



Before filling in the blanks read carefully the explanations and directions on the margin, and again on third page.

Army Discharge, or Certificate 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.

DANIEL DUSTIN, Sycamore, DeKalb County, Ill.
L. T. DICKASON, Danville, Vermillion County, Ill.
THOMAS W. MACFALL, Quincy, Adams Co., Ill.

OFFICERS.

J. G. ROWLAND, Superintendent.
J. R. LOTT, Secretary and Adjutant.
R. H. CARNAHAN, Quartermaster and Commis'ry
R. W. McMAHAN, Surgeon.
JAMES D. MORGAN, Treasurer.

DIRECTIONS.

Fill all the blank spaces carefully.

STATE OF Illinois
COUNTY OF Grundy } ss.
On this 28 day of July A. D. 1890, before me
(1) McBride a Notary Public within and for the County and State aforesaid,
personally appeared (2) Daniel Kennedy aged 51 years, height 5 feet 8
inches, complexion Dark, eyes Dark, hair Black, a resident of (*) City of Morris
County of Grundy State of Illinois, who being duly sworn, deposes and says, that he was born in
(4) Maryland U S and has been enlisted in the service of the United States
(5) Once times during the (*) War of 1861-5
war; and honorably discharged from each enlistment as follows:

State each enlistment separately, and cause of discharge.

The army discharge or certificate of service from LAST enlistment is SPECIALLY required.

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>Aug 20 18 61</u> <u>Private</u>	<u>Morris Grundy Ill</u>	Co. <u>G 36</u> Regt <u>Ills vol</u>	<u>Sept 22 18 64</u> <u>Serjt</u>	<u>Exposition of disease</u> <u>lost of left hand eye</u>
2nd.	_____ 18	_____	Co. _____ Regt _____	_____ 18	
3rd.	_____ 18	_____	Co. _____ Regt _____	_____ 18	
4th.	_____ 18	_____	Co. _____ Regt _____	_____ 18	

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

That he is disabled as follows: (7) Gunshot wound of Right Fore arm and Both Thighs
he is also suffering with disease of throat Sinus and Stomach Kidneys
and Liver

If no pension is received, so state.

and has been receiving Eight Dollars per month, pension, on Certificate No. 481,212
payable at Washington DC Agency, from 23rd of August 1889

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.