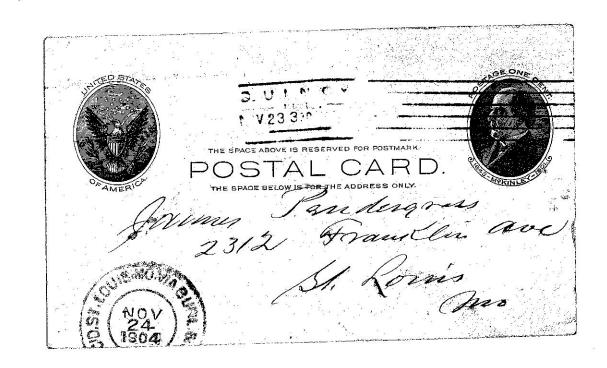
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Franklin ave (m) + It Janes Mo Vov16 1904 Gaverno State Gederal Home Luney Ill I reguestan Honorable Discharge from the State Soldiers home at Druncy Ill I Servedin Company 7:29 the ?? U.S. Colored trooks-I am a Pensiones Certificate number 579, 356. Im reason for asking for an honorobledischorseis that I have frends in the Home at Danville Illinou sound I wish to become animate of Danville Home Vergreskectfully James Pendergrass

"Jamon Fourlough and my time Expire December of I don't Expire before that

2312 Franklin Ove-H. Jams. Mo Jan 29 # 1903 Your State Home for Disobled Soldiers -Dear Sit. Some time about three weeks ago I sent in an application for admission to above mentioned home, but up to date have not received a notice to lone. I am ankions to get away from It, Jam's and would be please to receive an order to love to the home I haveny Pension Certificate here with me and Condend it I some Pendergrass Iste private Co. F. 29 gllinais Inf

2312 Franklin av, Stowis mo Sept 19# 1903 Capt. Win Samerville Sexperintendent boldiers Home-Dealler. Please Extend my Fourlangh until first day of November 1903, Jan 18, gans of Very respectfully— Hease Lend me my Rension Rapers do draw my Kension while in Mains . Mrs. If any mail Comes for me, Rlease forward it to my address in this City-Very respectfully James Jundugass Company F. 25#21. S. C. T.

STATE OF ILLINO GOUNTY OF ADAMS.  In the matter of the	· January C	Dondergrass
		st duly sworn according to law,
that he is married, that resides at	t his wife, Martha	t the names, relationship and
residences of all, and the relationat this time, are as follows, to-wi	ns only, of affiant who would be his	heirs in the event of his death,
NAMES.	RELATIONSHIP.	RESIDENCE.
ming Jacksen	Daughter	St Louis Dro
anard Index gras	Son	Parlyle Dee
	and the second s	
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e <sup>2</sup>		
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And further affiant saith t	not. Lames	Dender grans
Subscribed and sworn to be	fore me, this seem day	of Hebruan

A. D. 1903.

# -HEADQUARTERS-

Illinois Soldiers and Sailors Home, QUINCY, ILLINOIS.

