MAJOR GEORGE W. FOGG, SUPERINTENDENT.
GENERAL JAMES D. MORGAN, TREASURER.
CAPTAIN B. P. McDaniel, ADJUTANT.
CAPTAIN JAMES P. MOORMAN, GUARTERMASTER,
EDMUND B. MONTGOMERY, SURGEON.

### Head Quarters

EMILY W. LIPPENCOTT, MATRON.

TRUSTEES:

CAPTAIN WILLIAM STEINWEDELL, QUINCY, ILL.
COLONEL JAMES A SEXTON, CHICAGO, ILL.
GENERAL LEWIS B. PARSONS, FLORA, ILL.

### Illinois Holdiers and Hailors Home

		Near Quincy	, Allinois	¥.	
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	1 1	2. W/	7	of h	, 1584,
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		and State of	A STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AD	And the contract of the contra	
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of	100 Escapelar, 18.3	ithat he has been (2) 622	enrolle	d in the U.S.A. serv	ice;in the
		in the war of the late Rebelli			A CONTRACTOR OF THE CONTRACTOR
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	ective datethereof, name		one cause or i	ns discharge, and	Or His raine as the
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No.	When and Where Enrolled.	When and Where Discharged.	Rank. Co	ompany and Regiment,	Cause of Discharge.
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2 d.		June 1			8
			Co.	Regt.	
Bd.			Co.	Regt.	
- n	hat he now receives, on pe	ension certificate number 27	35-267	a pension of 12	dollars a month.
nava	ble the # day of ne	ext July - , a	t the Chi	eaco Pensio	n Office.
S vi	hat he owns property, real	and personal, of the value of	1200	dollars, and no m	ore; that he has no
		n that above named; that his			
T	hat he has(4) wife; th	at he has 5 children now li	ving; ages, re	espectively,(5) /0 - /	7-20-23-27
		88 is Chapin			
		the Wabash		1	
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C.H.A.		oeen a member of any Soldier			
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and the same		sident of the State of Illinois, o			
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	hat he is so far disabled by				
No.	, 0	7 1 1 1 7	T. 1	The contile is	walks on crute
	now be incapable of earning	his own living.		7, 22,3-0	I'm
T	hat he has at all times, her	etofore, supported and adhere	d to the gove	ernment of the United	States of America,
a squ	hat if he shall be admitted	been engaged in, or countenan to be a member of the said E	Iome, he will.	in all things and in e	very respect, com-
ly w	ith and conform to the rul	es and regulations made, or th	at shall here	after be made, for t	government and
iscip v tb	line of the same; and that ose there in authority over	he will cheerfully do and per him; and that he will promp	form any and tly, and willin	all things that sharry gly, chey all lawful of	required or nim
nois	to from any officer of the I	Tome so long as he shall rem	ain a member	r thereof.	W
Ir	testimony whereof he has	set his hand this 3/2	day of	nay, 1	894.
) .e	ICH La	ent; (8)		Loui	2 Mest
(C)		Witness.			Applicant.

STATE OF THEMPOID, SS.
COUNTY OF Morgan ) I, I'll Thaney, a (10) Notary Public
of the town of the said County, do hereby certify that the above named Applicant,
to me personally and well known to be the 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
(1) Socia Teck
Affiant.
Subscribed and sworn to before me, this day of day of A. D. 189 Witness my hand
and official seal.  L. S.  HIP MEMMEZ (12)
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known Louis JECK,
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. 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.
Q. CB (Wallage
Witness my hand, (13)
128/27
GAR No 578
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named Applicant,
JECK, as to his disability, and I now find that he has(15) Deagners of lell 200
Lardyn Shot Wound of Backofneck Later dead Bone in andel Hul.
to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, mani-
fest, 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.
and that he can safely be quartered with men who are old and reeple.
$\mathcal{O}(\mathcal{A},\mathcal{O}(\mathcal{A},\mathcal{O}))$ , M\D.
Subscribed and sworn to before me, this day of May , A. D. 189#. And I certify
that I am personally acquainted with said affiant, Doclor & Manage, and that I know him
to be a physician in active practice, and in good repute, as an honest man and a capable physician, in the commu-
nity and among his fellow physicians where he lives.
1 1/4 // JOWN NO (16) Of it,
CERTIFICATE OF SOLDIERS HOME SURGEON.
I hereby certify upon honor that I carefully and critically examined Louis yeak
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Jungay
the 12 day of true, 1894; and that I then found him to be of sound mind, and to be
in capable of earning his living by reason of his physical disability arising from (17). There are of how
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#### ORDER ADMITTING APPLICANT.

The application of the said .... ....., together with the said several certificates, signatures, and jurats, having been found to be duly and formally made, and the Superintendent being satisfied that the applicant has shown himself to be lawfully entitled to admission to the Home, -it is hereby ordered that he be now duly admitted as a member thereof, this \_\_\_\_\_ day of \_\_\_\_\_\_

> GEORGE W. FOGG. Superintendent.

