


TO THE OFFICERS AND MEMBERS:


— O F —

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 Grand Army of the Republic, basing my application on the following facts:

I am 42 years of age, and was born in Highland County State of Ohio, now residing at Kirksville State of Missouri, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted July 1861, as Private in Co. H 27th Regiment Ohio Inf. for the period of 3 years, and was discharged therefrom as Private, at Sedalia Missouri on the day of June 1862, by reason of being prisoner and paroled

¹ I also re-enlisted October 1862, as Private in Co. L 2nd Regt. Regiment Ohio Cavalry and was discharged therefrom as Private at St. Louis Missouri on the day of October, 1865, by reason of close of the war and expiration of terms of service

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 not² 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.) Wilson Borden

Residence, No. Street.

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

Enclosed is proposition fee, \$ 2.00 pd.

W. H. Keiny
 (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

Wilson Borden

Late *Private* Co. *L 2nd*

Reg't *Ohio Cavalry* for

Membership in the Grand Army of the Republic.

Recommended by *C. grade*

B. A. Heiny

HEAD-QUARTERS

Corporal *dix* Post No. *22*

Department of *Mo.* 188*3*

Received and referred to the Examining Committee.

Post Commander

188*3*

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

Committee:

Applicant { Elected *March 1883*
Mustered *May 1883*

No. on Des. Book

Mutans

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

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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.

Printed figures refer to spaces on Form F