### HEADQUARTERS

## Illinois Soldiers' and Sailors' Home

*	QUINCY, 1	LLI	NOIS	4
Thomas Rinus	a "	A.	Darlyla Ill April	il 16 1909.
County of Clietou		TE MAIL (	of steelinger VI	Lewoo, in the
of America, in the war again	est (1) Place II	W C	formerly a Soldier	r of the United Stat
To enable the authorities to de	of said Home.	- 130, 300	villum-	, respectfully asl
clares and states the facts to be tha	t he is now $\gamma\gamma$	legally	entitled to become a member	of said Home, he de
clares and states the facts to be the	7 7 7 3 0415 010	on on the	18 V feet and /O /az in	-1 - 1 - 1
V	A	mu ye	hair that he ma	2.10
of 1021 183	/	بالمعامدة	on the A Cull	do da
war against Toler of the discharged from the service of the	Erate	Ç£_eni	colled in the U.S. A. service;	in the
discharged from the service of the	<u></u>		and that he has been (3)	17/18 - hamme 11
enrollment and discharge from	Onited States. That the foll	owing is	a true statement of the time	and place of his
enrollment _ and discharge _ from sthereof namely:	said service, and that the cause	of his d	ischarge, and of his rank at t	the respective data
No. 7 When and where Enrolled,	When and where Discharged.	Rank.	Company and Regiment.	
1st. 100	1865		O 166	Cause of Discharge.
and,	opringfield De	Rnt	- Co. L. GRegt. Lll Cary	service ruties
02			Co. Regt.	
9rd.			Co. Reat	
That he now receives on remain	(17.16	7		
That he now receives, on pension payable the Vurley fourlay	certificate number 0040	22	, a pension of . Luvelle	dollars a month
That he owns proporty	or next_sury_4"	-, at the	Ohtcago Il Pensio	n Office.
That he owns property, real and no means of self-support other than th	personal, or the value of ///	11 8 XII	All Mallin and the A CALLETTY	
no means of self-support other than the That he has (4)	e above named; that his trade	or occup	pation is that of a Janua	Solo, that he has
years. That his postoffice address is.	19intyla		state of Illinois: that his near	7-1-00
in said State: that the	the OF WOUND	Ra	State of Illinois: that his near	est railway station
in said State; that the name and addr	ess of the person to whom he	e desires	notice of his illness or death	chall be given
100	of Carly		County of Oliulation	shair be given, is
	Countrof	0000		# 4 · • • • • • • • • • • • • • • • • • •
		ors', or o	ther Charitable Home on Trees	and The
he (6) Would aug t	211676			itution, excepting
That he is now a bona fide resident of ears, or has served in an Illinois organiz	f the State of Illinois, and has	continuou	sly lived and resided in said St	ate for the last ton
That he is so far disabled by (7) $\mathcal{L}$	Rug Te	01	2 4	colo for the tast two
the state and the by (1) Se	warmany .	- OCA-	49.2.	************
	华 75			
to now be incapable of earning his own	imna.			
That he has at all times hands	NEWSON NEWS NEWS NEWS NEWS NEWS NEWS NEWS NEW	governn	nent of the United States of A	movies and the
That if he shall be admitted to be d conform to the rules and regulatione; and that he will cheerfully do and er him; and that he will promptly, and long as he shall remain a member the	ns made, or that shall hereaft perform any and all things th I willingly, obey all lawful ord	he will, i ter be m at shall i lers that	in all things and in every responder, for the government and obe required of him by those the bestall receive from	ect, comply with discipline of the ere in authority
In Testimony Whereof, he has set hi	1001.	1	Al 10	er of the Home,
	1 /	day	of ARTIC	190-9.
Janus w In	Witness (8) 4	yw	max ocursis	er
12/1/1/1/1	1 3		11/12/16	Amalian

