

The applicant must sign this, and swear to the statement.

The said applicant further swears that he has not been engaged in, aided or abetted the late Rebellion in the United States; and that he was not a member of any Soldiers or Sailors Home, June 15, 1887; and further, that he has been a bona fide resident of the State of Illinois for the last two years past. 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.

David Boyer
Alex M Stitt

Daniel Kennedy
Nearest R. R. Station, Morris Ill on what R. R. C.R. & P.
Post-office Address, Morris 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 Daniel Kennedy before he executed it.

Read? yes Write? yes
Occupation was a Farmer
Married or Single Single
Children under 16 years No

Fill all these blanks carefully.

(11) N McBride Volney Public
NAME AND ADDRESS OF NEAREST RELATIVE
(Name) None (Relation) None
(Address) None

CERTIFICATE OF IDENTIFICATION.

This is very important. Have it signed as directed.

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

I HEREBY CERTIFY that I have known the above named Daniel Kennedy for the last 25 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.

(9) N McBride Volney Public
(Give Official Title) and County Surgeon

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 (2) Daniel Kennedy of Co G
Company G 36th Regiment Illinois Volunteers, and that he is disabled as follows:
He has four (4) gun-shot wounds - one in left-hip joint; one in right thigh; one in right wrist and one just above left-hip, thereby almost totally disabling him for manual labor, 1/2
Character of Disability
Complications also complains of indigestion and appears quite emaciated
Present Condition of Applicant

I further certify that said applicant is sane, and has no spells of mental disturbance, and can safely be assigned quarters with other comrades.

Being a U.S. Pension Recipient
no oath is required.
J. A. Hand

(10) Courman A. Hand SURGEON.
U.S. Pension Recipient
Sworn to and subscribed before me, this day of A. D. 1890, and I hereby certify that the said is known to me as a Surgeon in actual practice and reputable in his profession.

ORDER FOR ADMISSION.

The above application is hereby approved, and (2) Daniel Kennedy Aug 8, 1890
Co., 36 Reg't Ill. Inf. will be admitted
J. A. Hand
Superintendent Illinois Soldiers and Sailors Home.