

RULES AND REGULATIONS G. A. R.

ARTICLE IV.—CHAPTER I.

Eligibility to Membership.—Soldiers and sailors of the United States Army, Navy or Marine Corps, who served between April 12th, 1861, and April 9th, 1865, in the war for the suppression of the Rebellion, and those having been honorably discharged therefrom after such service, and of such State regiments as were called into active service and subject to the orders of U. S. General Officers, between the dates mentioned, shall be eligible to membership in the Grand Army of the Republic. No person shall be eligible to membership who has at any time borne arms against the United States.

To Corporal Dick Post No. 22 Dep't of Missouri G. A. R.

I have the honor to make application for membership in Corporal Dick Post No. 22 Department of Missouri Grand Army of the Republic, basing my application on the following facts:

I am 44 years of age, and was born in Merier County State of Pennsylvania, now residing at Delair State of Missouri, am by occupation a farmer

I served during the late rebellion as follows:

First enlisted Feb 12 1864, as Private in Co. G 100 Regiment Pennsylvania for the period of 3 years, and was ~~discharged~~ ^{transferred} therefrom as Private, at Philadelphia Pa on the 1st day of April 1865, by reason of loss of right leg

^{Transfer to} I also re-listed April 1st 1865 as Private in Co. G 12 Regiment 1st Regt and was discharged therefrom as Private at Washington on the 3rd day of July 1865, by reason of Special order apt Hospital dated July 5 1865

I have never borne arms against the United States, and have never been convicted 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).

Residence, No. _____ Street.

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

Enclosed is proposition fee, \$ _____

John Shuman
(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. Any failure to report all the facts required by this application may render the muster-in null and void.

1 Other enlistments are to be added.

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

[OVER]

*Saris
Snyder
Stewart*

APPLICATION OF

John H. McCurtrey
Late *Brunswick* Co. *G*
100 Reg't *Pa Arty* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

HEADQUARTERS

Post No. _____

Department of _____ 18

Received and referred to the Examining Committee.

Post Commander. _____

18

The undersigned Examining Committee respectfully report _____ favorably upon the within application.

J. W. Saris
O. C. Snyder
J. P. Stewart } Committee

Applicant { Elected *Nov 20* 18*90*
 { Mustered *Apr 16* 18*91*

No. on Des. Book *293*
R. S. Bilby
Adjutant.

John
L. H. P.
47
15-91

Copyright, 1886, by JOHN S. KOUNTZ, Commander-in-Chief
Grand Army of the Republic.

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

- No. on Des. Book _____ 2. Name *John H. McCurtrey*
- Where born *Mercer Co. Pennsylvania* 4. Color _____
- Regiment or Vessel serving in when wounded _____
- What Army or Squadron?
(As Army of the Potomac, Mississippi Squadron, etc., etc.)
- Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.) _____
- How many times wounded? _____ 9. Ages when wounded? _____
11. Dates when wounded and names of engagements _____
- Parts of the body wounded or disabled _____
- State results of wounds. If amputation, what member? If paralysis, loss of sight or any other disability followed, give full particulars _____
- Kind of Missile _____
- 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.