicant rather nervous + complaining of back

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.
A. C. Brown SURGEON.

Sworn to and subscribed before me, this Eleventh day of September, A. D. 1891, and I hereby certify that the said A. C. Brown is known to me as a Surgeon in actual practice and reputable in his profession.
A. H. Kempfle
Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and
R. Co. 1st Reg't Ky Cav. Soldiers and Sailors Home, at Quincy.

Sept 17, 1891
John Jacob Roberts
APPROVED,
J. G. ROWLAND, Supt.
Superintendent Illinois Soldiers and Sailors Home.

Illinois Soldiers & Sailors Home.

Surgeon's Office, Sept. 17, 1891

To the Superintendent:

I have carefully examined

John Jacob Roberts

late Co. K 1 Reg't Ky Cav.

late Co. _____ Reg't _____

and find him disabled by varico-
cele & alleged rheu-
matism.

His general phys-
ical condition is
good, but he
alleges rheuma-
tism in back which
prevents hard
labor.

B. W. Matlock
Surgeon.

Illinois Soldiers & Sailors Home.

Surgeon's Office, Sept. 17, 1891

To the Superintendent:

I have carefully examined

Leopold S. Wagner

late Co. F 96. Reg't N.Y.

late Co. _____ Reg't _____

and find him disabled by age
& debility which
entitled him to
admission to the
Home

B. W. Matlock
Surgeon.

Register No. 2015

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

John Jacob Roberts
Warrenton, Morgan Co.
K CO. 1st REG'T 1st Cav.
..... CO. REG'T
..... CO. REG'T

CONTENTS

Admission Paper 1
Army Discharge
Certificate of Service
Pension Certificate 1,246,886 Will

Admitted Sept. 17, 1891

Discharged on furlough
one year 10/2/95