STATE OF ILLINOIS)
County of Chutow S I, Swyl Domes, a (10) So trans Rubbio
of the town of Dally 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
personally and well known to be the identical person he represents himself to be, this day personally appeared before me,
stood, and that he was, by me, thereupon duly sworn, and there and there depend a latter depend on the stood and that he was, by me, thereupon duly sworn, and there are there depend a latter are the stood and there are the stood and the stood are the stood and the stood are the sto
and out fouth in line in the l
same and each of them were true in substance and in fact as he had therein stated.
a (II) of the Comment
(11) Affiant.
Subscribed and sworn to before me, this 10 m day of form day of A. D. 190 Q
Witness my hand and official seal.
[L. S.] Mellaustehorrs (12) Antan Rules
The state of the s
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known I honoran Rimman American the above Applicant, for at least, two were last records and that the state of the sta
Jones of the way thank
Witness my hand, (13)
(14) Port Comed-10 525 Dept of Sep
CERTIFICATE OF A LOCAL PHYSICIAN.
I hereby depose and state that I have carefully examined the above named applicant Thomas
applicant to the forming
Thas been Question and I now find that he has (15) Theremedian and
Thas been Confined to his disability, and I now find that he has (15) The months on and
Thas been confined to his disability, and I now find that he has (15) The months and and able to such an extent as to prevent him from earning his own think the is
Thas been Confined to his disability, and I now find that he has (15) The months on and
to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, manifest, or discoverable mental disorder; that he has no need of an attendant; that he may be may be made him to discover the has no need of an attendant; that he may be may be mental disorder; that he has no need of an attendant; that he may be may be made has no known, manifest, or dis-
That been confined that he has (15) The months and I now find that he has (15) The months and the standard to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, manifest, 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 I have been disability, and I now find that he has (15) The months and the standard of the such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, manifest, 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.  Subscribed and sworn to before me, this / And I day of for the said of the s
Subscribed and sworn to before me, this   Subscribed and sworn to before me, this   Certify that I am personally acquainted with said affiant.  Subscribed and sworn to be a physician in active practice, and in good repute, and an forest man and a subscribed and sword in active practice, and in good repute, and an forest man and a subscribed and sword in active practice, and in good repute, and an forest man and a subscribed and sword and that the subscribed and sword with said affiant.
Subscribed and sworn to before me, this / The has (15) Alberta for the has (15) And I hereby certify that he has no lead to and I hereby certify that he has no known, manifest, 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.  Subscribed and sworn to before me, this / The day of the has no lead of the lead of t
Subscribed and sworn to before me, this   Subscribed and sworn to before me, this   Certify that I am personally acquainted with said affiant.  Subscribed and sworn to be a physician in active practice, and in good repute, and an forest man and a subscribed and sword in active practice, and in good repute, and an forest man and a subscribed and sword in active practice, and in good repute, and an forest man and a subscribed and sword and that the subscribed and sword with said affiant.
Subscribed and sworn to before me, this   Subscribed and sworn to before me, this   Certify that I am personally acquainted with said affiant.  Subscribed and sworn to be a physician in active practice, and in good repute, and an forest man and a subscribed and sword in active practice, and in good repute, and an forest man and a subscribed and sword in active practice, and in good repute, and an forest man and a subscribed and sword and that the subscribed and sword with said affiant.
Subscribed and sworn to before me, this   Subscribed and sworn to before me, this   Certify that I am personally acquainted with said affiant.  Subscribed and sworn to be a physician in active practice, and in good repute, and an forest man and a subscribed and sword in active practice, and in good repute, and an forest man and a subscribed and sword in active practice, and in good repute, and an forest man and a subscribed and sword and that the subscribed and sword with said affiant.
Subscribed and sworn to before me, this   Subscribed and sworn to before me, this   Know him to be a physician in active practice, and in good repute, and an honest man and a capable physician, in the community and among his fellow physicians where he lives.
