



Before filling in the blanks read carefully the explanations and directions on the margin, and extracts from the rules on third page.

Army Discharge, or Certificates of Service or Pension Certificate, must be sent with this application, and all the directions carefully complied with, or the application will be returned, and much delay result.

NOTE THE EXPLANATIONS AND DIRECTIONS.

APPLICATION FOR ADMISSION
TO THE
ILLINOIS SOLDIERS AND SAILORS HOME,
AT QUINCY.

TRUSTEES.

L. T. DICKASON, Danville, Ill.
THOMAS W. MACFALL, Quincy, Ill.
JAMES I. NEFF, Freeport, Ill.

OFFICERS.

J. G. ROWLAND, Superintendent.
R. H. CARNAHAN, Quartermaster and Commissary.
FRANK F. PEATS, Adjutant.
R. W. McMAHAN, Surgeon.
JAMES D. MORGAN, Treasurer.

DIRECTIONS.

Fill all the blank spaces carefully.

STATE OF Illinois }
COUNTY OF Macoupin } ss.
On this 15th day of August A. D. 1891, before me
A Notary Public within and for the County and State aforesaid
(Name and Title of Magistrate)
personally appeared Samuel Thomas aged 51 years, height five feet eight
(Name of Applicant)
inches, complexion light, eyes blue, hair light, a resident of Richard
County of Macoupin, State of Illinois, who being duly sworn, deposes and says, that he was born in
Superior, Co, Ohio, and has been enlisted in the service of the United States
One times during the late (Civil)
war; and honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

No. of Enlistm'ts.	When Enlisted, With Rank.	Where Enlisted—Town and State.	Company and Regiment Mustered in.	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>Aug 23rd 1861</u>	<u>Milford, Ill.</u>	<u>Co. G, 42nd Ill. Inf.</u>	<u>Sept 16 1864</u> <u>Washington, Md</u>	<u>Expiration of his term of service</u>
2nd.	<u>18</u>			<u>18</u>	
3rd.	<u>18</u>			<u>18</u>	

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

Here the applicant should state, in his own way, what his disability is.

That he is disabled as follows: General disability, or unable to perform manual labor, and totally blind in left eye, also partially blind in the other

If no pension is received, so state.

and has been receiving 12.00 Dollars per month, pension, on Certificate No. _____ payable at _____ Agency, from _____ 18 _____

The applicant further states that he has no property nor means of support, and being unable, on account of his disability, to earn his living, desires admission to the Illinois Soldiers and Sailors Home.

The applicant must sign this, and swear to the statement.

The said applicant further swears that he has not been engaged in, aided or abetted the late Rebellion in the United States; and that he was not a member of any Soldiers or Sailors Home, June 15, 1897; and further, that he has been a bona fide resident of the State of Illinois for the last two years. 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.

WITNESSES,

Have two witnesses sign and fill all the blanks carefully.

J. A. Ollis
R. S. Cowan

Samuel Freeman
Nearest R. R. Station *Quincy* on what R.R. *C. & S. & J.*
Post-office Address *Quincy* Ill.

To be sworn to before an officer buying a seal, or a J. P.

Sworn to and subscribed before me, the day and year first above written, and I hereby certify that the foregoing affidavit was read over and fully explained to *Samuel Freeman* before he executed it.

[Name of Magistrate]

Frank Wood
Notary Public

Fill all these blanks carefully.

Read? *no* Write? *no*
Occupation *General laborer*
Married or Single *Single*
[If a Widower, so state.]
Children under 16 years *none*

NAME AND ADDRESS OF NEAREST RELATIVE,

(Name) *Does not know* (Relation) *None*
(Address)

CERTIFICATE OF IDENTIFICATION.

This is very important. Have it signed as directed.

(The following Certificate must be signed by the Commander or Adjutant of a G. A. R. Post, the Mayor or City Clerk of the city, by a County officer, or by a Justice of the Peace, and attest by an official seal.

I HEREBY CERTIFY that I have known the above named *Samuel Freeman* for the last two years past, and that I believe the declaration signed by him to be true, and I further state that he is not mentally afflicted so as to require a special attendant, and can safely be quartered in a sleeping room with others.

(Give Official Title) *Adj't Post No. 576*

LOCAL PHYSICIAN'S CERTIFICATE.

This is to be filled out by the applicant's family physician, or one in the neighborhood of the residence of the applicant.

I certify that I have carefully examined *Samuel G. Freeman* Company *H* Regiment *42nd* Volunteers, and that he is disabled as follows:

and find him blind in his left eye and vision very much obscured in his right
Character of Disability *Want of vision*
Complications
Present Condition of Applicant *as above*

If signed by U. S. Examining Surgeon this need not be sworn to.

I further certify that said applicant is sane and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

R. S. Cowan SURGEON.

Sworn to and subscribed before me, this *1st* day of *August* A. D. 189*7*, and I hereby certify that the said *R. S. Cowan* is known to me as a Surgeon in actual practice and reputable in his profession.

