

See "EXPLANATIONS and DIRECTIONS" on Third Page.

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers' and Sailors' Home

AT QUINCY

TRUSTEES.

DANIEL DUSTIN, Sycamore, DeKalb County, Ill.
 L. T. DICKASON, Danville, Vermillion County, Ill.
 THOMAS W. MACFALL, Quincy, Adams County, Ill.

OFFICERS.

J. G. ROWLAND, Superintendent.
 S. B. SHERER, Secretary and Adjutant.
 R. H. CARNAHAN, Quartermaster and Commissary.
 R. W. McMAHAN, Surgeon.
 JAMES D. MORGAN, Treasurer.

STATE OF Illinois
 COUNTY OF Clinton } ss.

On this 17th day of February A. D. 1888, personally appeared before me
 (1) a County Clerk within and for the County and State aforesaid,

(2) John Byones aged 68 years; height 5 feet 5 inches,
 complexion dark, eyes gray, hair gray a resident of (3) Leaslyle

County of Clinton State of Illinois, who, being duly sworn, deposes and says, that he was born in

(4) Doublin Ireland and has been enlisted in the service of the United States

(5) two times during the (6) Civil War

war, and honorably discharged from each enlistment, as follows:

No. of Enlistments.	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>May 21 1864</u>	<u>Camp Butler</u>	Co. <u>B. 145</u> Regt. <u>Illinois Inf't</u>	<u>Sept 23 1864</u> <u>to camp Butler</u>	<u>by reason of expiration of term of service</u>
2d.	<u>October 25 1864</u>	<u>Camp Butler</u>	Co. _____ Regt. _____	<u>about 18</u> <u>Camp Butler</u>	
3d.	_____ 18	_____	Co. _____ Regt. _____	_____ 18	<u>disability weak lungs & feeble constitution Rejected Apr 2, 1864</u>
4th.	_____ 18	_____	Co. _____ Regt. _____	_____ 18	

That he is disabled as follows: (7) weak lungs and stiff leg

and has been receiving no Pension Dollars per month Pension, on Certificate No. _____ payable at _____ Agency, from _____ 18____, and being unable, on account of his disability, to earn his living by manual labor, desires admission to the Illinois Soldiers' and Sailors' Home.

The said applicant further swears, that he has not been engaged in, or 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 past. 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.

WITNESS,

John C. Lampkin
James Allen

^{his}
John B. Byrnes
~~sworn~~

Post Office Address, Castyle Clinton Co Ill.

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 B. Byrnes before he executed it.

(T1) Louis Elwang
Clinton County Illinois

CERTIFICATE OF IDENTIFICATION.

(The following Certificate must be signed by 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 know the above named John B. Byrnes
^{to which this must}
and that I believe the declaration signed by him to be true.

(9) Louis Elwang
County Clerk Clinton Co. Ill.

SURGEON'S CERTIFICATE.

I certify that I have carefully examined (2) John B. Byrnes (Byrnes was known to me) Co. B 145 Reg't. Ill Regt Volunteers, and that he is (10) permanently temporarily disabled for obtaining his subsistence by manual labor.

Date of Injury or Disease, _____ day _____ 18__

Place of Castyle State of Ill

Character of Disability, General weakness

Complications, Old age

Present condition of Applicant, Not able to earn a living

(10) A. J. McGaffigan, SURGEON.

Sworn to and subscribed before me, this 20th day of February A. D. 1888, and I hereby certify that the said A. J. McGaffigan is known to me as a Surgeon in actual practice and reputable in his profession.

(11) Louis Elwang
County Clerk of Clinton County Illinois

Occupation, Labourer
Married or Single, Single
[If a widower, so state.]
Children under 16 years, _____

NAME AND ADDRESS OF NEAREST RELATIVE,

none in the United States
only in Dublin Ireland.

ORDER FOR ADMISSION.

March 17th, 1888

The above application is hereby approved, and ⁽²⁾ _____

John Byrnes

B Co., 145th Reg't Ill. Inf. Vols., will be admitted to the Illinois Soldiers' and Sailors' Home at Quincy.

