

TO THE OFFICERS AND MEMBERS

OF

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

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

I am 43 years of age, and was born in _____ State of Pennsylvania, now residing in Adair County State of Missouri, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted _____ 1864, as Private in Co. A 39th Regiment Mo. Inf. role. for the period of one years, and was discharged therefrom as 1st Sergeant, at St Louis Missouri on the 19th day of July 1865, by reason of Close of war

~~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) Egbert A. Polley

Residence, No. Kirkcoulle mo. Street.

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

Enclosed to proposition fee, \$ _____

B. A. Heiny
(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 callings, they are to be added.
2. If this is the first application, write the word "not" in this space.

[OVER.]

*Narrow
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stains*

Notified April 15/85

APPLICATION OF

Egbert A Palley

Late Sergeant Co. *A*

39th Reg't *Mo. Inf.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

B. A. Heiny

HEADQUARTERS

Corporal Dix Post No. *221*

Department of *Mo.* *Mch. 19. 1885*

Received and referred to the Examining Committee.

B. A. Heiny
Post Commander

188

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

Edwin Barrard
E. Colts } Committee

Applicant { Elected *Apr. 2* 188 *5*

{ Mustered 188

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, 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.

RULES AND REGULATIONS, G. A. R.

ARTICLE IV.—CHAPTER I.

Eligibility to Membership.—Soldiers and Sailors of the United States Army, Navy or Marine Corps, who served between April 12th, 1861, and April 9th, 1865, in the war for the suppression of the Rebellion, and those having been honorably discharged therefrom after such service, and of such State regiments as were called into active service and subject to the orders of U. S. General Officers, between the dates mentioned, shall be eligible to membership in the Grand Army of the Republic. No person shall be eligible to membership who has, at any time, borne arms against the United States.

To Captain Dix Post, No. 22 Dep't of Mo G. A. R.

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

I am 47 years of age, and was born in Mercer Co State of
Penna, now residing at Millard
State of Mo, am by occupation a Farmer

I served during the late Rebellion as follows:

First enlisted Oct 6th 1864, as Private in Co. A
39th Regiment Mo Vol Inf for the period of 1 year, and
was discharged therefrom as 1st Seryt, at St Louis Mo
on the 19th day of July 1865, by reason of
Genl Order

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 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) E A Polley
Residence, No. _____ Street.

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

Enclosed is proposition fee, \$ _____
E. G. Galt
J. H. Himmear
(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. Any failure to report all the facts
required by this application may render the muster-in null and void.
1 Other enlistments are to be added.
2 If this is the first application, write the word "not" in this space.
[OVER]

APPLICATION OF

E. A. Polley

Late *1st Seryt* Co. *A*
39^a Reg't *Wood* Bn't for

Membership in the Grand Army of the Republic.

Recommended by Comrade

HEADQUARTERS.

Corp *54* Post No. *22*
Department of *Wis* *Mich 6^e* *1880*

Received and referred to the Examining Committee.

Post Commander.

188

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

Committee.

H. B. Albertson
David Wood

Applicant { Elected *Mich 20* 188
 { Mustered *Apr 3* 188

No. on Des. Book *273*
E. A. Polley

Adjutant.

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TOWN PRINT, PHILA.

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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 (Infant., 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.....

Printed figures refer to spaces on Form F.

Post Surgeon.