=HEADQUARTERS ===

Illinois Soldiers and Sailors Home,

		QUINCY,	ILLL	1 //	
_			-Je	stember 19	198 0
Tres	luick /Togo	, (°) of	the tow	n of Carlinville	in the
County	of Macon pin			, formerly a Sol	
that he	erica, in the waragainst	said frome.		<u>V</u>	
To	enable the authorities to de	termine whether or not he is le	egally en	titled to become a member of	said Home, he declares
and sta	ates the facts to be that he is	nowyears old; th	at he is.	feet and	inches high; that he is
of	ark in the	plexion, gray eye	t Tu	mulancy, on the	Lday
of7	narch	, 1846; that he has been (2)	once	enrolled in the U.S.A. se	rvice; in the
war ag	ainst, 1, 1, 1,,	and in the war of the	late Reb	pellion; and that he has been (a) honorably
discha	rged from the service of the	United States. That the follow	ing is a t	rue statement of the timear	id placeof his enton
	and dischargefrom said f namely:	service, and that the cause of	his disc	harge, and of his rank at	the respective date
No.	When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment,	Cause of Discharge.
ıst.	Toledo Ohis	Louisvilleky	yer.	E. Co. 38, Regt. Ohis Int	Close of war
2d.	March 31'1864	July 12' 1865		Co. Regt.	
3d.		V - *		Co. Regt.	
-		on certificate number 93,	223	12	dollars a month.
Th	at he now receives, on pension	on certificate number	paralametan Ma	, a pension or	Paneion Office
payabl	e thed	ay of next	2	at the	Chalon Office.
Th	at he owns property, real an	d personal, of the value of		dollars, an	nd no more; that he has
no mea	ins of self-support other than	the above named; that his trac	le or occi	upation is that of a	<u> </u>
Th	at he has (4) 7(0 wife. 1	that he was 700 a children no	w living	; ages, respectively, (5)	
years.	That his postoffice address i	s Carlinvil , on the Chiagor	altv	, State of Illinois; that his	nearest railway station
in said	State: that the name and	address of the person to whom	, he desi	ires notice of his illness or d	eath shall be given, is
1100	man Organ	of	11 1 :-	Country of	Herrian Rogg
of10	Selections; that	in case of his death, he desired	s all his	Mustuffine State of	Delecero
-ne					
165 7	notimul It	n a member of any Soldiers', S		•	
Th	at he is now a bona fide re	sident of the State of Illinois, Illinois organization.	and has	continuously livea and reside	a in said state for the
Th	at he is so far disabled by (7	n Illinois organization. Chronic Their Louiach Troubl	wale	sec, Rupture	Effects of
Ru	ustroke and	stoniach brubl	es		
as to a	on he incapable of earning	his own living.			
Th has not Th conform that he that he	at he has at all times, hereto at any time been engaged in at if he shall be admitted to in to the rules and regulation will cheerfully do and perfo will promptly, and willing	fore, supported and adhered to	be made be made be requ he shall	I, in all things and in every real, for the government and discipled of him by those there in a receive from any officer of the	spect, comply with and pline of the same; and uthority over him; and thome, so long as he
shall re	emain a member thereof.	14	2	, Jealen	where 1000
In	Testimony Whereof, he has s	set his hand this		otrodorich (P.O.	
(9)			(8)	CONTROL CONTROL	1 J. Applicant

STATE OF ILLIN	>ss.	
County of	J	, a (10)
personally and well known to be that I then and there, at his re and that he was, by me, thereup	the identical person he equest, plainly read to hir con duly sworn, and then h matters and things state	
N. 4 /		(11)
		Affiant
		day or, A. D. 190
Witness my hand as		(12)
	[ц. 5.]	(16)
The second secon		
I do hereby certify, upon ho	nor, that I have persona	re of identification.
tained in his foregoing applicati Illinois organization. And I fu	on are entirely true, and a rther state that he has no	; and that to the best of my knowledge and belief, the statements con especially that as to the time of his residence in Illinois, or service in as a known mental disorder; and that he requires no special attendant; and the can safely be quartered with feeble and helpless men.
	Witnes	ss my hand, (13)
		(14)
1. FMM *	CERTIFICATE	OF A LOCAL PHYSICIAN.
I hereby depose and state tha	it I have carefully examin	ned the above named Applicant
		ow find that he has (15)
coverable mental disorder; that	he has no need of an atte	n living. And I hereby certify that he has no known, manifest, or dis- endant; that he may be properly allowed to go at large; and that he can
afely be quartered with men who	are old and feeble.	
		, M. D.
Subscribed and sworn to	before me, this	day of
		it, and that I
now him to be a physician in ac and among his fellow physicians		d repute, as an honest man and a capable physician, in the community
		(16)
	CERTIFICATE OF	SOLDIERS HOME SURGEON.
I hereby certify upon honor t	hat I carefully and critica	ally examined Fickerick Lagge
		condition, at the Hospital of this Institution, of Monday
he 19 The day of De	//	
trucapable of earning his	living by reason of his pl	hysical disability arising from (17) Tught Onguna
Nevina 12h	cumulesis	I'm leffels of Desirable le
	Witness my	hand all all andon

Home Hospital Surgeon.

STATE OF ILLINOIS, COUNTY OF ADAMS. In the matter of the relationship of the during the long of the long								
NAMES.	RELATIONSHIP.	RESIDENCE.						
Verman Rogge Vistine Busse August Rogge	Brother	Earlinville, Ill. 2137 La Telle St St-Cruis M. Carlin ville, Ill.						

Subscribed and sworn to before me, this-

pellowance, or as evidence in any other case. accepted as a voucher for the payment of any claim against the United States for pay, bounty, or other cases when the condition imposed by the Act of Congress approved March 8, 1878, that it "shall not be service of the United States. at he consville Hey. at I sure will the Copyring the grade of Price and in Copyring the grade of Price and serving honorably in the military This is to Certiffe, That Tuckeried Hogge, who was werolled on the This certificate is given whom evidence that the original discharge has been lost or destroyed, and in all inday of March one thousand eight hundred Sixty four to serve 3 Given at the Adjust CERTIFICATE OF SERV To all Minom it May Concern: 12th day of July , 1865 the with Company Lant General's Office, Was Department, Washington, O. C., this 3 ... J. W. W. 18 79 Assistant Adjutant General. Motleen