

HEADQUARTERS  
**Illinois Soldiers and Sailors Home,**  
 QUINCY, ILLINOIS

*John Miller*, (0) of the town of *Morris*, in the County of *Greene*, and State of *Ill*, formerly a Soldier of the United States of America, in the war against *(+)* *of the 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 *57* years old; that he is *5* feet and *7* inches high; that he is of *light* complexion, *blue* eyes, and *light* hair; that he was born in the town of *Morris* in the County of *Greene*, on the *18* day of *Feb*, 1847; that he has been (2) enrolled in the U. S. A. service; in the war against *(+)*, and in the war of the late Rebellion; and that he has been (3) honorably discharged 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>Jan 28 1863</i>	<i>July 8 1865</i>		<i>Regt. Ill</i>	
2d.	<i>Ottawa Ill</i>	<i>Apr 1865</i>		<i>Co. Artillery</i>	
3d.	<i>30</i>			<i>Co. Regt.</i>	

That he now receives, on pension certificate number *411 507*, a pension of *6* dollars a month, payable the *4* day of next *July*, at the *Chicago* Pension Office.

That he owns property, real and personal, of the value of \_\_\_\_\_ 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) *a* wife; that he has *5* children now living; ages, respectively, (5) *all adults* years. That his postoffice address is *Morris*, State of Illinois; that his nearest railway station is *Morris*, on the *Rock Island* Railway, in *Greene* 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 *Elvira C. Miller wife Morris*, County of *Greene*, State of *Ill*; that, in case of his death, he desires all his personal effects to be sent to *home*, at \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_.

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

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) \_\_\_\_\_.

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 cheerfully 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 *4* day of *May*, 190*4*.

(9) *J. M. [Signature]*  
 Witness.

(8) *John Miller*  
 Applicant.