Subscribed and sworn to before me, this day of that I am personally acquainted with said affiant and among his fellow physicians where he lives.  CERTIFICATE OF A SOLDIERS' HOME SUBGEON.  I hereby certify upon honor that I carefully and critically examined.  I have him to have that he has to prevent him from earning his own living. And I hereby certify that he has no known, manifest, 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.  Subscribed and sworn to before me, this day of the d
coverable 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.  Subscribed and sworn to before me, this day of the coverable mental disorder, and in good repute, and an konest man and a capable physician, in the community and among his fellow physicians where he lives.  CERTIFICATE OF A SOLDIERS' HOME SUBGEON.  I hereby certify upon honor that I carefully and critically examined for this Institution, on
coverable 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.  Subscribed and sworn to before me, this day of day of large and a capable physician in active practice, and in good repute, and an inonest man and a capable physician, in the community and among his fellow physicians where he lives.  CERTIFICATE OF A SOLDIERS' HOME SUBGEON.  I hereby certify upon honor that I carefully and critically examined for this Institution, on day of applicant, as to his mental and physical condition, at the Hospital of this Institution, on day of applicant, and that I found him to be of sound mind and to be of sou
coverable 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.  Subscribed and sworn to before me, this day of the first that I am personally acquainted with said affiant. Dr. W.C. And I munity and among his fellow physicians where he lives.  CERTIFICATE OF A SOLDIERS' HOME SUBGEON.  I hereby certify upon honor that I carefully and critically examined day of this Institution, on day of April 1909; and that I found him to be of sound mind, and to be a physical feature of a sound mind, and to be a physical of earning his living by reason of his physical disability arising from (17) Actual of the first hand to be a capable of earning his living by reason of his physical disability arising from (17) Actual of the first hand to be a capable of earning his living by reason of his physical disability arising from (17) Actual of the first hand the content of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of the capab
coverable 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.  Subscribed and sworn to before me, this day of day of large and a capable physician in active practice, and in good repute, and an inonest man and a capable physician, in the community and among his fellow physicians where he lives.  CERTIFICATE OF A SOLDIERS' HOME SUBGEON.  I hereby certify upon honor that I carefully and critically examined for this Institution, on day of applicant, as to his mental and physical condition, at the Hospital of this Institution, on day of applicant, and that I found him to be of sound mind and to be of sou
coverable 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.  Subscribed and sworn to before me, this day of the first that I am personally acquainted with said affiant. Dr. W.C. And I munity and among his fellow physicians where he lives.  CERTIFICATE OF A SOLDIERS' HOME SUBGEON.  I hereby certify upon honor that I carefully and critically examined day of this Institution, on day of April 1909; and that I found him to be of sound mind, and to be a physical feature of a sound mind, and to be a physical of earning his living by reason of his physical disability arising from (17) Actual of the first hand to be a capable of earning his living by reason of his physical disability arising from (17) Actual of the first hand to be a capable of earning his living by reason of his physical disability arising from (17) Actual of the first hand the content of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of the capab
coverable mental disorder; that he has no need of an attendant; that he may be properly allowed to go at large; and that he has no become asked with men who are old and feeble.  Subscribed and sworn to before me, this /
coverable 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.  Subscribed and sworn to before me, this day of the first that I am personally acquainted with said affiant. Dr. W.C. And I munity and among his fellow physicians where he lives.  CERTIFICATE OF A SOLDIERS' HOME SUBGEON.  I hereby certify upon honor that I carefully and critically examined day of this Institution, on day of April 1909; and that I found him to be of sound mind, and to be a physical feature of a sound mind, and to be a physical of earning his living by reason of his physical disability arising from (17) Actual of the first hand to be a capable of earning his living by reason of his physical disability arising from (17) Actual of the first hand to be a capable of earning his living by reason of his physical disability arising from (17) Actual of the first hand the content of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of earning his living by reason of his physical disability arising from (17) Actual of the capable of the capab

