

HEADQUARTERS
Illinois Soldiers and Sailors Home,
 QUINCY, ILLINOIS.

Anton Shone, July 21st 1902
 (1) of the town of *Mount Olive*, in the
 County of *Macoupin*, and State of *Illinois*, formerly a Soldier of the United States
 of America, in the war against (1) *Late Rebellion*, respectfully asks that he
 be admitted as a member of said Home.

To enable the authorities to determine whether or not he is legally entitled to become a member of said Home, he declares and
 states the facts to be that he is now *65* years old; that he is *5* feet and *10* inches high; that he is
 of *Ruddy* complexion, *Hazel* eyes, and *Gray* hair; that he was born in the town of
Hannover in the *State of Germany*, on the *2nd* day
 of *October*, 1837; that he has been (2) *Once* enrolled in the U. S. A. service;in the war
 against *Rebellion*, andin the war or the late Rebellion; and that he has been (3) *Once* honorably dis-
 charged from the service of the United States. That the following is a true statement of the time..... and place.....of his enrollment,.....
 and discharge.....from said service, and that the cause of his discharge....., and of his rank at the respective date.....thereof namely:

No.	When and Where Enrolled.	When and Where Discharged.	Rank.	Company and Regiment.	Cause of Discharge.
1st.	<i>September 20 1864 Springfield</i>	<i>July 13th 1865 Springfield</i>		<i>K Co 50 Regt. Ill Inf</i>	<i>Expiration of Term of Service</i>
2d.				Co. Regt.	
3d.		<i>10</i>		Co. Regt.	

That he now receives, on pension certificate number *933070*, a pension of *Eight* dollars a month,
 payable the *4th* day of next *October*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of *Nothing* dollars, and no more; that he has no
 means of self-support other than the above named; that his trade or occupation is that of a *Farmer*

That he has (4) *no* wife; that he has *2* children now living; ages, respectively, (5) *37 & 41*
 years. That his postoffice address is *Mt Olive*, State of *Illinois*; that his nearest railway station is
Mt Olive, on the *St Louis & Springfield* railway, in *Macoupin* County, in said
 State; that the name and address of the person, to whom he desires notice of his illness or death shall be given, is

Henry H. Maner, of *Dorchester*, County of *Macoupin*, State of
Illinois; that, in case of his death, he desires all his personal effects to be sent to *Henry H
 Maner*, at *Dorchester* County of *Macoupin*, State of *Ill*

That he has not heretofore been a member of any Soldiers', Sailors', or other Charitable Home or Institution, excepting the
 (6) *Danville & Dayton*

That he is now a bona fide resident of the State of Illinois, and has continuously lived and resided in said State for the last two
 years, or has served in an Illinois organization.

That he is so far disabled by (7) *Rheumatism & Heart Disease*

as to now be incapable of earning his own living.
 That he has at all times, heretofore, supported and adhered to the government of the United States of America, and that he has not
 at any time been engaged in, or countenanced, or aided, or abetted, the cause of the late Rebellion.

That if he shall be admitted to be a member of the said Home, he will, in all things and in every respect, comply with and conform
 to the rules and regulations made, or that shall hereafter be made, for the government and discipline of the same; and that he will cheer-
 fully do and perform any and all things that shall be required of him by those there in authority over him; and that he will promptly,
 and willingly, obey all lawful orders that he shall receive from any officer of the Home, so long as he shall remain a member thereof.

In testimony whereof, he has set his hand this *21st* day of *July* 1902
 (9) *Joseph M. Shaban* Witness. (8) *Anton Shone* Applicant.

STATE OF ILLINOIS, }

ss.

COUNTY OF _____, I, _____, a (10) _____

of the town of _____, 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) _____, Affiant.

Subscribed and sworn to before me, this _____ day of _____, A. D. 190____. Witness my hand and official seal.

L. S. _____ (12)

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known _____ 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) _____ (14)

CERTIFICATE OF A LOCAL PHYSICIAN.

I hereby depose and state that I have carefully examined the above named Applicant _____, as to his disability, and I now find that he has (15) _____ 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.

_____, M. D.

Subscribed and sworn to before me, this _____ day of _____ 190____. And I certify that I am personally acquainted with said affiant _____, 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.

_____ (16)

CERTIFICATE OF SOLDIERS HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Arthur Shour the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Monday the 21 day of July, 1902; and that I then found him to be of a sound mind, and to be incapable of earning his living by reason of his physical disability arising from (17) Chronic Venereal Rheumatism, + Chronic Cystitis. Functional Heart Trouble.

Witness my hand W. E. Ellis Asst. Home Hospital Surgeon.

ACT OF FEBRUARY 6, 1907.

A.
OFFICE OF
THE COMMISSIONER.

Department of the Interior,
Bureau of Pensions,
Washington.

