

STATE OF ILLINOIS

SS

County of _____, I, _____, a (10) _____

of the town of _____, in and for said County, do hereby certify that the above named applicant, to me personally and well known to be 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.

(11) _____, Affiant.

Subscribed and sworn to before me, this _____ day of _____, A. D. 191_____

Witness my hand and official seal.

[L. S.] _____ (12) _____

CERTIFICATE OF IDENTIFICATION.

I do hereby certify, upon honor, that I have personally known _____ 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, or service in an Illinois organization. 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 safely be quartered with feeble and helpless men.

Witness my hand, (13) _____

(14) _____

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) _____

to such an extent as to prevent him from earning his own living. And I hereby certify that he has no known, manifest, 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.

_____, M. D.

Subscribed and sworn to before me, this _____ day of _____ 191_____. And I certify that I am personally acquainted with said affiant _____, and that I know him to be a physician in active practice, and in good repute, and an honest man and a capable physician, in the community and among his fellow physicians where he lives.

_____ (16) _____

CERTIFICATE OF A SOLDIERS' HOME SURGEON.

I hereby certify upon honor that I carefully and critically examined Thomas J. Stinchcomb the above named applicant, as to his mental and physical condition, at the Hospital of this Institution, on Saturday the 13th day of January, 1912; and that I found him to be of _____ sound mind, and to be _____ capable of earning his living by reason of his physical disability arising from (17) Heumorrhoids Right Inguinal Hernia and Urethral Stricture

Witness my hand _____ W. Mc Lendon Home Hospital Surgeon.