### ILLINOIS SOLDIERS AND SAILORS HOME

### APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

STATE OF County o	ILLINOIS   ss.	A			The total section of the section of
- 0		day of Selvina	vti	A D 1000 nere	onally appeared before me,
Shore	IAS RAZILIA	& who being	ð`	, A. D., 13-07, pers	onally appeared before me,
		who being	daly sworn,	apon oath says:—	18 april 10 Uno 1 is, 77 years: I am 5 feet
	1. My name is	(1) I Uruas Oun	mex.	and my age	is, 77 years. I am 5 feet
and 10 inch	neshigh. Iam of Lig	the complexion, plus	eyes and	fathair. I was born	in the town of Lu County
in th	ie county of Made	ovus, state of Ill	-loini	, on the loday o	April 1831
I have been	enrolled in the U.S.	A. service; Makin the	war against (!	7 Ribellion	, and in the war of the
late Rebelli	on. I have been (3)	Limes discharged from	the service of	the United States. 7	The following is a true state- e of my discharge, and my
rank at the	respective date, is as	follows:			or mi, who may
No.	When and where enrolled	When and where discharged	l Rank	Company and regiment	Cause of discharge
	Seby, 27, 7864.	00 W 4 1864	5?	40,11	
1st.	Olyan Il	prougheld &	- Digita	Co. Regt 6 Car	y Ell End of souther
2nd.		00	**	Co. Regt.	
3rd.				Co. Regt.	
.5	2. I now receive	ve on pension certificate n	umbered_6	52/062	, a pension of 20 dollars
per month,		1	$\cap$ 1		Pension Office.
<u>.</u> 1.	3. On the	lay of March	A D 18	71 at	in the county of
Elin	in in	the state of Alling		T man la de 11	rried to Mas Tunbeles
U.S. SUNDO		17		1000 C 1000 C 100	porting as my lawful wife.
10-0				A	postoffice address is
V 11 1 A					—, on the @ awy
	railway, in Ulu	Louis County, in sa	id state. Ir	case of illness or dea	th F desire that notice be
sent to Ca	alyla Post 525 in	the town of Carly	e , cour	nty of Clintow.	- state of Illium
		ddress of the person to w	hom all my j	personal effects shall	be sent in case of death is,
Mary	Morro da	ighter at La	toKa.	$\sim$ in the count	V of Day of Sle
state of	Philosop	My trade or occupa	tion is that o	to tanuer la	et occupation
40	5. I am so far d	isabled by reason of age ar	nd infirmity a	s to be incapable of ear	ning a living for myself and
my said wif	le is without separate	property or income suffic	ient to afford	l herself with a living	g, or which combined with Soldiers or Sailors Home, or
	able institution, exce	· · ·	~		
na malijana dinaktijani sana in h			of the Illin	ois Soldiers and Sailor	rs Home, and my said wife
Soflia	·				ith me, and joins me in this
approauton.	rot membetsinb tuete	in. That I have at all tim	es nerecorore	e, supported and adher	ed to the government of the , or aided, or abetted, the
cause of the	late Rebellion. Tha	t if we shall be admitted	to be membe	rs of said Home, we wi	ll in all things, and in every
and disciplin	ne of the same, and th	hat we will cheerfully do	and perform	any and all things tha	be made for the government t shall be required of us, by
those in aut	hority over us, and tl	hat we will promptly and	willingly obe	ev all lawful orders the	we shall receive from any and was Burnew wo find
that Dest	you can my would	e Ryun or to ago. E. NY WHEREOF we have		1 (P / K	
19 <b>6</b> 9.	II. HABITEOT	T HILLSTONOT WE HAVE	seo our nano	May of his	
/			, , , , , , , , , , , , , , , , , , ,	(6) Mornagy	Rimeur.
in Gi	rge HRO.	levell		Mas Soll	des ()
Witness	A Vaning	1/1/1011	-	rryv soperal	nand, Applicants
	inny	right	$\mathcal{C}_{\mathcal{C}}$	Minu S	MS.
				,	

