APPLICATION FOR ADMISSION

-TO THE

Illinois Soldiers' and Sailors' Home

BAT QUINCY OFFICERS. TRUSTEES. J. G. ROWLAND, Superintendent. DANIEL DUSTIN, Sycamore, DeKalb County, Ill. S. B. SHERER, Secretary and Adjutant. R. H. CARNAHAN, Quartermaster and Commissary. L. T. DICKASON, Danville, Vermillion County, Ill. R. W. McMAHAN, Surgeon. THOMAS W. MACFALL, Quincy, Adams County, Ill. JAMES D. MORGAN, Treasurer. STATE OF COUNTY OF A. D. 1882, personally appeared before me On this within and for the County and State aforesaid, years; height ___ hair Black a resident of (3) New complexion Ellerois __, who, being duly sworn, deposes and says, that he was born in Switerland and has been enlisted in the service of the United States Ames during the (6) war, and honorably discharged from each enlistment, as follows: Date and Place of Dis-charge, with Rank, Company and Regiment Mustered in. When Enlisted, With Rank. Where Enlisted, Town No. of Enlistments. Cause of Discharge. and State Belleville Stolar & the day of duguet 862 1st. to serve three years 2á. Regt 18 Co. ad. 18 Regt. Co. 4th. 18 Regt That he is disabled as follows: (7) that he at the hat of Application no Properly toor nears to support an that he is unable to support himself by his orom Dollars per month Pension, on Certificate No. payable at and has been receiving. _18 _____, and being unable, on Agency, from

account of his disability, to earn his living by manual labor, desires admission to the Illinois Soldiers' and Sailors' Home.

(de-Do not fill out this blank.)

Register No. 836

APPLICATION FOR ADMISSION
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Notice of approval sent,

The said applicant further swears, that he has not been engaged in, or sided or abetted the late rebellion in the United States; and that he was not a member of any Soldiers' or Sailors' Home June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years past. And said applicant further stipulates and agrees that he will abide by and obey all the rules and regulations made by the Board of Trustees, or by their order; that he will perform all duties required of him, and obey all lawful orders of the Officers of the Home. Post Office Address, New Ballin Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over before he executed it. and fully explained to. Matthew ? Police magistraite CERTIFICATE OF IDENTIFICATION. The following Certificate must be signed by the Mayor or City Clerk of the city, or by a County Officer, or by a Justice of the Peace, and attested by an official seal.) ahn Toggenburger I HEREBY CERTIFY that I know the above named and that I believe the declaration signed by him to be true. Matthew Blace Police magistral SURGEON'S CERTIFICATE. I certify that I have carefully examined (2). Volunteers, and that he is (10) permanently temporarily disabled Reg't_ for obtaining his subsistence by manual labor. Date of Injury or Disease Place of. Present condition of Applicant Therphilus Gaffrer, SURGEON. _day of _ Man Sworn to and subscribed before me, this 14 th A. D. 1888, and I hereby certify that the is known to me as a Surgeon in actual practice and reputable in his profession Police magistral

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Occupation, Laborer	Name	AND ADDRESS OF NEAREST RELATIVE,
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The above application is hereby a	named and (2)	Louis in Surger
The above approximation is hereby a $\mathcal{E}_{\mathcal{E}_{n}}$	0.081	rill be admitted to the Illinois Soldiers' and Sailors
Home at Quincy.	Tiog to the time t	Minhaud
2		Superintendent Illinois Soldiers' and Sailors' Home
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y	EXPLANATIONS AND DI	RECTIONS.
THE FIGURES IN THE BODY OF	THIS APPLICATION REFER TO THE D OBSERVED IN FILLING THE BL	DIRECTIONS BELOW, AND MUST BE CAREFULLY ANKS.
1. Name and Title of Magistrate.	Kr s s	

