


THE OFFICERS AND MEMBERS


— OF —

Corporal Dix Post No. *22* Dep't of *Missouri* G. A. R.

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

I am *43* years of age, and was born in *Switzerland* State of *Indiana*, now residing in *Adair County* State of *Missouri*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *October* 1861, as *Private* in Co. *K* *14th* Regiment *Iowa Infy.* for the period of *3* years, and was discharged therefrom as *Private*, at *Davenport Iowa* on the *November* day of *1864*, by reason of *expiration of term of service*

~~I also re-enlisted _____ 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.) *Abraham Vanice*
 Residence, No. _____ Street.

I in honor recommend *Abraham Vanice* to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$*2.00* pd.

B. D. Keim
 (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.

APPLICATION OF

Abraham Vanice

Late *Private* Co. *K* *14th*
 Reg't *Iowa Inft.* for
 Membership in the Grand Army of the Republic.

Recommended by *C. W. ...*

HEAD-QUARTERS

Caval Div Post No. *22*

Department of *Mo* 188*3*

Received and referred to the Examining Committee.

A. H. ...
 Post Commander

May 17 188

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

John H. ...
John ...
 Committee.

Applicant { Elected *May 17th* 188*3*
 { Mustered *May 17th* 188*3*

No. on Des. Book

Adjutant

Com J. H. ...
J. W. ...

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

Post Surgeon.