J. K. Runkel

Superintendent Illinois Soldiers' and Sailors' Home.

EXPLANATIONS AND DIRECTIONS.

THE FIGURES IN THE BODY OF THIS APPLICATION REFER TO THE DIRECTIONS BELOW, AND MUST BE CAREFULLY OBSERVED IN FILLING THE BLANKS.

1. Name and Title of Magistrate.
2. Applicant's Name.
3. Post Office Address.
4. Town, County, State (or Nation).
5. State the number of times actually mustered into the service of the United States.
6. Give the name of the War, (Mexican, or Civil).
7. *Here state minutely the cause and nature of the disability; if by wounds, state the nature of the wounds, and when and where received; if by disease, state the nature of disease, and when and where contracted.*
8. Signature of Applicant and Post Office Address. Two witnesses are required if he makes his mark.
9. This Certificate must be signed by the Mayor or City Clerk of the City, by a County Officer, or Justice of the Peace of the Town in which the applicant resides. No application will be approved until this direction has been complied with.
10. If the Certificate of Examination is officially signed by a Surgeon-General of a State, or by a United States Examining Surgeon, or by a Surgeon designated for that purpose by the Superintendent of the Home, it need not be sworn to. One of the words "permanently" or "temporarily" in the Certificate must be erased by the Surgeon.
11. Official Signature of Magistrate or Notary.

The soldier or sailor making this application, must forward to the Superintendent his Discharge, or a certified copy thereof from their last enlistment, and Pension Certificate, before his application will be approved. These papers will be retained by the Superintendent, and returned to the member when he is discharged. This rule is adopted to prevent the loss of such papers and certificates, and to hinder fraudulent practices.

After filling out this application and executing it as above directed, forward it, with the other papers, to the Superintendent, whose name is printed on the first page of this sheet.

(Do not fill out this blank.)

Register No. 714

APPLICATION FOR ADMISSION
TO THE
ILLINOIS SOLDIERS' AND SAILORS' HOME

OF

John Bernard

B Co. 145 Reg't Ill Inf Vols.

Co. Reg't Vols.

Co. Reg't Vols.

Admitted March 17th 188 8

APPROVED BY

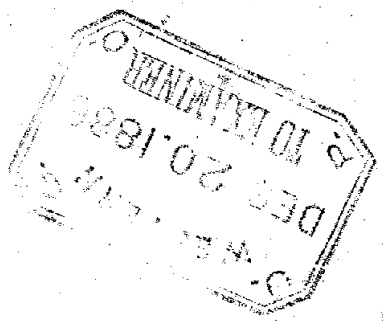
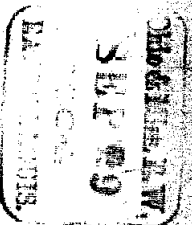
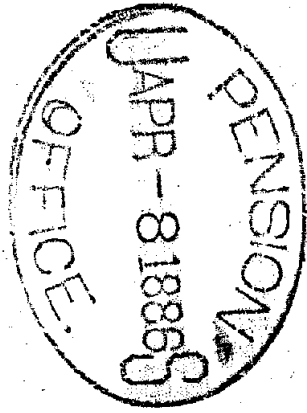
J. K. Maud

SUPERINTENDENT.

No. _____

Received Feb 21st 188 8

Notice of approval sent Feb 21 188 8



OATH OF IDENTITY.

of the town of _____

County of _____ in the State of _____

On this _____ day of _____ in the year _____ personally appeared

one thousand eight hundred and sixty _____ before me, the undersigned, a Justice of the Peace for the county

and _____ above mentioned, _____ who was

Identical _____ in the company commanded by _____

Captain _____ in the regiment _____

_____ commanded by _____ that he enlisted on the _____ day of _____

for the term of _____ and was discharged _____ on the _____ day

of _____ by reason of _____

Sworn and subscribed to before me the day and year above written.

