



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 19th day of December A. D. 1891, before me
W B Dugger Notary Public within and for the County and State aforesaid
[Name and Title of Magistrate.]
personally appeared James Mc Coy aged 56 years, height 5 feet 10 1/2
[Name of Applicant.]
inches, complexion Fair, eyes Blue, hair Brown, a resident of Carlinville
County of Macoupin State of Ills, who being duly sworn, deposes and says, that he was born in
Ireland and has been enlisted in the service of the United States
only in the 7th Kans. Cav times during the War of the Rebellion
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>Fall of 1861</u>	<u>Trinity Ill</u>	Co. <u>4 - 7th</u> Regt. <u>Kans. Cav.</u>	<u>13th Dec 1865</u> <u>at Ft. Sumner</u>	<u>Expiration of Service</u>
2nd.	<u>18</u>		Co. Regt.	<u>18</u>	
3rd.	<u>18</u>		Co. Regt.	<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: Chronic Dizziness and Rheumatism the result of Fall of Horse while in the Service. Resulting Stiffness of Left Side Arm & Leg to a degree that he is totally disabled from the performance of any kind of labor

If no pension is received, so state.

and has been receiving No. Dollars per month, pension, on Certificate No. No Pension yet
payable at Allowed him 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.

1901
1891
10
72

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, 1887; 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.

WITNESS,

Have two witnesses sign and fill all the blanks carefully.

Levi's House
Sharon Limer

James Mc Coy
Nearest R. Station, *Carlinville* on what R.R. *C & A* my *26037*
Post-office Address, *Carlinville* Ill.

To be sworn to before an officer having 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 *James McCoy* before he executed it.

W B Duggar
[Name of Magistrate.]
Notary Public

Fill all these blanks carefully.

Read? *yes* Write? *yes*
Occupation *Farm Hand*
Married or Single *Single*
[If a Widower, so state.]
Children under 16 years *none*

NAME AND ADDRESS OF NEAREST RELATIVE,
(Name) *none in this (Relation) County*
(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, or by a County officer, or by a Justice of the Peace, and attested by an official seal.)

I HEREBY CERTIFY that I have known the above named *James McCoy* 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.

W B Duggar, Commander
(Give Official Title) *Dan Meesick Post 339*

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 *James Mc Coy*
Company *G. 7, M* Regiment *Ran, Cav* Volunteers, and that he is disabled as follows:
Results of diarrhoea and rheumatism to such an extent that he is totally disabled for any kind of work, and permanently
Character of Disability *permanent*
Complications
Present Condition of Applicant *Healthy and fairly nourished*

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.

A. H. Cross, M.D. SURGEON, Sec.
Sitchfield Rd. Pension payers
day of *Dec* A. D. 189*1*, and I hereby certify that

Sworn to and subscribed before me, this... day of... A. D. 189... and I hereby certify that the said... is known to me as a Surgeon in actual practice and reputable in his profession.

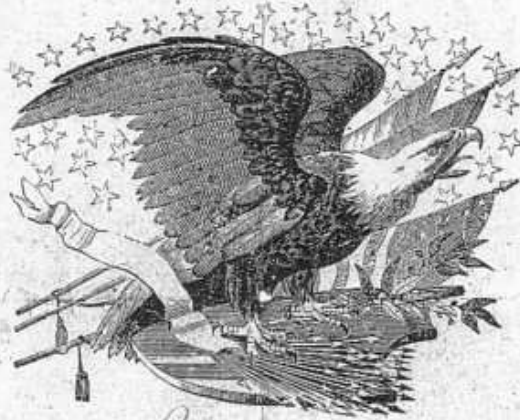
ORDER FOR ADMISSION.

The above application is hereby approved, and *James Mc Coy* *Dec - 24* 189*1*
Ran Cav Reg't Vols, will be admitted to the Illinois Soldiers and Sailors Home, at Quincy.

APPROVED,

Superintendent Illinois Soldiers and Sailors Home
J. G. ROWLAND, SUPT.

To all whom it may Concern.



That James M. Cox a
of Captain Edward Aldworth
Company, 1865, of the Regiment of Kansas Cavalry
enrolled on the First day of January
one thousand eight hundred and sixty four to serve Three years or
during the war, is hereby **Discharged** from the service of the United States,
this thirtieth day of September, 1865, at Leavenworth
Kansas by reason of Gen. Order, Sept. 11, 1865
(No objection to his being re-enlisted is known to exist.)

Said James M. Cox was born in the parish
in the State of Ireland, is thirty eight years of age,
Five feet 10 1/2 inches high, Fair complexion, blue eyes,
Brown hair, and by occupation, when enrolled, a laborer

Given at Leavenworth, Kansas this Thirtieth day of
December 1865.

W. H. Love
Capt. Gen'l. U.S.A.

Chief mustering officer

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

WORTHLESS IF EXECUTED BEFORE JULY 4th, 1907.

3-1001.

Act of June 27, 1890.

UNLESS THE INSTRUCTIONS ON FACE AND BACK OF THIS VOUCHER ARE SPECIFICALLY FOLLOWED, THE VOUCHER WILL BE RETURNED FOR CORRECTION.

A Roll No. 32897 INVALID. A

Be it known, That I, James M. Day, do solemnly swear that I am the identical person named in pension certificate No. 927140, dated the 15 day of July, 1904, in my possession and now exhibited; that I served as a Private in Company 7 Regiment, Trans. Cav. Volunteers; that my name is inscribed on the rolls of the CHICAGO Agency, at the rate of 12 dollars per month

† Describe here any former payments covering the same period, by rates and periods.

That I have not been employed or paid in the Army, Navy, or Marine Corps of the United States from the (¹) 4th day of April, 1907, to the present time; that I am entitled to the pension described in this voucher; that I have not forfeited my right, title, or interest therein; and that my post-office address is No. _____ Street, City or Town of _____ County of _____ State of _____

(If pensioner signs by mark, or illegibly, two witnesses who can write.)

(Pensioner's signature) _____ (signature must be written letter for letter as it is written in the pension certificate.)

OFFICER MUST MAKE THE CONTENTS OF THE AFFIDAVIT FULLY KNOWN TO THE PENSIONER BEFORE SIGNING OR SWEARING.

THE PENSION CERTIFICATE MUST BE EXHIBITED TO THE MAGISTRATE WHEN THIS VOUCHER IS EXECUTED.


State of _____, County of _____, ss:

Subscribed and sworn to before me this _____ day of _____, 1907, and I certify that the pensioner, above named, has this day exhibited to me his pension certificate, above described, and was fully identified as the pensioner named therein, and that he signed the following duplicate receipts in my presence.

(The magistrate must certify to any omissions or alterations.)

(Magistrate's signature) _____
(Official character) _____
(P. O. address) _____

Officer's Seal here.

	\$ <u>36</u>	(ASS'T TREASURER) CHICAGO.	July 1907.
	CHARLES BENT U. S. Pension Agent at		CHICAGO, ILL.,

SHORT WILL.

ILLINOIS SOLDIERS' AND SAILORS' HOME, QUINCY, ILL.

IN THE NAME OF GOD, AMEN.

I, James Mc Coy 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 worldly goods of which I may die possessed,

to the Illinois Soldiers & Sailors Home Quincy Ill

Lastly, I make, constitute and appoint Mr Souverville Supt of his Successors in office to be Executor 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 seal, the 14 day of March in the year of our Lord One Thousand Eight Hundred and 99

Sign'd James Mc Coy [SEAL]

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

Sign'd Geo M Jones
Sign'd Louis Speiter