#### CERTIFICATE OF IDENTIFICATION

I do hereby certify, upon honor, that I have personally known I Mulas Summers
and My Sokuia linus exthe above applicants, for at least two years last past, and that to the best
of my knowledge and belief, the statements contained in their foregoing application are entirely true, and especially that
as to the time of their residence in Illinois, for his service in an Illinois organization. And I further state that they have no known mental disorder and that they require no special attendants; that they can properly be allowed to go at
large and that they can safely be quartered with feeble and helpless men and women. His wife tigo best obtaining luing the first like resided the is just any olos flict with had died for any arregionally
Frougo his Dis change trons truvel ( ) Il
WITNESS my hand (8) William Tomo! Ward
Carlyle Slewo
(9)————————————————————————————————————
CERTIFICATE OF A LOCAL PHYSICIAN
I hereby depose and state that I have carefully examined the above named applicant
as to his disability, and I now find that he has (10)
wife is recovering from the Eriffe
to such an extent as to prevent him from earning a living for himself and wife. And I hereby certify that they have no known, manifest or discoverable disorder; that they have no need of attendants; that they may properly be allowed to
go at large and that they can safely be quartered with men and women who are old and feeble.
He can not get out of bed by hunself
M. D.
Subscribed and sworn to before me, this day of Webnian 1. A. D., 19 4, 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, and an honest man and a capable physician in the community and among his fellow physicians, where he lives.
(11) 2 I acacust, VII YYYD.
Notary Public, Ila,
Jonegle Illy
CERTIFICATE OF A SOLDIERS HOME SURGEON
I-hereby certify upon honor that I have carefully and critically examined
and the first the first of an appearance of the first of
, the above named applicant as to his mental and physical condition, at the hospital of this
Institution, on the day of , 19 ; and that I found him to be of sound mind, and to be
capable of earning his living by reason of his physical disability arising from (12)
is <b>provided the construction of the construction of the construction of the construction</b>
Witness my hand Home Hospital Surgeon
House mosping outgoin
ORDER ADMITTING APPLICANT
The application of the said and
together with the said several certificates, signatures and invate having been found to be duly and formally made, and
the Superintendent being satisfied that the applicants have shown themselves to be lawfully entitled to admission to
the Home, it is hereby ordered that he is now duly admitted as a member thereof, thisday of
day or

Superintendent

# United States of America

State of



Illinois

ADJUTANT GENERAL'S OFFICE

Springfield, June 17. 1909.

It is Hereby Certified, That it appears from the Records of this Office, that

Thomas Rimer.

Enlisted on the 27th. day of February 1865 at Olney, Illinois,
and was mustered into the service of the United States as aRe-Cruit
in Company G, 8th. Regiment, Illinois Volunteer Cavalry.
for the period of - One Year, on the 27th, day of February 1865
Age.33: Height.5ft.8in.: Hair.Dark: Eyes.Blue: Complexion.Light:
Occupation.Farmer: Native.Illinois.
Mustered Out. November 5.1865.

His residence at date of enlistment is stated as Harlem, Stephenson Co., Illinois.

This Certificate is issued at the request of J. M. Elder, Adjutant,

Soldiers' Home.

Quincy, Illinois.

Frank S. Dick Som.
Acting Adjutant General of Illinois.

STATE	OF	ILLINOIS	$\left. , \right\rangle_{\mathrm{ss.}}$
GOUNT	Y OI	FADAMS.	J

In the matter of the relationship of Morning Krumer
Lo. 18" 6th Lleinois Cevalry , being first duly sworn according to law
deposes and says that he formerly resided at Allinia
that he is More married, that his wife, Sophia Zimmer
resides at Cartule Illinois, and that the names, relationship and
residences of all, and the relations only, of affiant who would be his heirs in the event of his death
at this time, are as follows, to-wit:

	s 200	
NAMES.	RELATIONSHIP.	RESIDENCE.
Mary Ellen Morris	Saughten	PatoKa. Illinoi
William W. Zimmer	Son	East St Louis Su
		at last account.
1		
		,
4		
* •		

And further affiant saith not.

Subscribed and sworn to before me, this Muricilla. A. D. 1909.

