

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. 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.

Alex McKeheval  
S. C. Kerr

Samuel Keimery  
Nearest R. R. Station, \_\_\_\_\_ On what R. R. \_\_\_\_\_  
Post-office Address, \_\_\_\_\_ 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 him before he executed it.

John F. Omlup  
[Name of Magistrate.]  
NAME AND ADDRESS OF NEAREST RELATIVE.  
Mary Fisher  
(Name) \_\_\_\_\_ (Relation) \_\_\_\_\_  
(Address) \_\_\_\_\_

Read? Yes Write? Yes  
Occupation Laborer  
Married or Single \_\_\_\_\_  
[If a widower, so state.]  
Children under 16 years \_\_\_\_\_

Fill all these blanks carefully.

CERTIFICATE OF IDENTIFICATION.

(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.

This is very important. Have it signed as directed.

I HEREBY CERTIFY that I have known the above named Samuel Keimery 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.

James Gilbert  
(Give Official Title) Cottage

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 Samuel Keimery  
Company \_\_\_\_\_ Regiment 3rd U.S. Art Volunteers, and that he is disabled as follows:  
Valvular Heart Disease & Phthisis Pulmonalis  
Character of Disability as stated above  
Complications Dyspnea, Hemoptysis, etc.  
Present Condition of Applicant Fully Recovered

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

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

Sworn to and subscribed before me, this 7th day of May A. D. 1893, and I hereby certify that the said E. B. Montgomery is known to me as a Surgeon in actual practice and reputable in his profession.

John F. Omlup  
Notary Public

ORDER FOR ADMISSION.

The above application is hereby approved, and Samuel Keimery May 2 1893.  
a Co. 3d Reg't U.S. Col. The Art. Vols., will be admitted to the Illinois Soldiers and Sailors Home at Quincy.

GEORGE W. FOGG  
Superintendent Illinois Soldiers and Sailors Home.