Frank Wood
Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and *L. Co. 42* Reg't *Ill. Inf.* Soldiers and Sailors Home, at Quincy.

Sept 16 189*7*
Samuel G. Freeman
W. M. Wood
Superintendent Illinois Soldiers and Sailors Home

(DO NOT FILL OUT THIS BLANK.)

Register No. 2010

APPLICATION FOR ADMISSION

TO THE

Illinois Soldiers and Sailors' Home

Samuel G. Freeman
OF
S. Co. 4th Reg't Ill. Inf. Vols.

Co. _____ Reg't _____ Vols.

Co. _____ Reg't _____ Vols.

Admitted _____ 189__

APPROVED BY
[Signature]
Superintendent.

No. _____

Received Aug 3 1891

Notice of approval sent Sept 10 1891

To all whom it may

Concern:

1864
J. B. H. H.



Know ye, That *Amos L. Hummer* a
Private of *Captain J. M. Probst* Company, (157) *Regiment of 2 "Batt."*

VOLUNTEERS who was enrolled on the *23* day of *August*
one thousand eight hundred and *61* to serve *3* years or
during the war, is hereby **Discharged** from the service of the United States,

this *15* day of *September*, 1864, at *Lexington*
Kentucky by reason of *expiration of term of service*
(No objection to his being re-enlisted is known to exist.)

Said *Amos L. Hummer* was born in *Lippincott, Co.*
in the State of *Ohio*, is *22* years of age,
Five feet *8* inches high, *Light* complexion, *Blue* eyes,
Light hair, and by occupation, when enrolled, a *Farmer*

Given at *Lexington Ky* this *15* day of
September 1864.

This sentence will be erased should there be anything
in the conduct or physical condition of the soldier
rendering him unfit for the Army.

[A. G. O. No. 99.]

J. B. Henderson
Aug 45
Commissary of *Recd*
Mustering Officer

INVENTORY of the effects of Samuel G Freeman
 late G Co., 42 Reg't Ills. Infy Vol., who died
 on the 20th day of July, 1898, at Illinois Soldiers and Sailors Home for D. V. S.:

NO. OR QUANTITY.	ARTICLES.	VALUE.		HOW TO BE DISPOSED OF.
		DOLLS.	CTS.	
	¹⁵⁰ Coat ¹⁰⁰ Trousers ⁵⁰ Vest		2 00	Received of W. E. Johnson 14 of the late Samuel G. Freeman (some effects and money)
	¹⁰ Under shirt ¹⁰ Pr drawers		20	
	¹⁰⁰ Pr Shoes. ⁰² Pr Slippers		1 02	
	¹³ 3 Hdkfs. ⁰⁵ 2 Pr Shoes		08	
	⁰⁵ Knife, ⁰⁵ Roll Cosmétique		1 0	
	⁰⁵ Steel Fix. ¹⁵ Money Belt		20	
	¹⁰ Hat - ¹⁰ 2 Towels		20	
	Package Letters			
	Pocket Brush contg ¹⁴ 14 ⁰⁰ <small>all</small>			
			3 80 + 14 ⁰²	

We certify that the above Inventory is correct, and that we have, this 21 day of July 1898, carefully examined each of the articles therein named, and have written opposite each our estimate of its value, and what disposition should, in our opinion, be made of it.

E. L. Higgins
J. M. Wizer
H. B. Whittung

Board
 of
 Appraisers.

APPROVED:

 SUPERINTENDENT.
 To funds on hand. of Dept.

INVENTORY.

OF THE EFFECTS OF

Samuel D. Stevenson

LATE

C. Co. H. 2. Reg't Ill. Infy.

WHO DIED ON THE

1st July

AT

ILLINOIS SOLDIERS AND SAILORS HOME.

FOR D. V. S.

*Bank of Ill. & St. Louis
Cash on hand
Cash on deposit
Cash on order
Cash on account
Cash on interest
Cash on dividends
Cash on other*

The Council shall, at its weekly meetings, separate the effects of deceased members of a perishable nature from the others, and shall recommend what disposition shall be made of the perishable articles. The recommendation, if approved by the Governor, shall be carried out by the Treasurer, unless such articles be claimed by the heirs of deceased members within a reasonable time, to be determined by the Governor, or about June 30th and December 31st of each year, such effects of deceased members as have accumulated within the past six months, and have not been applied for by their heirs, shall be sold at auction to the highest bidder. Amounts realized from the effects of deceased members will be credited to their individual accounts, and be accounted for in the Posthumous Fund.

Received of the Treasurer of the Illinois Soldiers and Sailors Home the sum of \$100.00 for the effects of deceased members of the Illinois Soldiers and Sailors Home.

Samuel D. Stevenson

Illinois Soldiers and Sailors Home,



QUINCY, ILLINOIS.

