



STATE OF ILLINOIS,

COUNTY OF Macoupin } ss. I, Robt Brown, a (10) Notary Public

of the town of Gillespie, 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) Franklin Russell Affiant.

Subscribed and sworn to before me, this 12<sup>th</sup> day of July, A. D. 1900. Witness my hand and official seal. L. S. Robt Brown (12) Notary Public

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known Franklin Russell 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) George M. Jones (14) Post, Comander

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant, Franklin Russell, as to his disability, and I now find that he has (15) Rheumatism, especially the Sciatic and Lumboago form 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.

Subscribed and sworn to before me, this 12<sup>th</sup> day of July, 1900. And I certify that I am personally acquainted with said affiant W. M. Grass, 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.

Wm M Grass, M. D.  
Robt Brown (16) Notary Public

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Franklin Russell the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Thursday the 19 day of July, 1900; and that I then found him to be of sound mind, and to be unable capable of earning his living by reason of his physical disability arising from (17) Chronic Rheumatism

Witness my hand J. J. Halden Home Hospital Surgeon.

ORDER ADMITTING APPLICANT.

The application of the said Franklin Russell, together with the said several certificates, signatures, and jurats, having been found to be duly and formally made, and the Superintendent being satisfied that the applicant has shown himself to be lawfully entitled to admission to the Home,—it is hereby ordered that he be now duly admitted as a member thereof, this 19 day of July, 1900

W. S. Somerville Superintendent.

HOW TO FILL APPLICATION BLANKS.

0. Give full name of the Applicant.
1. Either "Mexico, the late Rebellion, or Spain."
2. Here say once, twice, or three times.
3. Here say once, twice, or three times.
4. Here say a wife, or no wife.
5. Here give their ages, from youngest to oldest.
6. Here give the name of any Home or other Institution of which he has been a member.
7. Here state, *in his own words*, what it is that ails or disables him.
8. Here Applicant will sign his full name, or make his mark.
9. Here the witness will sign *his* name.
10. Here write "Notary Public," "Justice of the Peace," or "Clerk of Court."
11. Here Applicant will sign his *full name*, or make his mark.
12. Signature and title of the Justice or Notary.
13. To be made and signed by any Judge of any County or State Court, by any Mayor, County or Circuit Clerk, Justice of the Peace, Police Magistrate, or Adjutant or Commander of any G. A. R. Post.
14. Here write official title.
15. The physician here will state tersely, but fully, as far as he can learn, *every* cause or disorder that tends in any degree to render the Applicant *incapable of earning his own living*.
16. Name and official title of Notary or Justice.
17. Here state *minutely* what disorder, ailment, disease, or cause, it is that, in your judgment, *disables the Applicant and renders him incapable of earning his own living*.

SPECIAL INFORMATION FOR APPLICANT.

READ THIS CAREFULLY. For it will *avail you nothing*, when you come before the Superintendent for examination on the facts alleged by you in your application, *to say you are ignorant* of what is *here and herein* plainly and explicitly set forth for your information:

1. Have some capable person *who writes a fair hand*, fill all the blanks in your application.
2. Have every blank in the application properly filled, and every Certificate, except that of the Surgeon of the Home, duly made and signed, and every jurat duly executed, signed and sealed by the Clerk, Notary or Justice of the Peace making the same.
3. Send your application, so prepared, by mail or otherwise, *with your last discharge and all your pension papers*, to the Superintendent of the Home.
4. On his receipt of your application, and your last discharge, and all your pension papers, all in due form, transportation will be sent you, and you will be ordered to report at the Home for *examination by the Home Surgeon as to your disability*, and for examination by the Superintendent *as to the allegations of fact made by you in your application for admission*.
5. If *all* your statements are found *to be true*, and the Surgeon found you to be *so far disabled as to render you incapable of earning your own living*, you will then be admitted to the Home, and not otherwise.
6. If, for *any reason*, you are found *not to be eligible* for admission, *you will not be admitted to the Home*.
7. *If you fail to be admitted*, no transportation to your home will be furnished you. *Therefore, you should bring sufficient money to pay your return fare*.
8. When permitted to leave the Home on Furlough, or on Pass of two or more days' duration, *you will be required to wear your citizen's clothing. You will not be allowed to wear Home or State clothing, when so absent*.

TO BE ELIGIBLE FOR ADMISSION.

1. *The law requires that you shall have served in the U. S. A. service, in the army or navy, in the war with Mexico, 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 resided, 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 exigencies of your military service, by reason of old age, or by means 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; that you shall not be in need of an attendant; that you shall be capable of ministering to your own personal wants: that you shall have NO CONTAGIOUS OR INFECTIOUS DISEASE that would render your residence in the Home DANGEROUS to others; that you may SAFELY be quartered with men who are feeble and incapable of self-defence.*
7. *NO INSANE OR DEMENTED PERSON CAN BE RECEIVED OR CARED FOR AT THIS INSTITUTION. The State has elsewhere provided for the care and treatment of such persons.*

Superintendent.

STATE OF ILLINOIS, }  
 COUNTY OF ADAMS. } ss.

In the matter of the relationship of Franklin Russell  
~~Soldiers & Sailors Home, Quincy Ill~~, being first duly sworn according to law,  
 deposes and says that he formerly resided at Gillespie Ill,  
 that he is not married, that his wife, Died about 10 years ago  
 resides at \_\_\_\_\_, and that the names, relationship and  
 residences of all, and the relations only, of affiant who would be his heirs in the event of his death,  
 at this time, are as follows, to-wit:

NAMES.	RELATIONSHIP.	RESIDENCE.
Walter Russell	Son	Gillespie Ill
William Russell	Son	do "
Herman Fitzgerald	Daughter	Carlinville "
Viola Whitman	Daughter	Gillespie "
Cassian Russell	Daughter	do "
Hattie Russell	Daughter	do "
Frank Russell	Son	do "
John Russell	Son	do "

And further affiant saith not.

Subscribed and sworn to before me, this

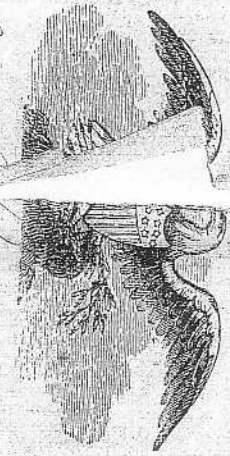
Franklin Russell  
19<sup>th</sup> day of July

A. D. 1900.

B. F. Lawson

Notary Public

Do All whom it may



Company.

Know We, the Franklin Company, was enrolled on the 1st day of June 1862.

This day of October 1862, we have by order of the Board of Directors, the following names:

State of Maryland, high, light, complexion, Gray, enrolled, a Soldier.

Given at New York this 1st day of October 1862.

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

GOV. PRINT. OFFICE

Discharged from the service of the United States, one thousand eight hundred and sixty two.

1862, at New York, Secretary of War, by reason of season.

was born in the month of June, 1825, in the State of New York, height, five feet six inches, eyes, brown, hair, and by occupation, when

Third day of October 1862.

Edw M Carter, Robt T S Drury, Murry Stanley