

# TO THE OFFICERS AND MEMBERS

— OF —

*Corpl Dix* Post No. *22* Dep't of *Mo* G. A. R.

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

I am *41* years of age, and was born in *Columbiana Co* State of  
*Ohio*, now residing at *Log*  
State of *Missouri*, am by occupation a *Farmer*  
I served during the late rebellion as follows:

First enlisted *Nov 1<sup>st</sup>* 18*61* as *Private* in Co. *"H"*  
*7<sup>th</sup>* Regiment *Mo Cav* for the period of *3*  
years, and was discharged therefrom as *Priv* at *Little Rock Ark*  
on the *2<sup>nd</sup>* day of *Jan* 18*64* by reason of  
*Re-enlistment in Vet Corps*

<sup>1</sup>I also re-enlisted *Jan 2<sup>nd</sup>* 18*64* as *Corpl* in Co. *"L"*  
*1<sup>st</sup>* Regiment *Mo Cav* and was discharged therefrom as  
*Corpl* at *Little Rock Ark* on the *1<sup>st</sup>*  
day of *Sept* 18*65* by reason of *Close of war*

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

I have <sup>2</sup>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.)

*S. Clark Ziegler*

Residence No. \_\_\_\_\_ Street.

I on honor recommend *S. C. Ziegler* to the favorable consideration  
of the Post, believing the foregoing statements to be true in every respect.

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

*L. W. Chase*  
(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 —

*S. C. G. Taylor*  
Late Private Co. "B" 7<sup>th</sup>

Reg't *No. Cav.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*L. W. Chase*

## HEADQUARTERS

Post No. \_\_\_\_\_

Department of *Mo. Army* 188

Received and referred to the Examining Committee

*James G. A. ...*  
*...*  
Post Commander.

188

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

*J. W. Laughlin*  
*J. A. ...* Committee.

*Jas. B. ...*

Applicant { Elected *Sept 6* 1885

{ Mustered *Dec 6* 1885

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

*J. F. Rawson*  
Adjutant.

*Notified to procure books on Description List Oct 18/85*

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.