

HEADQUARTERS

Illinois Soldiers and Sailors Home,

QUINCY, ILLINOIS

John F. Collins, (0) of the town of *Girard*, in the County of *Macoupin*, and State of *Illinois*, formerly a Soldier of the United States of America, in the war against (1) *The Rebels*, 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 *70* years old; that he is *5* feet and *9* inches high; that he is of *Dark* complexion, *Black* eyes, and *White* hair; that he was born in the town of *Greenfield* in the County of *Green*, Ill., on the *17* day of *May*, 1833; that he has been (2) enrolled in the U. S. A. service; in the war against *The Rebellion*, and in the war of the late Rebellion; and that he has been (3) honorably discharged from the service of the United States. That the following is a true statement of the time and place of his enrollment and discharge from said service, and that 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>Springfield Ill</i> | <i>New Orleans La</i> | <i>Sgt</i> | <i>Co. K Regt. 91. Ill</i> | <i>Disability</i> |
| 2d. | <i>Sept 9 1862</i> | <i>Sept 12 1863</i> | | <i>Co. Regt.</i> | |
| 3d. | | | | <i>Co. Regt.</i> | |

That he now receives, on pension certificate number *223,442*, a pension of *17.00* dollars a month, payable the *First* day of next *January*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *\$1000* dollars, and no more; that he has no means of self-support other than the above named; that his trade or occupation is that of a *Merchant*.

That he has (4) *One* wife; that he has *Two* children now living; ages, respectively, (5) *oldest - 33, Young 31* years. That his postoffice address is *Girard*, State of *Illinois*; that his nearest railway station is *Girard*, on the *C. & O.* Railway, in *Macoupin* 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 *Minnie Routyahn*, of *Girard*, County of *Macoupin*, State of *Illinois*; that, in case of his death, he desires all his personal effects to be sent to *Minnie Routyahn*, at *Girard* County of *Macoupin* State of *Illinois*.

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, or has served in an Illinois organization.

That he is so far disabled by (7) *Senility*.

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 *14th* day of *December* 190*3*
 (9) *Thomas Baker Jr.* Witness. (8) *John F. Collins* Applicant.

STATE OF ILLINOIS, }
County of Macoupin } ss.

I, Thomas Baker, a (10) Justice of the Peace,
of the town of Girard, 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) John F. Collins
Affiant.

Subscribed and sworn to before me, this 14 day of December, A. D. 1903.

Witness my hand and official seal.

[L. S.] Thomas Baker J.P. (12) (Seal)

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known John F. Collins 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 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, (13) Thomas Baker
(14) Justice of the Peace

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant John F. Collins by me as to his disability, and I now find that he has (15) Neuritis of the result of disease stomach & Bowels 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.

R. S. Connor M. D.

Subscribed and sworn to before me, this 14th day of December, 1903. And I certify that I am personally acquainted with said affiant John F. Collins, 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.

Thomas Baker Justice of the Peace (Seal)

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined John F. Collins the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Saturday he 19th day of December, 1903; and that I found him to be of sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) rectal disease bronchial asthma and senile debility

Witness my hand R. M. London
Home Hospital Surgeon.

Register No. 65889

John D. Collins

Illinois Soldiers and Sailors Home

APPLICATION FOR ADMISSION

TO THE

APPLICATION APPROVED BY

Superintendent

Admission Granted 1900

*Records, sent 12-13-03
forward to Postonville
Postonville to Quincy*

1. The law requires that you shall have served in the U.S. Army, Navy, or Marine Corps during the late rebellion or the Spanish War.
2. That you shall have been honorably discharged from that service.
3. That you shall have lived and worked 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 exercise of your own services, by reason 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 and that you shall not be in need of an attendant, and that you shall be of mature age and that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE, but you shall be in the prime of life and that you shall be of sane mind and that you shall be of mature age and that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE.
7. NO FEE shall be RECEIVED OR CARRIED FOR AT THIS INSTITUTION.

1. Give full name of the Applicant.
2. Give birth, date, the late rebellion, or Spain.
3. How long you were in the service.
4. How long you were in the service.
5. How long you were in the service.
6. How long you were in the service.
7. How long you were in the service.
8. How long you were in the service.
9. How long you were in the service.
10. How long you were in the service.
11. How long you were in the service.
12. How long you were in the service.

ORDER ADMITTING APPLICANT.

The application of the said _____

and having been found to be duly and lawfully made, and the requirements being satisfied, the applicant has been admitted to the Illinois Soldiers and Sailors Home, and a check has been issued to him to the amount of _____

HOW TO FILL APPLICATION BLANKS.

I. To be made and signed by any Judge of any County or Clerk of any Court, or any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or a Captain or Commander of any U.S.A.R. Post.

II. The physician here will state briefly, but fully, as far as he can, the nature of any disease or disorder that tends to incapacitate the applicant, and the nature of any other disease or disorder that tends to incapacitate the applicant.

III. Here state briefly what disease or disorder tends to incapacitate the applicant, and the nature of any other disease or disorder that tends to incapacitate the applicant.

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., December 19 1903

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. | Reg't | State | Term of Service | Number of Certificate. | WITNESS. |
|----------------|-------------------|-----|-------|-------|-----------------|------------------------|---------------------------------|
| John F Collins | 6589 | K | 91 | Ill | Inf | 223,442 | Jas N Shaker John F Collins. |

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., Dec. 19 1903

To the Adjutant:

John F. Collins, K-91 co. Ill. Inf Regt.
 died in Hospital at 11³⁰ A.M., aged 70 years.

Names and address of Relatives or Friends _____

Reg. No. 6589

Detail

Edmond Hood

Hospital Steward.

REGISTER No. 6589

Illinois Soldiers' and Sailors' Home
QUINCY, ILLINOIS.

John F. Collins
Girard Macoupin Co Ill

Co. _____ Reg't _____

K Co. 91 Reg't Ill Infy

Co. _____ Reg't _____

CONTENTS

Admission Paper ✓ _____

Army Discharge _____

Certificate of Service _____

Pension Certificate 1 = 223442 Will 1

Admitted December 19 1903

Dec 19 1903 Died in Hospital
shipped to Girard