a Hada- 1
STATE OF ILLINOIS,
COUNTY OF CALLES SS. 1 2 W M Willy (a(10)
of the town , in and for said County, do hereby certify that the above name bleant,
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
an John X Marion
Subscribed and sworn to before me, this 19th day of Hovember A. D. 1896. Witness my hand
Subscribed and sworn to before me, this 19" day of Movember A. D. 1896. Witness my hand
and official seal. L. S. The Manual official seal.
and official seal. L. S. A. B. 1896. Witness my hand A. B. 1896. Witness my hand Motory Public Motory Publ
CERTIFICATE OF IDENTIFICATION.
I do hereby certify, upon honor, that I have personally known foun I favou
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. 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 sately be quartered with feeble and helpless men.
Witness my hand, (13) (I) To doch ,
(a) County Juster
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)
Mousimuria and Varizoze Vein and Mees.
to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, mani-
fest, 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.
Subscribed and sworn to before me, this day of November, A. D. 1894. And I certify that I am personally acquainted with said affiant,
Subscribed and sworn to before me, this day of v. V. And I certify
to be a physician in active practice, and in good repute, as an honest man and a capable physician, in the commu-
nity and among his fellow physicians where he lives.
The sound states have
CERTIFICATE OF SOLDIERS HOME SURGEON.
I hereby certify upon honor that I carefully and critically examined form reason, the above named Applicant, as to his mental and physical condition, at the Hospital of this Institution, on Sat
The second of th
the 5 day of 189 6; 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)
Hy factor by. Various Veris of logs & Vancous
Cilous.