HEADQUARTERS

Illinois Soldiers' and Sailors' Home

		QUINCY. II	LLIN	ois	0 - 20-	
M	1 00	T. 100	In	ystan	willedly	lug 0 1912
11/	romas 6/	200 of the			Magrico	in the
County	of hongan	and State of	ins	37 +	, formerly a Soldier	of the United States
that he	erica, in the war agains	st (1)	legally er	titled to	become a member	., respectfully asks of said Home, he de-
TO	enable one authorities to de	at he is now 3. years old;	that he	is 5f	eet and 2 inche	s high; that he is
of Ana	andy complex	ion, Grly bly eyes, and	grey	V1	nair: that he was b	orn in the town of day
of.	une, 1839	: that he has been (2) in the war of the la	enrolle	ed in the	U.S. A. service;	
dischar	and from the service of the	United States. That the follow	ving is a t	rue stater	nent of the time	and placeof his
enrollm	nentand dischargefro thereof namely:	om said service, and that the	ause of h	is dischar	ge, and of his ra	nk at the respective
No.	When and where Enrolled.	When and where Discharged.	Rank.	Compar	ny and Regiment.	Cause of Discharge.
1st.	ang 7 1881	Dec Sper 18 En	Private	Co.B	Regt. 27th Ill	Time expired
2nd.	Jan 1st 1864	July 9 1865	Privale	. CoDe	Regt Goh All	War closed,
ard.		(Hymas)		Co.	Regt.	
no mea Tha years is in said is of I	That his postoffice address: What the has (4) wife; the name and account of the name and name and name and name and name account of the name	ddress of the person to whom on, of AMMAGINES a case of his death, he desires a managerillo County of a member of any Soldiers', S	rade or o now livin , Sta he desires Il his pers Juon ailors', or	ccupation of grant of the control of	respectfully, (5) -5	est railway station County, th shall be given State Mussis Institution, except-
Tha	the is now a bond nide reside has served in an Illinois organithe he is so far disabled by (7)	lent of the State of Illinois; and h nization except park blind west	and	dive gen	eral disa	Thursoure bility by
That he Tha with and the sam authorite of the F	has not at any time been end to if he shall be admitted to d conform to the rules and r	fore, supported and adhered to agged in, or countenanced, or be a member of the said Ho egulations made, or that shally do and perform any and all in promptly, and willingly, obey and a member thereof.	me, he whereafte things the y all laws	ill, in all r be made at shall b	things and in ever e, for the governme be required of him that he shall recei	ry respect, comply, ent and discipline of by those there in

STATE OF ILLINOIS
county of Anorgan ss 1, JoThompson, a (10) Instary Pul
of the town of Maywill., 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) Mornas County that the above named applicant, to me personally appeared before me, and that I then and there are all the said application, and that the same and each of them were true in substance and in fact as he had therein stated.
Subscribed and sworn to before me, this 13th day of angust , A. D. 1912
Witness my hand and official seal. [L. S.] JEThompson (12) Instary Publi
I do hereby certify, upon honor, that I have personally known. Thomas & Tribbet
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 that 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) Jothompson
(14) Irolary Public
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named applicant who may be a first that I have carefully examined the above named applicant who may be a first that I have carefully examined the above named applicant who may be a first 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 13th of day of Garages 1912. 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.
Joshonpson (16) rolary Publi
CERTIFICATE OF A SOLDIERS' HOME SURGEON.
I hereby certify upon honor that I carefully and critically examined. Two was
the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Just de the 27 day of day of 1912; and that I found him to be of sound mind, and to be
Mapable of earning his living by reason of his physical disability arising from (17). Simile Debulety and Impared Ciscon
n-H
Collage 16 Witness my hand S. Home Hospital Surgeon.

	his wife, 12 de	Sulface de la contraction de l	el. hat the names, relat	ionship and	
follows, to-wit:	RELATIO	NSHIP.	RESIDENCE.		
annah Fribbet.	Son.		murrays	lle Ill	
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	u		Russellille		
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