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Count	15/1		, and State of	and of	formerly a	Soldier of the United State
			) was ap The	rese	luon	, respectfully asks that b
		nember of said	•			
× .			etermine whether or not he	ara	M P	/
and st	ates the facts	to be that he is	nowyears old;		w Preshastork	inches high; the
he is o	of Jell	$\sim$ 1 $^{\circ}$	exion, Dark ey	es, and	hair; that	he was born in the town
Lli	nton	1 County in	1 the State	ofo	Illinais, or	the da
of	may	163	that he has been (2)	once	enrolled in the U.S.A. se	rvice; <del>in the wa</del>
againe	u	, 411	in the war of the late Rel	ellion; and	d that he has been (3)	honorably dis
charge	ed from the se	rvice of the Unite	ed States. That the following	is a true sta	tement of the time and p	lace of his enrollment
			and of the cause of his discha			
					F.	
No.	When and W	There Enrolled.	When and Where Discharged.	Rank,	Company and Regiment	. Cause of Discharge.
ist.	Allon,	Illinars	Springfella All	10	4,9 606	of Service no
	rebrusi	41865	November (865	Mourate	Co. 4 Regt. 254	4t Janger reguer
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	-	*	1090	15/	· · · · · · · · · · · · · · · · · · ·	7
			on certificate number 5793			dollars a month
navable	ethe L/	- May of r	next april	at th	e Chicago	
						T cusion office.
Th	at he owns p	roperty, real and	i personal, of the value of			id no more; that he has no
means	of self-suppor	rt other than the	above named; that his trade	or occupati	ion is that of a 220 0	Mupalian
Th	at he has (4).		nat he has 2children n	ow living;	ages, respectively, (5).2.	6 and 27
years.	That his pos	stoffice address is	23/2 Franklii	r ave	, State of <del>Illinois</del> , that his	nearest railway station is
20	mion	Mahoy on	the		lway, in Faid a	trof of tours in said
State	50000 to 1		of the person, to whom h		The second secon	death shall be given, is
ura	Jac Kan	and morth	a Rendergras of with	C	Caty of 1 1 7	au State of
mi	00		use of his death, he desires all		/1.	
7	2000	; that, in ca	O A 1	107		/ .
		, a	U		Christon, s	
Tha	at he has not	heretofore been	a member of any Soldiers',	Sailors', or	other Charitable Home or	Institution, excepting the
(6)			Misso	14		
The	at he is now :	a bona fide residi	ent of the State of Winois, an	d has contin	nuously lived and resided	in said State for the last
two yea	ırs, 🗪 has ser	ved in an Illino	is organization.	d.	1 00	10 /1-
The	at he is so far	disabled by (7	Chrone	cDro	rrhea, Piles,	Rupwie
M	Leurs ?	tism	1	4.	\$ " l*"	· /
/		·				
		In a Communication him				
is to no: The	w oe incapaol at he has at	le of carning his	ofore, supported and adhered	to the gove	ernment of the United State	es of America, and that he
ias not	at any time l	oeen engaged in,	or countenanced, or aided, o	r abetted, th	he cause of the late Rebell	ion.
Tha	at if he shall	be admitted to	be a member of the said Hom	e, he will,	in all things and in every	respect, comply with and
				to made to	it bus dusemment and di	
conform	1 to the rules	and regulations	made, or that shall hereafter	be made, id	or the government and di	scipline of the same; and
hat he	will cheerful	and regulations ly do and perform	m any and all things that sha	11 be requir	red of him by those there is	n authority over him; and
hat he	will cheerful	and regulations ly do and perform	m any and all things that sha	11 be requir	red of him by those there is	n authority over him; and
hat he	will cheerful	and regulations ly do and perform	m any and all things that sha	11 be requir	red of him by those there is	n authority over him; and
hat he	will cheerful	and regulations ly do and perform	m any and all things that sha	11 be requir	red of him by those there is	n authority over him; and
hat he	will cheerful	and regulations ly do and perform	m any and all things that sha	11 be requir	red of him by those there is	n authority over him; and

mistown
TSTATE OF ELEVOIS,
I Henry J. Lyda, a (10) Novary Public
City 140
of the tour of Andrew, in and for said County, do hereby certify that the above named Applicant, to me person-
ally 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.
Affiant.
Subscribed and sworn to before me, this day of January, A. D. 1503. Witness my hand
and official seal.
I. S. 121/060/10012
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known formes hendergrans
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 Hillipois, or service in an Hillinois
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, (23) Henry Jidyda,
(Navy Pensiones Contificate (11) Notary Pieblic
100 1844
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named Applicant, fames James James James
, as to his disability, and I now find that he has (15) Death Ingrision Desphere
Viles ha ceneral breakdown
to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, manifest, or discov-
erable, mental disorder; that he has no need of an attendant; that he may be properly allowed to go at large; and that he cau
safely be quartered with men who are old and feeble.
W.J. DAVOLUTTO, M.D.
Subscribed and sworn to before me, this day of January 1903. And I certify that I am
personally acquainted with said affiant W. H. Selverwood, 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 community and among his fellow phy-
sicians where he lives.
Natory Public
CERTIFICATE OF SOLDIERS HOME SURGEON.  L hereby certify upon honor that I carefully and critically examined famus Candergrass.
I hereby certify upon honor that I carefully and critically examined famus Vandagas
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Advanced
the day of 1/11/2, and that I then found him to be of gound mind, and to be
capable of earning his living by reason of his physical disability arising from (17)
Harris & Rhennation,
h/p F/1.
Witness my hand.
ast Home Hospital Surgeon.

#### ORDER ADMITTING APPLICANT.

The application of the said, together wi	th the said severa
certificates, signatures, and jurats, having been found to be duly and formally made, and the Superintendent !	eing satisfied tha
the applicant has shown himself to be lawfully entitled to admission to the Home,—it is hereby ordered the	at he be now duly
admitted as a member thereof, thisday of	
	Superintendent.

#### HOW TO FILL APPLICATION BLANKS

- 0. Give full name of the Applicant.
- 1. Either "Mexico, the late Rebellion, or Spain."
- 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.
- Here give the name of any Home or other Institution of which he has been a member.
- Here state, in his own words, what it is that ails or disables him.
- 8. Here Applicant will sign his full name, or make his mark.
- 9. 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.
  - 13. To be made and signed by any Judge of any County 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.
- 15. The physician here will 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.
- 16. 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 found 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 permited 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, the late Rebellion, or the Spanish War.
  - 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 Illinois, or served in an Illinois organization.
- 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 reason of old age, or by means of some other PRESENT DISABILITY.
  - 5. That you shall 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.

Register No. 62,2

APPLICATION FOR ADMISSION

Illinois Soldiers and Sailors Hom

pplication Approved by

Superintende

Admission Granted