## ILLINOIS SOLDIERS AND SAILORS HOME

### APPLICATION OF HUSBAND AND WIFE FOR ADMISSION

County of				Market .				
. 0	On this 24	_day of	ray		A. D., 19-4	, person	ally appeared	before me,
Thon	ras Rim	mes	, who being d	uly sworn,	upon oath say	vs:—		
	1. My name is						70	r as a <del>t</del> ion
ustr.		5 TO 10 TO 1					· 1987年 · 李大学、大学、李林等等等。	The state of the s
and inch	eshigh. Iam of Ro	complexi	on, 13 KUL ey	es and 31	hair. I v	vas born in t	the town of	
——in the	e county of Mad	ASU stat	e of Ilm	wis	on the	day of	April	183/
I have been e	enrolled in the U.S.	A. service:	in the wa	r against (	Rebel	lion	and in the	e war of the
rangimentino	n. I have been (3)/ time and place of my	times disch	arged from th	e service of	the United S	tates. The	following is a	true state-
ank at the r	respective date, is as	follows:	1 14					,
No.	When and where enrolled	When and w	here discharged	Rank	Company and r	egiment	Cause of disch	arge
	m 1 1 1 2 2	now 1	1865-			0 1	· - /	· · · · · · · ·
1st.	mley With	Spring	ild Ill	Pri	A Co. 6 Reg	tellan	ex of So	wice
2nd.	0	, 0.0		7 J.			0	. To
2Hu.					Co. Reg	t.		<del></del>
3rd.	*				Co. Reg	t.		
	2. I now receiv	ro on noncion	aartifaata muu	mbama 6	5406	2_	7/1-6	J.
	0.00 mm = 0.00 mm		4 4	//.	//			,
er-month, p	payable the day o		and the state of the same of	and the state of the	La	Y		n Office.
11.	3. On the 2/	lay of Y	azeh	- <b>A</b> . D. 18	924, at 102	rlylr	in the	county of
blir	elon, in	the state of	Ellin	vis	, I was law	U fully marrie	ed to Sopi	ria
nur	race wi	th whom I ha	(i)		9		ting as my law!	
	$\sigma$				1927 20		\$8	
Lan	4. I have (4)		50 Section 54.00		· · · · · · · · · · · · · · · · · · ·	A		
	Stat	te of Illinois,	my nearest ra	ilway stati	on is Our	yr	, on the	34d0
	railway, in 64							
ent to sop!	his Rummes, in	the town of	Carlys	, coui	nty of Oli	uton	, state of	llinois
		ddress of the	person to who	om "all mv.ı	personal effect	ts shall be	sent in case o	f death is
Robbi	a Rimme		, at low			ne county	Q A I	
B	01	2.6		. 11			01412	
ate of	unvis	My tra	de or occupati	on is that	ofa	nez		
ay said wife ay means w	5. I am so far d is without separate ill enable us to live i	property or i	ncome sufficier	nt to affore	l herself with	a living.	r which comb	ined with
	able institution, exce	<b>b</b> .	24 E	1.0			CLOSE OF COLLON	Tome, or
oner charres	6 14 6	THE MALLINE	a member o	f the Illin	ois Soldiers a	nd Sailors I	Home, and my	afiw higg.
ala la			多数图 地名美国纳	的名词复数	SHOW WITH THE	<b>基础的</b>	presidence and the first	<b>使发光度</b> 000000000000000000000000000000000000
pplication f	or membership there	in. That I ha	——, desires to ve at all times	become a r heretofore	nember of the e, supported a	home with nd adhered	me, and joins to the governm	me in this lent of the
Inited State	es of America, and the	hat I have no	t at any time l	been engag	ed in, or coun	tenanced, o	r aided, or ab	etted, the
espect, comp	late Rebellion. Tha ply with and conforn	a to the rules	and regulation	ns made, o	r that shall he	ereafter be i	made for the go	vernment
nd disciplin hose in autl	e of the same, and the nority over us, and the	hat we will cl hat we will n	ieerfully do ar comptly and w	id perform	any and all the	nings that s	hall be required	of us, by
	Home, so long as we						. O DIEME I GOOTA P	TIVILI OLLY
	IN TESTIMOR	Y WHERE	OF we have se	t our hand	is this $24^{\frac{13}{2}}$	day of	ray	
009.		S and S		" "I e se e	72.	his	RO	
an Čurana		(		***	(6) + nov.	mas	runs	222 📑
JB	15mos	wÙ	· · · · · .	- 27	X L	1 hes	Russ	1
7						VLLO V	V LUMIN	222
Witness		. ۵ - ۵			Lope	max	sh A	pplicants

