

APPLICATION FOR ADMISSION

ILLINOIS SOLDIERS AND SAILORS HOME, AT QUINCY.

TRUSTEES.

WILLIAM STEINWEDELL, Pres., Quincy, Ill.
LEWIS B. PARSONS, Flora, Ill.
JAMES A. SEXTON, Chicago, Ill.

OFFICERS.

GEORGE W. FOGG, Superintendent.
JAMES S. MORGAN, Treasurer.

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.

DIRECTIONS.
Fill all the blank spaces carefully.

STATE OF Illinois
COUNTY OF Macoupin } ss.

On this 14th day of August A. D. 1893, before me

C. A. Hammer within and for the County and State aforesaid,
[Name and Title of Magistrate]
personally appeared Peter Schneider aged 61 years, height 5 feet 9
[Name of Applicant]

inches, complexion dark, eyes hazel, hair gray, a resident of Illinois
County of Macoupin State of Illinois, who being duly sworn, deposes and says, that he was born in Prussia
Prussia and has been enlisted in the service of the United States
once times during the Rebellion
war; and was honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

No. of Enlistments.	When Enlisted, With Rank.	When Enlisted—Town and State.	Company and Regiment Mustered in	Date and Place of Discharge, with Rank.	Cause of Discharge.
1st.	<u>Aug 9th</u> 18 <u>61</u>	<u>Springfield Ill</u>	Co <u>A</u> Regt. <u>27th</u>	<u>Sept 22</u> 18 <u>61</u> <u>Springfield</u>	<u>Expiration of term</u>
2d.	..... 18.....	<u>37</u>	Co..... Regt.....	..... 18.....	.....
3d.	..... 18.....	.....	Co..... Regt.....	..... 18.....	.....

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

That he is disabled as follows: with Rheumatism and affection of right leg

If no pension is received, so state

and has been receiving \$10.00 Dollars per month, pension, on Certificate No. 5172/4
payable at Chicago Agency, from August 1890

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, or aided, or abetted, the late Rebellion in the United States; 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

Martin Meyers
Geo W Books
Peter Schneider
Nearest R. R. Station, Shipman On what R. R. CTA
Post-office Address Shipman 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 Peter Schneider before he executed it

CA Shamer
[Name of Magistrate.]
Notary Public

Fill all these blanks carefully.

Read? *yes* Write? *yes*
Occupation *farmer* NAME AND ADDRESS OF NEAREST RELATIVE
Married or Single *single* (Name) *Phil Schneider* Relation *brother*
[If a widower, so state,]
Children under 16 years *none* (Address) *Shipman Ill*

CERTIFICATE OF IDENTIFICATION.

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

This is very important. Have it signed as directed.

I HEREBY CERTIFY that I have known the above named Peter Schneider 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.

CA Shamer
(Give Official Title) Notary Public

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 Peter Schneider
Company *9* Regiment *27th* Volunteers, and that he is disabled as follows.
with Rheumatism and affection of right leg
Character of Disability *as above*
Complications

Present Condition of Applicant *totally disabled for manual labor*
I further certify that said Applicant is sane, and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

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

Subscribed and sworn to before me, this *14th* day of *August* A. D. 189*3*, and I hereby certify that the said *J. A. Burwash* is known to me as a Surgeon in actual practice and reputable in his profession.

CA Shamer
Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and *Peter Schneider*
A Co. *27th* Reg't *Ill. Inf.* Vols., will be admitted to the Illinois Soldiers and Sailors Home at Quincy.
George W. Fogg
Superintendent Illinois Soldiers and Sailors Home.

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

In the matter of the relationship of Peter Schneider
 , being first duly sworn according to law,
 deposes and says that he formerly resided at Shipman, Illinois
 that he is ~~un~~ married, ~~that his wife~~
~~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.
<u>Philip Schneider</u>	<u>Brother</u>	<u>Shipman Ill.</u>
<u>Katrina Atmeier. de'd leaving two children</u>	<u>Mary and John Atmeier</u>	<u>Shipman Ill</u>
<u>The heirs of my brother</u>		
<u>Jacob Schneider who dies at New Salem Mich.</u>	<u>leaving two sons and one daughter</u>	

And further affiant saith not.

Peter Schneider

Subscribed and sworn to before me, this fourth day of November

A. D. 1908.

30-
Register No. 2626

ILLINOIS SOLDIERS' AND SAILORS' HOME
QUINCY, ILLINOIS

Peter Schneider
Shipman, Macoupin Co
Fth CO 27th REG'T Ill. Inf.
CO REG'T
CO REG'T

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Illinois Soldiers & Sailors Home.

Surgeon's Office, Aug 24 1893

To the Superintendent:

I have carefully examined

Peter Schneider

late Co. A, Reg't 27th Ill. Inf.
late Co. Reg't

and find him disabled by

floating castilage
right knee joint & Rheu-
matism.

His disability is suf-
ficient to entitle him
to the Home

E. B. Montgomery
Surgeon