#### HOW TO FILL APPLICATION BLANKS.

0. Give full name of the Applicant. ..

- Either "Mexico and the late Rebellion," or one of them.
- 2. Here say once, twice, or three times.
- 3. Here say once, twice, or three times.
- 4. Here say a wife, or no wife.
- 5. Here give their ages, from youngest to oldest.
- 6. Here give the name of any Home or other Institution of which he has been a member.
- 7. Here state, in his own words, what it is that ails or disables him.
- Here Applicant will sign his full name, or make his mark.
- Here the witness will sign his name.
   Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."

- 11. Here Applicant will sign his full name, or make his mark.
- 12. Signature and title of the Justice or Notary.
- To be made and signed by any Judge of any county 13. or state court, by any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or Adjutant or Commander of any G. A. R. Post.
- 14. Here write official title.
- The physician will here state tersely, but fully, as far as he can learn, every cause or disorder that tends in any degree to render the Applicant incapable of earning his own living.
- Name and official title of Notary or Justice.
- Here state minutely what disorder, ailment, disease, or cause, it is that, in your judgment, disables the Applicant and renders him incapable of earning his own living.

#### SPECIAL INFORMATION FOR APPLICANT.

READ THIS CAREFULLY. For it will avail you nothing, when you come before the Superintendent for examination on the facts alleged by you in your application, to say you are ignorant of what is here and herein plainly and explicitly set forth for your information:

- 1. Have some capable person, who writes a fair hand, fill all the blanks in your application.
- 2. Have every blank in the application properly filled, and every Certificate, except that of the Surgeon of the Home, duly made and signed, and every jurat duly executed, signed and sealed by the Clerk, Notary or Justice of the Peace making the same.
- 3. Send your application, so prepared, by mail or otherwise, with your last discharge and all your pension papers, to the Superintendent of the Home.
- 4. On his receipt of your application, and your last discharge, and all your pension papers, all in due form, transportation will be sent you, and you will be ordered to report at the Home for examination by the Home Surgeon as to your disability, and for examination by the Superintendent as to the allegations of fact made by you in your application for admission.
- 5. If all your statements are found to be true, and the Surgeon finds you to be so far disabled as to render you incapable of earning your own living, you will then be admitted to the Home, and not otherwise.
  - 6. If, for any reason, you are found not to be eligible for admission, you will not be admitted to the Home.
- 7. If you fail to be admitted, no transportation to your home will be furnished you. Therefore, you should bring sufficient money to pay your return fare.
- 8. When permitted to leave the Home on Furlough, or on Pass of two or more days duration, you will be required to wear your citizen's clothing. You will not be allowed to wear Home or State clothing, when so absent.

#### TO BE ELIGIBLE FOR ADMISSION.

- 1. The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, or in the late Rebellion.
  - 2. That you shall have been honorably discharged from that service.
  - 3. That you shall have lived and resided, CONTINUOUSLY and in good faith, FOR THE LAST TWO YEARS, in the State of Illnois.
- 4. That you shall have been rendered INCAPABLE OF EARNING YOUR OWN LIVING, AND SHALL NOW BE INCAPABLE OF EARNING YOUR OWN LIVING, through the exigencies of your military service, by reassn of old age, or by means of some other
  - 5. That you shall now have NO PROPERTY OR OTHER SUFFICIENT MEANS OF LIVING.
- 6. That you shall be of sane mind; that you shall not be in need of an attendant; that you shall be capable of ministering to your own personal wants; that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE that would render your residence in the Home DANGEROUS to others; that you may SAFELY be quartered with men who are feeble and incapable of self-defence.
- 7. NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARED FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.

GEORGE W. FOGG,

## ILLINOIS SOLDIERS AND SAILORS HOME

Surgeon	s Office v	Nov 4	M 1903
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intendent.	I have	carefully	examined
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2.	M. Las	rdon	

Surgeon.

## ILLINOIS SOLDIERS AND SAILORS HOME

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Surgeon's	Office	Web)	7190
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intendent. I	have	carefully	examined
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STATE	OF	ILLINOIS,	200
GOUNT	TY OI	FADAMS.	] 50.

GOUNTY OF ADA	INOIS, ss.	
In the matter o	f the relationship of Laut	ech
	, being fi	rst duly sworn according to law,
deposes and says that he for	rmerly resided at Jacksmund	L.
that he ismarried	, that his wife, Levenin J	cell.
resides at	small, and that	t the names, relationship and
residences of all, and the re-	elations only, of affiant who would be his	heirs in the event of his death,
at this time, are as follows,	to-wit:	
NAMES.	RELATIONSHIP.	RESIDENCE.
ati Dois	Daughten	Tacona Mach
In Blain		44
Min Lak	Row	
Pesi Grel	Daughter	Tacksmith Il

And further affiant saith not.

Subscribed and sworn to before me, this \_\_\_\_\_\_\_\_ .day of. A. D. 190/....

Register No. 2806

# Minois Soldiers and Sailors Home,

QUINCY, ILLINOIS.

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Louis Tecte
Chapiro Morgan Co
Obapin Morgando O co. 101 Regit Ill Infly
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CONTENTS,
Admission Paper, _/
Army Discharge,
Certificate of Service,
Pension Certificate, 295.267
Pension Certificate, 295.267  Lischarged Sept 4th 95
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Dec 20'1905 Dischy on Just
Received, 18
Admitted June 12 1894
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