

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

EMILY W. LIPPENCOTT, MATRON.
 TRUSTEES:
 CAPTAIN WILLIAM STEINWEDELL, QUINCY, ILL.
 COLONEL JAMES A. SEXTON, CHICAGO, ILL.
 GENERAL LEWIS B. PARSONS, FLORA, ILL.

Head Quarters

Illinois Soldiers and Sailors Home

Near Quincy, Illinois.

Edward Dreher *Inspector* *April 6th*, 1894.
New Baden, (6) of the Town of *Looking Glass*, in the
 County of *Dixon*, and State of *Illinois*, formerly a Soldier of the United
 States of America, in the war against (1) *late Rebellion*, respectfully
 asks that he 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 and states the facts to be that he is now *46* years old, that he is *5* feet and *4* inches high; that he is of *Black* complexion, *Black* eyes, and *Black* hair; that he was born in the town of *City of St. Louis* in the State of *Missouri*, on the *18th* day of *November*, 18*47*; that he has been (2) enrolled in the U. S. A. service; in the war against *Mexico*, and in the war of the late Rebellion; and that he has been (3) *1* honorably discharged from the service of the United States, *as a miner*. That the following is a true statement of the time and place of his enrollment, and discharge from said service; and of the cause of his discharge, and of his rank at the respective date thereof, namely:

No.	When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment,	Cause of Discharge.
1st.	<i>St Louis Mo</i> <i>January 15, 1864</i>	<i>Nashville</i> <i>Discharged</i>		<i>Co. C Regt. 1 Missouri</i>	<i>Miner</i>
2d.		<i>May 30 1865</i>		<i>Co. Regt. 1st Artillery</i>	
3d.				<i>Co. Regt.</i>	

That he now receives, on pension certificate number *625102*, a pension of *Eight* dollars a month, payable the *4* day of next *April*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *none* dollars, and no more; that he has no means of self-support other than that above named; that his trade or occupation is that of a *Laborer*.

That he has (4) *one* wife; that he has *no* children now living; ages, respectively, (5) *years*. That his postoffice address is *New Baden*, State of Illinois; that his nearest railway station is *New Baden*, on the *S. & St. Louis* Railway, in *Dixon* 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 *John Weinst*, of *Summerfield* County of *St. Clair*, State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *John Weinst*, at *Summerfield*, County of *St. Clair*, State of *Ills*.

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution excepting the (6) *none*.

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.

That he is so far disabled by (7) *Rupture and Rheumatism*.

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.

In testimony whereof he has set his hand this *6th* day of *April*, 189*4*.

(8) *Matthew Blaet*, *William Stordt* Witness. (9) *Edward Dreher* Applicant.

COUNTY OF Chenango } SS. I, Matth Black, a (10) Notary Public
of the town of Lockport, in and for 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

(11) Edward Dreher Affiant.
Subscribed and sworn to before me, this 6th day of April, A. D. 1894. Witness my hand
and official seal.
L. S. Matth Black Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Edward Dreher,
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.

Witness my hand, (13) This 6th day of April 1894
Matth Black
Notary Public

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, Edward Dreher,
Dreher, as to his disability, and I now find that he has (15) Asthma,
Rheumatism, and Right Inguinal Hernia
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.

J. H. Hewitt, M. D.
Subscribed and sworn to before me, this 6th day of April, A. D. 1894. 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, as an honest man and a capable physician, in the commu-
nity and among his fellow physicians where he lives.
Julius Winkler Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Edward Dreher
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Wednesday
the 30th day of May, 1894; and that I then found him to be of _____ sound mind, and to be
incapable of earning his living by reason of his physical disability arising from (17) right scapular hernia
that cannot be retained with truss, Asthma and tendency to
articular Rheumatism.

Witness my hand E. B. Montgomery

Register No. 2791

Illinois Soldiers and Sailors Home,
QUINCY, ILLINOIS.

Edward Dreher

New Baden Ill.

C Co. 1st Reg't McArt

Co. Reg't

Co. Reg't

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