

# TO THE OFFICERS AND MEMBERS

— OF —

*Corporal Dix* Post No. *22* Dep't of *MO.* G. A. R.

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

I am *46* years of age, and was born in *Oneida County* State of  
*New York*, now residing ~~at~~ in *Kirkville*  
State of *Missouri*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *Aug. 15<sup>th</sup>* 186*2*, as *Private* in Co. *B*  
*118* Regiment *Ill. Inf.* for the period of *3*  
years, and was discharged therefrom as *Private* at *Baton Rouge La.*  
on the \_\_\_\_\_ day of *October* 186*5* by reason of  
*Close of the 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 ~~never~~ 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.)

*Andrew Eggleston*  
~~Residence No.~~ *Kirkville Mo*

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

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

*B. A. Henry*  
(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 —

Andrew Eggleston  
Private Co. B, 118

Reg't Ill. Inf. for  
Membership in the Grand Army of the Republic.

Recommended by Comrade

*W. B. Steiny*

HEADQUARTERS

Corporal Dix Post No. 22

Department of Mo. 1884

Received and referred to the Examining Committee

Post Commander.

188

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

*E. J. Olsaus*  
*John Lewis*  
*John Davis* } Committee.

Applicant (Elected Feb 21 1884

(Mustered March 20 1884

No. on Des. Book

Adjutant.

*Notified Feb 2/84*

*Vertical text bleed-through from reverse side of page, including names and dates.*

*SEP 1*  
*57*  
*1881*

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.