

TO THE OFFICERS AND MEMBERS

OF

Corporal Dix Post No. 78 Dep't of Mo G. A. R.

I have the honor to make application for membership in Corp Dix Post No. 78 of Mo Grand Army of the Republic, basing my application on the following facts:

I am years of age, and was born in Clinton County State of Kentucky, now residing at Muskrat State of Missouri, am by occupation a

I served during the late rebellion as follows:

First enlisted Dec 23 1863 as Private in Co. B 35 Regiment Iowa Cav. for the period of 3 years, and was discharged therefrom as Private at Louisville Ky on the 26th day of June 1865, by reason of S O No 27 1865 Dep't of Ky

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 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)

Residence, No. 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, \$

Sept 1865

(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

James Pearson

Late *Privt* Co. *B*
3 Reg't *Doc Cav* for

Membership in the Grand Army of the Republic.

Recommended by Comrade
Steph Hall

HEADQUARTERS

Post No. _____

Department of _____ 188

Received and referred to the Examining Committee.

Post Commander. _____

188

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

Committee

A. D. Riddle
John Shaver
J. P. Stewart

Applicant { Elected *Aug 30* 188
(Mustered *Aug 30* 188

No. on Des. Book _____

Adjutant.

Under Dispensation

7881

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

- No. on Des. Book _____ 2. Name _____
- Where born _____ 4. Color _____
- Regiment or Vessel serving in when wounded _____
- What Army or Squadron? _____
(As Army of the Potomac, Mississippi Squadron, etc., etc.)
- Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.) _____
- How many times wounded? _____ 9. Ages when wounded? _____
11. Dates when wounded and names of engagements _____
- Parts of the body wounded or disabled _____
- State results of wounds. If amputation, what member? If paralysis, loss of sight, or any other disability followed, give full particulars _____
- Kind of Missile _____
- Rank when wounded _____

NOTE.—IF NOT WOUNDED OR DISABLED, SO STATE DISTINCTLY.

Entered on Medical Description Book No. _____

Reported to Department Headquarters _____