I certify that _____ before

whom the above affidavit purports to have been made, is a Justice of

the Peace duly authorized to administer oaths, and that the above is

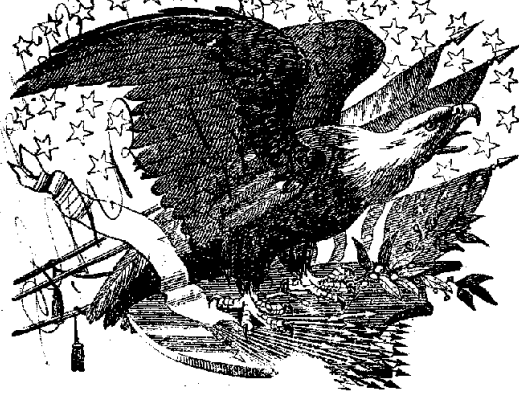
his signature.

In witness whereof, I have herewith set my hand and affixed my

official seal, this _____ day of _____ L. S. _____ in the year _____ at _____ in the State of _____

_____ Clerk of the _____

To all whom it may Concern



Know ye, That John Bynars a

Private of Captain Edward G. Dew's Company, (B.) 145th Regiment of Illinois Infantry VOLUNTEERS who was enrolled on the twenty first day of May one thousand eight hundred and sixty four to serve thirty days

is hereby Discharged from the service of the United States this 23rd day of September, 1864, at Camp Butler by reason of Expiration of Term of service (No objection to his being re-enlisted is known to exist.)

Said John Bynars was born in in the State of Ireland is thirty eight years of age. Five feet five inches high, Dark complexion, Grey eyes, Grey hair, and by occupation, when enrolled, a Farmer

Given at Camp Butler Mo. this 23rd day of September 1864.

W. Montgomery
1st Lieut 17th U.S. Infantry
Commanding the Regt.
Mustering Officer

* This sentence will be erased should there be anything in the conduct or physical condition of the soldier rendering him unfit for the Army

Capt. Comd'g Co.

Illinois Soldiers' and Sailors' Home,

Quincy, Ill., March 8th 1888

TO THE SUPERINTENDENT

Illinois Soldiers' and Sailors' Home,

Quincy, Ill.

Dear Sir:

Having been admitted as a member of the Home, I make this request, that in case of my unaccountable disappearance, dangerous illness or decease while a member thereof, you shall advise

who resides at Capt John L. Nichols
Carlyle Ill.

In the event of my decease while a member of this Home, it is my request, and I do hereby direct that you shall deliver to Sail Nichols who resides at as stated above any and all my personal effects of every kind and nature whatever, including any and all papers I may have relating to my enlistment and discharge from the army, and Pension papers.

This request I make voluntarily, being of sound mind, fully realizing the intent and effect thereof.

WITNESSES TO SIGNATURE:

[Handwritten signatures of witnesses]

[Handwritten signature of John L. Nichols]
Late of _____ Co. _____ Regt.

And now a Member of the Illinois Soldiers' and Sailors' Home.

Register No. 714

Illinois Soldiers' and Sailors' Home.

Surgeon's Office, *Mar 17* 188*8*.

Respectfully returned to

J. G. ROWLAND,

Superintendent.

I HAVE CAREFULLY EXAMINED

John Byrnes

late Co. *B* *145* Reg't *M. Infy*

late Co. _____ Reg't _____

and find him _____ disabled by *injury*

to right knee & hernia.

Has stiff knee right.

and right ingui-
nal hernia.

Is debilitated by
age.

The disability
entitles him to ad-
mission to the Home.

R. W. Carpenter

SURGEON.

Register No. 714

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

John Byrnes

Carlyle, Ill.

B CO. 145th REG'T Ill Inf.

CO. REG'T

CO. REG'T

CONTENTS

Admission Paper /

Army Discharge /

Certificate of Service

Pension Certificate

Will

Admitted

March 17,

1888

, 194

Rec'd papers Feb. 21, 1888

Died in Hospital

July 1, 1892.

REPLACEMENT

X

May 21, 1864
September 23, 1864

BYNARS, John

Pvt. B.

145th Ill. Inf. July 1, 1892

Sunset

Ill. S. & E. Home

Quincy Ill

#714 1-9-0.

W. 74
JUN 24 1940