#### CERTIFICATE OF IDENTIFICATION

I do hereby o	certify, upon honor, that I have p	ersonally known	
of my knowledge and belief, t as to the time of their resider have no known mental disorde	the above applicant the statements contained in their force in Illinois, or his service in an errand that they require no special be quartered with feeble and help	oregoing application are enti n Illinois organization. And l attendants; that they can	rely true, and especially that ad I further state that they
	· · · · · · · · · · · · · · · · · · ·		III.
	WITHNIESS L.	ınd (8)	7
	WITNESS my na	na (8)	<u>.</u>
250	*		
	F 24		
			Mai ya sana ap Pestijir
***		• (9)	
		the same of the sa	
· [1]			er e
	CERTIFICATE OF A L	OCAL PHYSICIAN	e <sup>2</sup> +
6			
I hereby dep	ose and state that I have carefull	y examined the above name	ed applicant
	and the second of the second o		20
as to his	s disability, and I now find that he	has (10)	
± <sup>36</sup>			
known, manifest or discovera	nt him from earning a living for h ble disorder; that they have no n safely be quartered with men and	imself and wife. And I her eed of attendants: that the	eby certify that they have no
: * * * * * * * * * * * * * * * * * * *		e e	
	er e		М. D.
Cubcarihad a	and arrows to before men this.		1 D 30
Subscribed a	and sworn to before me, thisd	ay 01	A. D., 19 And I certify
		.(11)	
	CERTIFICATE OF A SOLD	DIERS HOME SURGEON	
# E			
T haveby ear	tify upon honor that I have caref	1 44	- Honoras Rinning
9 7/1: legeby cer	thy upon nonor that I have caref	ully and critically examine	d
my wife,	the above named applicant as to	his mental and physical con-	dition, at the hospital of this
Institution, on the 24 day of		Muss	and the second s
institution, on the angulary of	Thurs when	at I found him to be of	sound mind, and to be
capable of earning	his living by reason of his physic	al disability arising from (1:	2)
Roustand	//2	red invale	- 0
7 1.41	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	va worner	u = co cymus
pospelul a	in the please -	Wedness 7	& years of nac.
a richtion of	Notes and De		
V	and months	malian	harman and the same of the same and the same and
		SA	MI
	. 4	Witness my hand	1 dandon
		ESS ROBERT SE	Home Hospital Surgeon
	ORDER ADMITTIN	G APPLICANT	
: e		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The annlies	tion of the said	e 8	
together with the said severa	of the said l certificates, signatures and jurat isfied that the applicants have sho	is, having been found to be down themselves to be lawfu	luly and formally made, and lly entitled to admission to
	A STATE OF THE STA	Prince and the second s	
The same of the least ordered	that he is now duly admitted as a	member thereof, this	lay of,19
8		10	·

Superintendent

### ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL. IN THE NAME OF GOD, AMEN. MMMES of Illinois Soldiers' and Sailors' Home in the County of Adams and State of Illinois, being of sound mind and memory, and considering the uncertainty of this frail and transitory life, do, therefore, make, ordain, publish and declure, this to be my last, Will and Testament. First. I order and direct that my Execut GYS -hereafter named, pay all my just debts and funeral expenses as soon after my decease as conveniently may be. Second. After the payment of such funeral expenses and debts, I give, devise and bequeath allworldly goods of which I may die possessed, Egstly, I make, constitute and appoint William Somerville Suft an Successors in office to be Executors my last Will and Testament, hereby revoking all formed Wills by me made. In Witness Whereof, I have hereunto subscribed my name and affixed my seal, the 30 day in the year of our Lord One Thousand Nine Hundred Menz This instrument was, on the day of the date thereof, signed, published and declared by the said testator as Vimmer to be his last Will and Testament, in the presence of us, who at his last request have subscribed our names hereto as witnesses in his presence, and in the presence of each other Fried Blockern William Henry