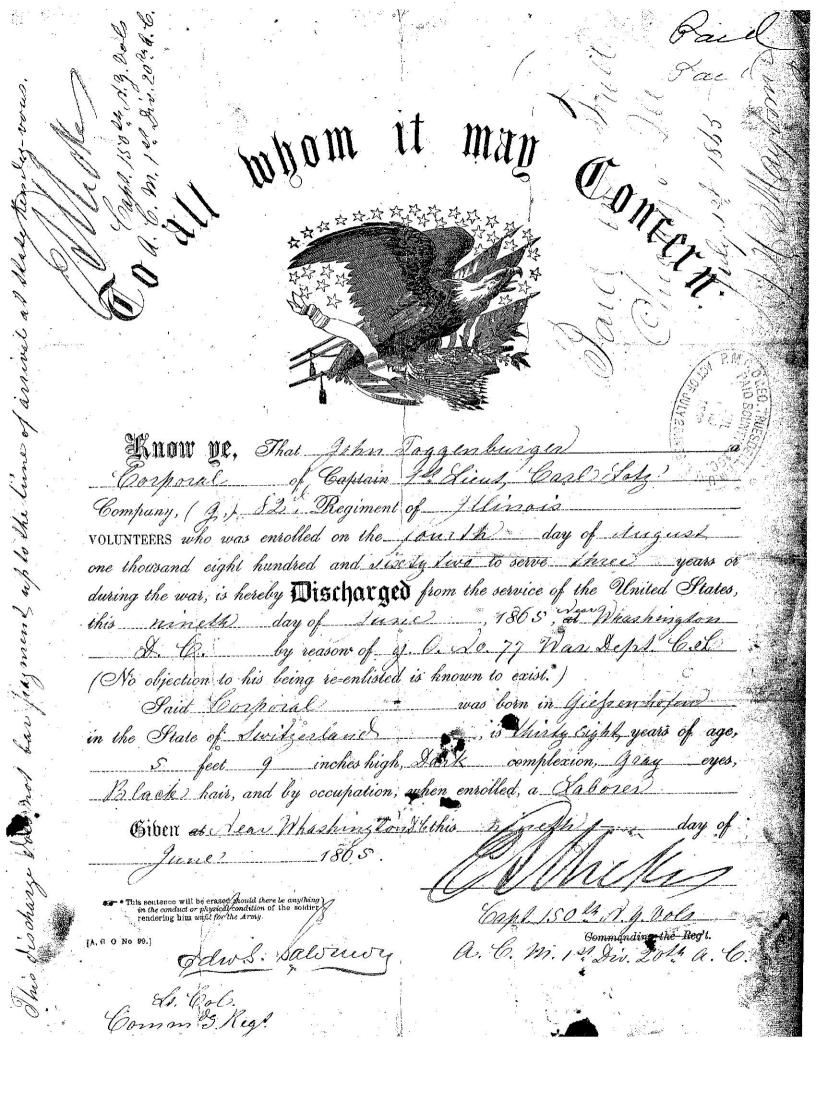
- 2. Applicant's Name.
- 3. Post Office Address.
- 4. Town, County, State (or Nation).
- 5. State the number of times actually mustered into the service of the United States.
- 6. Give the name of the War, (Mexican, or Civil).
- 7. Here state minutely the cause and nature of the disability; if by wounds, state the nature of the wounds, and when and where received; if by disease, state the nature of disease, and when and where contracted.
- 8. Signature of Applicant and Post Office Address. Two witnesses are required if he makes his mark.
- 9. This Certificate must be signed by the Mayor or City Clerk of the City, by a County Officer, or Justice of the Peace of the Town in which the applicant resides. No application will be approved until this direction has been complied with.
- 10. If the Certificate of Examination is officially signed by a Surgeon-General of a State, or by a United States Examining Surgeon, or by a Surgeon designated for that purpose by the Superintendent of the Home, it need not be sworn to. One of the words "permanently" or "temporarily" in the Certificate must be erased by the Surgeon.
- 11. Official Signature of Magistrate or Notary.

