

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

I am *58* years of age, and was born in *New York City* State of
New York, now residing at *Kirkville*
State of *Missouri*, am by occupation a *Machinist*

I served during the late rebellion as follows:

First enlisted *Sept* 1861, as *Privet* in Co. *H*
7th Regiment *Mo Pol* for the period of *3*
years, and was discharged therefrom as *orderly* at *Little rock*
on the _____ day of _____ 18____, by reason of *promotion*
to 1st Lt and was afterwards promoted to
1st Lt and transferred and placed in command
of *Co K 1st Mo West Caval* and remained in
Command until *mustered out of the service*
Regiment _____ and was discharged therefrom as
by the expiration of the war on the *5th*
day of *Oct* 18*65*, 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*² 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.)

J. C. Harris

Residence No. *Kirkville* Street.

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

Enclosed is proposition fee, \$2.00 pd.

J. W. Timman
(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 2

J. C. Harris

Lieut Co. *K*

Reg't *1st Cavalry Reg't* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

HEADQUARTERS

Orders No. *22*

Post No. *22*

Department of *188*

Received and referred to the Examining Committee

Post Commander.

188

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

E. ...
J. ...

Committee.

Applicant *Elected Aug 2* 188*5*

Mustered Aug 2 188*5*

No. on Des. Book

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.