# REGISTER NO SAILORS HOME LLINOIS SOLDIERS AND SAILORS HOME QUINCY, ILLINOIS.

/ /		inn						
Carly								
Privat	co.	672	<u> </u>	Reg't	Lu	Loa	v	i.
		D.A.	W Co	200				a An s
3 2 3	<i>Co.</i>			Reg't		7		
	Co.			Reg't				
		COI	NTENT	S				=;
	# # # # # # # # # # # # # # # # # # #	F . Larry		<b>.</b>	· i	12	# ()# (),	
Admission	Paper /			<u> </u>	••••••			7) 7) s
Army Dis	charge				n/s		i i i i i i Jes	
			1802	0.2				
Certificate	of Service	2	• :				100	
Pension C	ertificate	Anglian anglia				1		
S 40 S 4 S 5		E Ym pro		·	* /	<u> </u>		-/-
Admitted		APR	30	190			190	
								4
4		50 20			7		k ka gilka Kanada	4
han!	5五/	910	* 1	ed	a diese	Ho	ski	t
han!	5年/	910.	*1	ed	-An	Ho	s/s è	t
**************************************	5 / 1	910.	*s	'Ed	Á	Ho	s/s i	t
han!	5 <sup>2</sup> /1	910.	*1	-2d		Ho	s/s i	t
· ·	<b>季</b> /小	910.	*x	-2d		Ho	*/**	t
· ·	<u>多</u> / ·	910.	*	2d		Hs	<i>y</i>	C
	*		*	'2d		Hs	<i>s</i> / <i>s</i> •	
**************************************	*		*	-2-d		Hs	<b>/</b>	
Fran	*		*	-9-2		Ho	<i>3/s</i> 's	
han	*		*	-2d		Hs		
han	*		*	-2-d		Hs		•

	Hospital Illinois Soldiers' and Sailors' Home.
	TO THE ADJUTANT: Quincy, [III. Jan 15 1900
	TO THE ADJUTANT:  Chis is to Certify, That Thos, Pinner Reg. No. 8559
	late of Co. B le Reg't Lee Car
	died in Nogs age 78 Cause of death Cancer of Nomae
	Surgeon.
_	

Illinois Soldiers and Sailors Home.

Quincy, Ill., Jon / 5-

To the Adjutant:

Thomas Kimmer

cof all car Regi

died in Hospital at J. A. M., aged 7.8 year

Names and address of Relatives and Friends.

Reg. No. 8559

Le & Barnes Hospital Steward.

### ILLINOIS SOLDIERS AND SAILORS HOME

Quincy, Ill., April 3 1 1907

The undersigned hereby instruct the clerk in charge of Post Office at Soldiers Home to deliver all mail from the Pension Department to the Superintendent.

NAME	Registered Number	Co.	Regit	State	Term of Service	Number of Certificates	WITNESS
Thomas this Girumin	8559		6	Su	lan		L. B. Lookern
							Willeam Henz

To the Adjutant:	[2006] B. W. Caller, A. C. Caller, J. C. C. Caller, J. Caller, J. C. Caller, J. Caller	
		n 2219ø o
Mr. A. S.	nmer Go.	Regt.
MASALLE Kis died in Hospital at 3, 3 a.M., aged	years.	
Names and address of Relatives and Friends		
	Skornes	
Reg. No. / 8 8 6	x/varnes	Hospital_Steward.

_	
	Hospital Illinois Soldiers' and Sailors' Home.
	TO THE ADJUTANT:  Quincy/III. Jan 25 1990
	Chis is to Certify, That Sophie Runnier Reg. No Reg't
	died in Thosp. agr. 79 yrs Cause of death ac Enteritio +-
	CE Celle West Surgeon.