Oct. 19 1897

THE UNDERSIGNED, Samuel G. Freeman,
late Private, G. Co., 42^d Reg't Ill. Inf.
a member of this Home, aged 57 years, 5 feet 8 inches
high, Light complexion, Blue eyes, Light hair,
disability, Blind in left eye and unimpaired vision of right eye
hereby applies for a discharge

The above application is granted and Samuel G. Freeman is hereby
discharged.

Pensioner at \$ 12⁰⁰ per Month. Certificate No. 655,710

Frank A. Peats
Adjutant.

L. G. Rowland
SUPERINTENDENT.

Quincy Illinois Feb 16th 1895-

W H Kirkwood

Superintendent Quincy

Soldiers & Sailors Home

Sir Herewith you
will find enclosed my sixty day
furlough which you will please
accept and send me a discharge
from the Home and my discharge from
the Army with other papers you will also
find in my Room in ward No 2 a new
suit of clothes (Home clothes)
please attend to this at once and oblige yours truly

Samuel G. Freeman

Send to Quincy Ill

• • • ~~PARROTT & BOWLES,~~ • • • •
 DEALERS IN
STAPLE • AND • FANCY • GROCERIES,
 WEST BROAD STREET. ←

Raymond, Ill., Dec 15 1891

Major

Sir you will please send my
 certificate and voucher and also Renew
 my furlow for three months longer
 send to Raymond Ills
 and oblige your Sam. E. Freeman

Sent to him Dec-16-91
 Adjt.

Station, Springfield Ill ^{4/5} 1894

Major Fogg-

Quincy Ill

Dear Sir-

I have made up
my mind not to go back to the home
and wish you would please send
me my papers to me at Girard Ill.
and oblige

Yours Respectfully-

Sam F. Freeman.

ILLINOIS SOLDIERS AND SAILORS HOME.

Quincy, Ill., July 20 1898

To the Adjutant:

Samuel G. Freeman Co. 42nd Ill. Infy. Regt.

died in Hospital at 2⁵⁰ P.M., aged 60 years.

Names and address of Relatives or Friends

W. E. Alderson

Virden Ills.

Reg. No. 2010

Edward Hood.

Hospital Steward.

HOSPITAL ILLINOIS SOLDIERS AND SAILORS HOME.

TO THE ADJUTANT:

QUINCY, ILL., July 20th 1898

This is to certify that

Samuel G. Freeman No 2010

late of G Co. 42nd Reg. Ill. Infy Vol., died in Hospital aged 60 years

Complications

Aneurism External Iliac artery

R. H. Jones

Surgeon.

Headquarters
Illinois Soldiers and Sailors Home,

Near Quincy, Illinois, July 1, 1894

Respectfully returned to Superintendent
with the information
that I have this day
examined Samuel Freeman
late of Co. G. 42nd Ill.
Inf. and find him
so disabled by opacity
of both cornea producing
defective vision as to
prevent his earning
a living.

E. B. Montgomery
Surgeon.

Oct. 19th 1894

Samuel Freeman is
still disabled by opacity
of cornea to such an ex-
tent as to prevent his earning
a living.

E. B. Montgomery
Surgeon

Illinois Soldiers & Sailors Home.

Surgeon's Office, Sept 16 1891

To the Superintendent:

I have carefully examined

Samuel G. Freeman

late Co. G 42 Regt Ills Vol

late Co. _____ Regt _____

and find him disabled by reason

Blind in left eye

impaired vision of

Right Eye

J. F. Lowrey
S.A. Surgeon

Illinois Soldiers & Sailors Home.

Surgeon's Office, Aug 9 1893

To the Superintendent:

I have carefully examined

Samuel G. Freeman

late Co. G. Regt 42 Ill Inf

late Co. _____ Regt _____

and find him disabled by opacity
of both cornea rendering
him almost entirely blind.

His disability is suffi-
cient to entitle him
to admission to the
Home.

E. B. Montgomery
Surgeon

Read & attested
Aug 9 1893

Illinois Soldiers & Sailors Home.

Register No. 2010

ILLINOIS SOLDIERS' AND SAILORS' HOME

QUINCY, ILLINOIS

Surgeon's Office June 27 1898

To the Superintendent:

I have carefully examined

Samuel G. Freeman
late Co. G 42 Reg't Ill. Inf.
late Co. Reg't

Samuel G. Freeman
Garrison, Macoupin Co.
G CO. 42 REG'T Ill. Inf.

CO REG'T

CO REG'T

CONTENTS

Admission Paper 1

Army Discharge 1

Certificate of Service

Pension Certificate 1, 655, 210 Will

Admitted Sept 16, 1891

Discharged 10/19/92

Readmitted 8/9/93

Discharged 4/17/94

Readmitted 8/1/94

Discharged 2/18/95

Readmitted 10/19/95

Discharged O.R. 4/16/98

Readmitted 6/27/98

Died in Hosp. 2¹⁵ P.M. 7/20/98

(A42529-5M-3-41)

Aged 58 years

R.H. Jones
Surgeon