

GO 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 Corpl Dix Post No. 22 of Grand Army of the Republic, basing my application on the following facts:

I am 47 years of age, and was born in Athens State of Ohio, now residing at Hirpsville State of Missouri, am by occupation a Physician

I served during the late rebellion as follows: 2nd Lt. & Commissioner
First enlisted Corp E 1864, as Private assigned in Co. D 178 OWS
154 Regiment O.V.C. for the period of three years, and was discharged therefrom as 2nd Lt. at Columbus Ohio on the 7 day of July 1865, by reason of General Order No 83 24th Sept Officer
May 8th 1865

~~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 ~~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) Geo. D. Coe
Residence, No. _____ Street.

I do honor recommend Geo. D. Coe to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed to proposition fee, \$ _____

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

Word
Eggleston
Standard

APPLICATION OF

Geo. D. Coe

Late 2nd Inf Co. D
174 Reg't Ohio Inf for

Membership in the Grand Army of the Republic.

Recommended by Comrade
W. A. Adams

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.

David Howard
J. P. Stewart
J. Eggleston } Committee

Applicant { Elected May, 30 1885
Mustered "" "" 1885

No. on Des. Book _____

Adjutant.

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? _____
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.