

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

I am *45* years of age, and was born in *Richland County* State of *Ohio*, now residing at *Hillsville* State of *Missouri*, am by occupation a *Merchant*

I served during the late rebellion as follows:

First enlisted *August 13* 18*62* as *Coop* in Co. *A* *19th* Regiment *Iowa* for the period of *3* years, and was discharged therefrom as *Siergt* at *Danport* on the *10th* day of *July* 18*65* by reason of *close of war*

I also reenlisted _____ 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.)

Hiram W. Snyder

Residence No. *Hillsville* Street.

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

Enclosed is proposition fee, \$ _____

James W. Kimball
(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

Heram W Snyder

Post Co. *"D. 19"*

Reg't *Iowa Inf* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

J. H. Hinman

HEADQUARTERS

Capt. D. J. Post No. *22*

Department of *Iowa* 188*5*

Received and referred to the Examining Committee

Col. B. L. and

P. W. Fineman

B. H. Browne

Post Commander.

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

G. J. Beall
A. J. ...
E. ... Committee.

Applicant Elected *Sept 5* 188*5*

Mustered *" 22* 188*5*

No. on Des. Book

B. F. Rawson
Adjutant.

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.