Jan. 8, 1909

Hon. *G. W. Prince*

A.R.
My dear Mr. Prince:

It gives me pleasure to inform you that the *reissue*
claim for pension of
Anton Stone
late *Pvt* Company *K*, *50* "Regiment *Ills. Vol. Infy.*
whose address is *Soldiers Home, Adams St., Illinois*
has been allowed under certificate No. *933070* at the rate
of \$ *15⁰⁰* per month from *May 20 1907*.

and that the certificate will soon be forwarded to the pension agent
at *Chicago* for transmittal to the beneficiary
with voucher for payment.

Very truly yours,

Am glad your pension has been increased.

V. J. ...
Commissioner.

Geo W Prince

LR

UNITED STATES OF AMERICA
STATE OF ILLINOIS.

Adjutant General's Office

Springfield,

January 21st 1869

It is hereby certified, That it appears from the Records of this Office, that
Carlton Shon enlisted on the 28th day of Sept. 1864

at
St. Louis in Company A and was mustered into the service of the United States as a
for the period of 3 years on the 27th day of September 1864, Regiment, Illinois Infantry

Mustered out July 15th 1865.

Expiring, with rank of 1st Lieutenant,

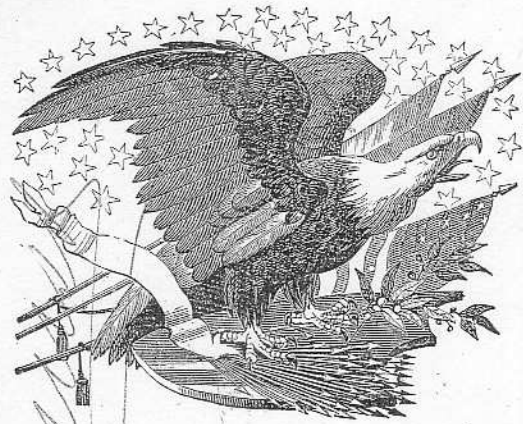
and James Gordon.

His residence at date of enlistment is stated as

This Certificate is issued at the request of

James
M. Gordon
Adjutant General of Illinois.

To all whom it may Concern.



Know ye, That Anton Shure a
 Private of Captain Leut James Corbin
 Company, (K), 50th Regiment of Illinois Infantry Volunteers
 VOLUNTEERS who was enrolled on the 20th day of September
 one thousand eight hundred and Sixty four to serve one years or
 during the war, is hereby **Discharged** from the service of the United States,
 this 13th day of July, 1865, at Louisville
Kentucky by reason of Expiration of term of Service
 (No objection to his being re-enlisted is known to exist.)
 Said Anton Shure was born in
 in the State of France, is 24 years of age,
5 feet 7 inches high, Dark complexion, Grey eyes,
Dark hair, and by occupation, when enrolled, a Man
 Given at Louisville Ky this 13th day of
July 1865.

* 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.]

W. B. Guthrie
 Capt 81st Ohio Infy 3rd
 Commanding the Reg't
 A & M 4th Div's 15th U.S. A.

James Corbin
 1st Lieut - 50th Ill. Inf.
 " " " " " " " " " " " "

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

In the matter of the relationship of Anton Shone

being first duly sworn according to law,
 deposes and says that he formerly resided at Mt Olive Macopin Co. Ia
 that he is not married, that his wife, Deceased

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:

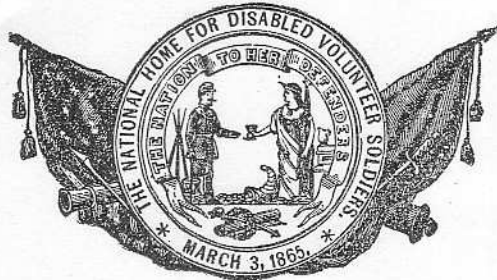
NAMES.	RELATIONSHIP.	RESIDENCE.
James Shone	Son	Archie Cassco Mo
Harmon Shone	"	" " "

And further affiant saith not.

Anton Shone
21st month of July

Subscribed and sworn to before me, this
 A. D. 1902
 Witness Jos N. Shahan

To all whom it may Concern:



Know Ye, That Anton Shone
late "K" Co. 50 Regiment Illinois Infantry

a member of THE NATIONAL HOME FOR DISABLED VOLUNTEER SOLDIERS, who was admitted on the Nineteenth day of January, one thousand ^{eight} ~~one~~ hundred and Ninety seven, is hereby

Honorably Discharged
by reason of His Request
No objection to his readmission is known to exist

Said Anton Shone was born in Germany
is 75 years of age 5 feet 9 inches high, Dark
complexion, Gray eyes, Gray hair, and by occupation when
admitted a Farmer

Pensioner at \$ 22.50 per month. Certificate No. 933 070

Given at Danville Branch, National Home D. V. S.,
this 23 day of September, 1915

W. H. Peters
Governor.