

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 Comp'l Davis Post No. 22 Dept of MO G. A. R.

I have the honor to make application for membership in Comp'l Davis Post No. 22 Department of MO Grand Army of the Republic, basing my application on the following facts:

I am _____ years of age, and was born in Nashville State of Tenn., now residing at Burkville State of MO, am by occupation a Carpenter

I served during the late rebellion c.s follows:

First enlisted Sept fifth 1860, as Private in Co. "I" 33rd Regiment Ills. I. V. for the period of 3 years, and was discharged therefrom as Pri, at Indianola Texas on the 31st day of December 1863, by reason of Enlistment in the Veteran service.

I also re-enlisted January 1st 1864 as Private in Co. "I" 33rd Regiment Ills. I. V. and was discharged therefrom as Pri at Vicksburg Miss on the 24th day of November 1865, by reason of S.O. No. 100 dated 4th Dec. Repr Miss No 14th 1865.

I have never borne arms against the United States, and have never been convicted of Desertion, nor of any other infamous crime.

I have _____² made previous application for membership to the Grand Army of the Republic and filed the same with Comp'l Davis Post No. 22 Department of MO on the _____ day of _____ 18____ (Signature) Robert Davis Residence, No. Kirkville Mo. Street.

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

Enclosed is proposition fee, \$ _____ John M Davis (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

Robert Davis
Late *Priv* Co. *"G"*
33rd Reg't *Ills. I.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

John M. Davis

HEADQUARTERS

Post No. _____

Department of _____ 18

Received and referred to the Examining Committee.

Post Commander.

Feb 1st 18 *73*

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

Nevinger
Wahel
Merkey } Committee

Applicant { Elected _____ 18
 { Mustered _____ 18

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 _____

TO THE OFFICERS AND MEMBERS

OF

Capt Dix Post No. 22 Dep't of Mo G. A. R.

I have the honor to make application for membership in Post No. 22 of Mo Grand Army of the Republic, basing my application on the following facts: I am 45 years of age, and was born in Nashville State of Tenn, now residing at Kirkville State of Mo, am by occupation a Farmer

I served during the late rebellion as follows: First enlisted Sept 5 1860, as Pvt in Co. I 55th Regiment Ill Inf for the period of 3 years, and was discharged therefrom as Pvt at Indianola Texas on the 31st day of December 1863, by reason of Reinstatement in vet Service

I also re-enlisted Jan 1st 1864, as Pvt in Co. I 55th Regiment Ill vet Inf and was discharged therefrom as Pvt at Vicksburg Miss on the 29th day of November 1865, by reason of Genl Order No 100 Nov 14/65

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

Billy Hamilton Newmyer

Notific May 4th 1885

APPLICATION OF

Robert Davis
Late *Priv* Co. *F*
33 Reg't *Ill Inf* for

Membership in the Grand Army of the Republic.

Recommended by Comrade
J. N. Davis

HEADQUARTERS
Corporal *Ordn* Post No. *22*
Department of *Mo.* *Apr 2* 1885

Received and referred to the Examining Committee.
R. V. Keim
Post Commander.

Apr 2 1885
The undersigned Examining Committee respectfully report favorably upon the within application.

J. B. Sumner
J. B. Smith
H. S. ...
Committee

Applicant { Elected *Apr 16* 1885
 { Mustered *May 17* 1885

No. on Des. Book
H. A. Butler adj
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 _____

Printed figures refer to spaces on Form F.

Post Surgeon.