The soldier or sailor making this application, must forward to the Superintendent his Discharge, or a certified copy thereof from their last enlistment, and Pension Certificate, before his application will be approved. These papers will be retained by the Superintendent, and returned to the member when he is discharged. This rule is adopted to prevent the loss of such papers and certificates, and to hinder fraudulent practices.

After filling out this application and executing it as above directed, forward it, with the other papers, to the Superintendent, whose name is printed on the first page of this sheet.

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APPROVED



SOATH OF IDENTITY

of the town of County of On this On this On this Any of On this Defore me, the underrigned, a Justice of the Peace for the county and above mentioned, who, being duly sworn according to law, declares that he is the identical In the company commanded by that he enlisted on the Commanded by Captain Commanded by that he enlisted on the day of for the term of and was discharged at On the and was discharged of of	Sworn and subscribed to before me the day and year above written. I Certify that Whom the above affidavit purports to have been made, is a Justice of the Peace duly anthorized to administer oaths, and that the above is his signature. In witness whercof, I have terbingto set my hand and affixed my conserved official seal, this day of the conserved in the year.	Oterk of the
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	La Marie	of James in the Same in the Sa

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New Badon april 29 th 1888 New Barden May 1ds # 1888 Dear Sir ' The Hon: Department 'e Soldier and Salor Home i hereby send you me unel Illinois; in Toggenburger i extlistet Upplication for admission 82 d Regment of Illinois to the Home please dend eurs 1862, to serve for me Transportation to go ears and was Discharged There i want to rook for The United States this the Money to go there but day of June 1865 at Hashing i am not able to work and O. and now i am of the Can't git no roork; if i don't A Jears, and able to work get no Transportation i no therefore please send have to go to the hoor, formular for the to macke hause at Carlyle Clinton ligation so I can git Home; i have a Respectfully yours Jahn Toggenburger ar Discharge please send Apligation Formular of Adresse Jahn Toggenburger New Baden Clinton County in alisan County gles

New Baden april 29 # 1888 To the Hone Department of the Soldier and Salor Home at Prince Illinois; J John Toggenburger i entlistet of the 82 of Regment of Illinois Nolunteers 1862, to serve for three Lears and was Discharged from of the United States this nineth day of June 1865 at Hashing ton D. E. and now i am of the age of bot years, and able to work and now therefore please send me a formular for the to macke an apligation so I can git to the Home; i have a Regular Discharge please Sont me an apligation Formular of neest mail New Baden ainton County gees

Register No. 836

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

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Hospital May 21 1897 you Somewill Suft Below fried lint of Effects belonging to John Juggen benger 836 and same a formanded to Jour Office This date - Respiritfully 1 Package antg. Hospe Sterrans 2 Or Stockings 7 Hookfo loap. Pr. Shows Smit Jacket Searf Knit Cah-Or Medans Or michlets Pin bushion Or Goed Spectades Main Boundle Clothes Bound 2 Combs Or Shears Ragor Knifa Cane Purse couts 10 cts. Purse conto John Forgenberger Duniel Lut

stativised. Eatalogue and Cut Work a Specialty. First-Class Work Buaranteed. shool Commercial Printing Executed on the Shortest Possible Notice. Blank Books

PRINTERS AND BINDERS.

EFFERNOUR NO. 114, JONES & McMein, 417 HAMPSHIRE STREET, Quincy, II

brzt eguipped orfioe in the city.

John Joggenburger Co. 4. 82 Reg. Il. lux. Ad mittel Jan. 23. 1896 Nativity - Divitzirland Religion - Protestant. No relatives in This Country. History - Musc! Rheumakin and Brouchitis And in Hospital May 19. 1897. Cetwern 1 & 4, Oc. Azu. Durus mit Mil Hours

in Home Cemetery May 20. 1897 1:30 p.m.

M M Davidson

Illinois Soldiers' 🛮 Sailors' Kome. Surgeon's Office, Respectfully returned to J. G. ROWLAND, late Co......Reg't and find him _____disabled by