

# TO THE OFFICERS AND MEMBERS

OF

Company Six Post No. 22 Dep't of Mo. G. A. R.

I have the honor to make Application for membership in Company Six Post No. 22 of Kirkville Grand Army of the Republic, basing my application on the following facts:

I am 37 years of age, and was born in Richland Co. State of Ohio, now residing at Kirkville State of Missouri, am by occupation an Insurance Agent

I served during the late rebellion as follows:

First enlisted Feb 23 1863, as Private in Co. B 7<sup>th</sup> Regiment  Iowa Cav for the period of three years years, and was discharged therefrom as Private at Davenport Ia on the 26<sup>th</sup> day of May 1864 by reason of expiration of service

I also reenlisted \_\_\_\_\_ 18 \_\_\_\_\_, as \_\_\_\_\_ in Co. \_\_\_\_\_ Regiment \_\_\_\_\_ and was discharged therefrom as \_\_\_\_\_ at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 18 \_\_\_\_\_, by reason of \_\_\_\_\_

I have never borne arms against the United States, and have never been convicted by Court-Martial of Desertion, nor of any other infamous crime.

I have not made previous application for membership to the Grand Army of the Republic and filed the same with \_\_\_\_\_ Post No. \_\_\_\_\_ Department of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 18 \_\_\_\_\_

(Signature.)

Thomas C. Simmons  
Residence No. Kirkville Mo. Street.

I on honor recommend Thomas Simmons to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ \_\_\_\_\_

R. H. Broune  
(To be signed by a Comrade of the Post.)

NOTE.—If any details herein required are omitted, they must be furnished before being reported on by the Committee.

1 If other enlistments, they are to be added.

2 If this is the first application, write the word "not" in this space.

[OVER.]

# APPLICATION #

OF  
*Thomas Simmons*  
 Co. B, 4th  
 Regt Iowa Cav. for  
 Membership in the Grand Army of the Republic.

Recommended by Comrade  
*R. H. Browne*

HEADQUARTERS  
*Camp Dix* Post No. *22*  
 Department of *Missouri* 188*4*  
 Received and referred to the Examining Com-  
 mittee

*Joe H. Kinner*  
 Post Commander.

*Apr 17<sup>th</sup>* 188*4*

The undersigned Examining Committee respect-  
 fully report favorably upon the within  
 application.

*G. E. Leach*  
*R. F. Henry*  
*G. J. Beall,* } Committee.

Applicant (Elected *May 1<sup>st</sup>* 188*4*  
 (Mustered " " 188*4*

No. on Des. Book \_\_\_\_\_

Adjutant.

*Approved as written and sent to the Post Surgeon  
 for his signature and return to the  
 Headquarters of the Department of Missouri  
 at St. Louis, Mo. on the 17th day of April 1884  
 by the undersigned  
 Joe H. Kinner  
 Post Commander*

To be Filled by, or for, the Post Surgeon, on or before the Night of Muster of this Applicant.

1. No. on Des. Book \_\_\_\_\_ 2. Name \_\_\_\_\_
3. Where born \_\_\_\_\_ 4. Color \_\_\_\_\_
5. Regiment or Vessel serving in when wounded \_\_\_\_\_
6. What Army or Squadron \_\_\_\_\_  
(As Army of the Potomac, Mississippi Squadron, &c., &c.)
7. Branch of service (Inf., Art., Cav., Marine, Sailor, &c.) \_\_\_\_\_
8. How many times wounded? \_\_\_\_\_ 9. Ages when wounded \_\_\_\_\_
10. 11. Dates when wounded and names of engagements \_\_\_\_\_
12. Parts of the body wounded or disabled \_\_\_\_\_
13. State results of wounds. If amputation, what member? If paralysis, loss of sight, or any other disability followed, give full particulars \_\_\_\_\_
14. Kind of Missile \_\_\_\_\_
15. Rank when wounded \_\_\_\_\_

NOTE—If NOT WOUNDED OR DISABLED, SO STATE DISTINCTLY.

Entered on Medical Description Book No. \_\_\_\_\_

Reported to Department Headquarters \_\_\_\_\_

Printed Figures refer to spaces on Form F.

Post Surgeon.