-HEADQUARTERS-

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS. MAR 1 6 1899 18 CARLYLE ILL (0) of the Town of CARLYIE 11.6., in the formerly a Soldier of the United States, respectfully asks that he of America, in the war.....against (1) be admitted as a member of said Home. To enable the authorities to determine whether or not he is legally entitled to become a member of said Home, he declares years old; that he is _____feet and ____inches high; that and states the facts to be that he is now. eyes, and dark hair; that he was born in the town of of Anna Market 18 ; that he has been (2) Lucica enrolled in the U. S. A. service; 2 100 775 in the war in the war of the late Rebellion; and that he has been (8)......honorably discharged from the service of the United States. That the following is a true statement of the timeand placeof his enrollment, and discharge.....from said service, and of the cause of his discharge....., and of his rank at the respective date......thereof, namely: Nο. When and Where Enrolled, Cause of Discharge. When and Where Discharged. Rank. Company and Regiment. Ist. 2d. 3d. That he now receives, on pension certifica a pension of 1899, at the Ollica Go LOL Pension Office. ..day of next... That he owns property, real and personal, of the value of dollars, and no more; that he has no means of self-support other than the above named; that his trade or occupation is that of a ... faxu children now living; ages, respectively, (5) 25-24-21 That he has (4) wife; that he has State of Illinois; that his nearest railway station is hat his postoffice address is...... , on the 13 4 0 SW Railway, in Clinton County in said State; that the name and address of the person, to whom he desires notice of his illness or death shall be given, is of CARLYIN, ILIA, County of that, in case of his death, he desires all his personal effects to be sent to..... at A State of County of Charles State of That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the That he is now a bona fide resident of the State of Illinois, and has continuously lived and resided in said State for the last two years, or has served in an Illinois organization. Since 1838. Except lines was a Comment That he is so far disabled by (7) Nkeunalism & Partial Porrelysio as to now be incapable of earning his own living. That he has at all times, heretofore, supported and adhered to the government of the United States of America, and that he has not at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion. That if he shall be admitted to be a member of the said Home, he will, in all things and in every respect, comply with and conform to the rules and regulations made, or that shall hereafter be made, for the government and discipline of the same; and that he will cheerfully do and perform any and all things that shall be required of him by those there in authority over him; and that he will promptly, and willingly, obey all lawful orders that he shall receive from any officer of the Home, so long as he shall remain a member thereof. estimony whereof, he has set his hand this ..

Witness.

Applicant.

| STATE OF ILLINOIS, | |
|--|--|
| COUNTY OF (Pluton) 55 | 1; WM H NORAIS. (10) Notong Ruba |
| of the town of the | and for said County, do hereby certify that the above named Applicant, to me personally |
| | 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 then | e deposed and said that he was the applicant above named, and that he was fully |
| acquainted with matters and things stated an | ad 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. J. |
| | (11) Lutter Cull |
| Subscribed and sworn to before me, this | day of Mysell , A. D. 18.99 Witness my hand |
| and official seal. | min Manin today |
| L. S. | 11 0 4 VV 0 /VW (12) Vicunjou |
| | |
| | CERTIFICATE OF IDENTIFICATION. |
| I do hereby certify, upon honor, that I ha | |
| | t passed; and that to the best of my knowledge and belief, the statements contained in |
| his foregoing application are entirely true, a | and especially that as to the time of his residence in Illinois, or service in an Illinois |
| | s no known mental disorder; and that he requires no special attendant; and that he |
| can properly be allowed to go at large; and t | hat he can safely be quartered with feeble and helpless men. Witness my hand, (18) Howy Jaderlein, |
| * · · · · · · · · · · · · · · · · · · · | Witness my hand, (10) |
| 2.3 | (14)- CONDY- CEVU R. VE |
| * | |
| CEI | RTIFICATE OF A LOCAL PHYSICIAN. |
| I hereby depose and state that I have car- | efully examined the above named Applicant, Lands line Music |
| , as to his disabili | ty, and I now find that he has (15) Louis Trulle |
| heart trouble, dr | They caused by sidney bouble |
| to such an extent as to prevent him from earn | ing his own living. And I hereby gentify that he has no known, manifest, or discover- |
| | 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 | Myringu Schur Of M. D. |
| Subscribed and sworn to before me, this. | 19 Th day of Mulifik 1899. And I certify that I am |
| personally acquainted with said affiiant, | Uman Schmidt and that I know him to be a physician |
| in active practice, and in good repute, as an hor | nest man and a capable physician, in the community and among his fellow physicians |
| where he lives. | B. M. Wichols , Bustive of the (16) Pleases |
| | free complete age of the state |
| | The state of the s |
| | FICATE OF SOLDIERS HOME SURGEON. |
| | y and critically examined Landolm Cinery, |
| | and physical condition, at the Hospital of this Institution, on |
| the day of Assault | , 18.9.9; and that I then found him to be of sound mind, and to be |
| capable of earning his living by reason | of his physical disability arising from (17) Valvular Fract |
| doubly Chronic | Rhumatin + partial los of |
| sight | |
| · <i>U</i> | |
| | 6 Eller |
| With | ess my hand Aspital Surgeon. |

DEPARTMENT OF THE INTERIOR

OFFICE OF SPECIAL EXAMINER U. S. BUREAU OF PENSIONS

NOTICE OF SPECIAL EXAMINATION.

Case of Landole Amen

Claimant:

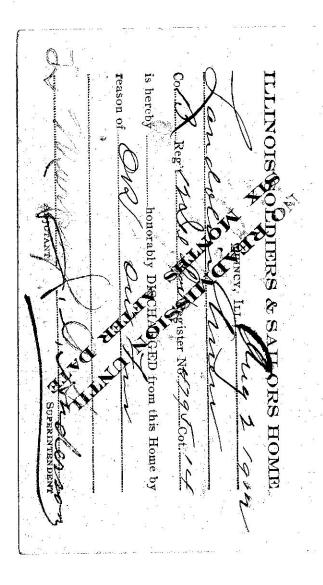
rereby notified that, by order of the Commissioner of Pensions, the undersigned will on the A. D. 1917, and continuing thereafter as long as may be

... County of

-, and elsewhere if necessary, conduct a special examination of the aforesaid pension claim, at which time and place all available and material witnesses will be heard.

And you are further notified that you have the privilege of being present, in person or by attorney, during said special examination, and of cross-examining said witnesses and of introducing any material

evidence on your own behalf, if you so desire.



| Illinois Soldiers' Sailors' Some |
|--|
| Larlyle Cleven County V co. 2 al Reg't Mo. N. a. B. co. 12 A Reg't Ill, bar |
| |
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| Admission Paper I Army Discharge Certificate of Service Pension Certificate ALL I |
| Admitted APR 13 1899 18 |
| Discutus Aug 21912 R.J. Och, 12. 1914, Dis Apr 8 1916 OR |

REGISTER NO.