Illinois Soldiers and Sailors Ho

	OUINCY.	ILLINOIS.		'9
4 11 1	19	Jyerston 1	october 9th	190. 2
Abraha	em 10003	611	resilon -	in the
of America, in the war against	and State of		, formerly a Soldier of the U	
be admitted as a member of said I		***	, respectiony	asks that he
	determine whether or not be is			
states the facts to be that he is no	ow byears old; that	and Black	d inches high	
	in the Conton			day
	, 1; that he has been (2).			
	andin the war or the latenteed States. That the following i		5	
	, and that the cause of his discharg			
No. When and Where Enrolled.	When and Where Discharged.	Rank. Company an	d Regiment. Cause of	Discharge.
1st. 11.0	Al le	G B B	within a le	
2d.	ruama congre		7.49	heration ?
		Co. Regt		
3d.		Co. Regt	· de la	
That he now receives, on pens	sion certificate number. 1423	, a pension of	Cight dollar	
That he was property, real a	nd personal, of the value	line Thum dre	Pension Of	fice.
means of self-support other than the	e above named; that his trade of	occupation is that of a	stone M	bason,
That he has (4)wife; t	hat he has children now l	iving, ages, repectively, (5)	30, 25, 20	and 10
years That his postoffice address	on the B. Y.	hee Railway, in	s; that his nearest railway	station is
The same of the sa	ress of the person, to whom		~	
allennis	My Trife dream	A DESCRIPTION OF THE PROPERTY AND DESCRIPTION OF THE PROPERTY		State of
1.	in case of his death, the desires all t			nois
That he has not heretofore k	been a member of any Soldiers',	Sailors', or other Charitab	e Home or Institution, exce	epting the
(6)				
years, or has served in an Illinois			and the second s	
That he is so far disabled by (7)			·
PA .				
as to now be incapable of earning h	is own livina			
That he has at all times, hereton	fore, supported and adhered to the ntenanced, or aided, or abetted, th	government of the United S	tates of America, and that l	ne has not
That if he shall be admitted to it to the rules and regulations made, or	be a member of the said Home, he r that shall hereafter be made, for	will, in all things and in every the government and discipli	ery respect, comply with an ac of the same: and that he	d conform
That he has at all times, hereto: at any time been engaged in, or cou. That if he shall be admitted to be to the rules and regulations made, or fully do and perform any and all this and willingly, obey all lawful orders	ngs that shall be required of him that he shall receive from any office	by those there in authority eer of the Home, so long as l	over him; and that he will be shall remain a member the	promptly, reof.
In testimony whereof, he has set	t his hand this	day of C	toper 190	5 }_w
(9) John Hal	(mom	(a) (alore, A	101	

Applicant.

STATE OF HALINOIS.
COUNTY OF CHINTON SS. I, Alfred Juyot, , a (10) Notary Suble
of the town of, 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 there-
upon duly sworn, and then and there deposed and said that he was the applicant above named, and that he was the applicant above named, and that he was the 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 , A. D. 1902. Witness my hand
and official seal. L. S. L. S. Story Jubb
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known 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, or service in an Illinois organi-
zation. 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) OO Tau Olen Follow
(12)
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 (15) Chronic Cystills
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 feebles
a. W. Carter, M. D.
Subscribed and sworn to before me, this Newty day of Octo 627 1902 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 community and among his fellow physicians where
he lives.
to tea suy ou (16) Diotory Mil
CERTIFICATE OF SOLDIERS HOME SURGEON.
I hereby certify upon honor that I carefully and critically examined I a Law Luly
the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Salur day
the day of day of 190 ?; 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)
Cystilis Stypertrophied Prostale
A 9- 0 0
Witness my hand . M. Xaudon
Home Hospital Surgeon.
Der Dr. a. Shton.

Register No. 6/03

Waham Math APPLICATION FOR ADMISSION llinois Soldiers 2 Sailors Home

Application Approved by

Superintendent.

Admission Granted , 190 . .

Marie a death 111-12-22

In the matter of the		irst duly sworn according to la
deposes and says that he form		Unton Co Ol
that he is married, t	~ 000	Tulls at the names, relationship as
residences of all, and the rela	tions only, of affiant who would be hi	s heirs in the event of his deat
at this time, are as follows, to-	-wit:	* "
NAMES.	RELATIONSHIP.	RESIDENCE.
isa Hobres	Daught	St Louis mi
is Ruty	Son	Fronton C
ra Lezra	Daughter	4
in drity	Son	
$\bigcirc 0$		
	2,	
		5
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And further affiant saith	not.	ham Ruth

INVENTORY of the Effects of Abrahan		No. 6/05
late B Co. 15 Reg't CH6 on the 26 day of Deces		Soldiers and Sailors Home.
Valiac, Shirts. 2 overshir	- 4 o 15	VALUE. Dolls. Cts. HOW DISPOSED OF.
Jailet, Hat or Show	. Or Thestings	70
Por Sputache, Comb - Cane		. 35 12
Watch o Chain, Pocket Bro Cornert (auffino) Came by Exp		1.50
Court . Trousiers , Va.	1- 12 S	2 410
	¥	5.60
Taler Both Exposer	ie to Many	Aug Genter de
We certify that the above Inventory is correct,		
of	ned each of the articles there	in named, and have written n, be made of it.
APPROVED:	Johny	Board of
Superintendent.	Joseph N &	hahan Appraisers.
	2.00	

INVENTORY

baham Anto

Co. 15 Reg't Clbu. Sa

26# Dec 11

ILLINOIS SOLDIERS AND SAILORS HOME.



Hear Sir.

Please send abraham kutz.

Please send abraham kutz.

Please send abraham to Mrs.

Marry Rutz.

Elary Rutz.

El

++SHORT WILL++ LL INJUNE NAME OF GOD, AMEN. Illinois Soldiers and Sailors Home, Quincy, Ill. 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 declare, this to be my last Will and Testament. First. I order and direct that my Executor hereinafter 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 all wordly goods of which I may die possessed,..... to Mrs Mary Sitz any unfe Lastly, I make, constitute and appoint or his Successor in Office to be Executer of this my last Will and Testament, hereby revoking all former Wills by me made. In Witness Whereof, I have hereunto subscribed my name and affixed my of our Lord One Thousand Nine Hundred and Low (Kignel) Straham lety

This instrument was, on the day of the date thereof, signed, published and declared by the said testator. Arabam Sutz to be his last Will and Testament, in the presence of us, who at his request have subscribed our names hereto as witensses in his presence, and in the presence of each other.

liques Joseph n. Shahan

Hinois Soldiers & Sailors Some Suncy, ILLINOIS.

The Manistan Regit Maght Confidence of Service Continued Color Service Servic

Trenton Il

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Hospital Illinois Soldiers and Sailors Home.

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Quincy, III. Dee 27 7 190 3	Braham &	15 Reg. M. Jul. Vol., died in Hosp	13	20.
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ja 1	Adjutant: - This is to cer		of a	
	To the Adjutant: This is to t	to a	anse of death	
	10	77	,3	

ILLINOIS SOLDIERS AND SAILORS HOME.

and the du Quincy, Ill., died in Hospital at 9 25 M., aged To the Adjutant:

Reg. No. 6106

Names and address of Relatives or Friends...

Edward Road, Hospit