

TO THE OFFICERS AND MEMBERS

— OF —

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

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

I am 49 years of age, and was born in Mahoning Co State of Ohio, now residing at Brashear State of Mo, am by occupation a Carpenter

I served during the late rebellion as follows:

First enlisted Aug 19 1861, as private in Co. B 16 Regiment O.V.S. for the period of 3 years, and was discharged therefrom as Capt, at Campbellsville Mo on the 30 day of Nov 1864 by reason of Expiration of time 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)

M. J. Stroock

Residence, No.

Street.

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

Enclosed is proposition fee, \$

(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

M. F. Strook

Late *Corporal* Co. *B.*
16th Reg't *Ohio Inf* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

J. M. Davis

HEADQUARTERS

Post No. _____

Department of _____ 188

Received and referred to the Examining
Committee. *Corbin Harris & Co. Lusk*

Post Commander. _____

_____ 188

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

E. Corbin

J. M. Harris

C. S. Lusk

} Committee

Applicant { Elected *May 1st* 188 *4*
 { Mustered _____ 188

No. on Des. Book _____

Ajutant. _____

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, etc., etc.)
7. Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.) _____
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. _____