

Grand Army of the Republic

Department of Iowa

Headquarters *Olisha B. Townsend* Post No. *100*

TO ANY Post of the GRAND ARMY OF THE REPUBLIC, Greeting:

This Certifies that Comrade *W. H. Chadwayne* is a member in good standing of this Post, and having paid all dues, we have granted him this TRANSFER CARD and recommend him for admission into any Post of our Order.

If at the expiration of One Year from date hereof he has not been admitted to membership in any Post this Transfer Card shall be void, and the holder be considered as honorably discharged from the Order.

THE FOLLOWING IS A CORRECT TRANSCRIPT FROM THE RECORDS OF THE POST:

Comrade *W. H. Chadwayne* is *47* years of age, was born in *River Head* State of *New York* and is by occupation a *Dyer & Hatter* entered the service on the *7* day of *January* 1862 as a *Corporal* Co *A*, Regt *8 U.S. Inf't* and was finally discharged on the *30* day of *January* 1865 as *Corporal* Co *A* Regt. *8 U.S. Inf't* by reason of *Expiration of Term of enlistment* having served *3* years *—* months. Joined this Post by *Transfer Card May 26 1888*

Dated at *Bloomfield Iowa* this *10* day of *Aug* 188*8*

John Ginstead Adjutant.

J. M. Brown Post Commander.

Offices held by him in the G.A.R.

Post Commander

Adjutant

Sr. S. Com

Jr. S. Com

Gr. M. Sgt.

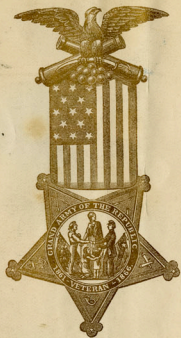
On the Same Post

27. Dept. Ills.

W H Chadeayne

8th U S Infy





Grand Army of the Republic.

Department of *Mo*

Headquarters *Corpl Div* Post No. *22*

TO ANY Post of the GRAND ARMY OF THE REPUBLIC, Greeting:

This Certifies that Comrade *William H Chadeayne* is a member in good standing of this Post, and having paid all dues, we have granted him this

HONORABLE DISCHARGE.

THE FOLLOWING IS A CORRECT TRANSCRIPT FROM THE RECORDS OF THE POST:

Comrade *Wm H Chadeayne* is *52* years of age, was born in *Riverhead*
State of *New York* and is by occupation a *Hotel* entered the service on the
7 day of *January* 1862 as a *Corporal* co "A" 8th Regt U.S. Infy
and was finally discharged on the *30th* day of *January* 1865 as *Corpl* Co A 8th
Regt *M. G. I* by reason of *Expiration of Service*
having served *3* years *21* days *months*. Joined this Post by *Transfer* 18 *88*

Dated at *Kirkville Mo*, this *19* day of *January* 189*3*

J. A. Tinsman

Adjutant.

B. D. Keim

Post Commander.

Offices held by him in the G.A.R.

Commander
S. V. Commander
J. V. Commander
Quarter Master
Sergeant
O. R. S. M.
V. O. G.

Wth Chadwayne
Dth U.S.

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 Coop'l Dix Post, No. 22 Dep't of Mo G. A. R.

I have the honor to make application for membership in Your 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 River Head State of
New York, now residing at Kirkville
State of Mo, am by occupation a Dyer & Hatter

I served during the late Rebellion as follows:

First enlisted Jan'y 7th 1862 as Coop'ral in Co. A
8th Regiment U. S. Infy for the period of 3 years, and
was discharged therefrom as Coop'l, at
on the 30th day of Jan'y 1865 by reason of Expiration
of term of enlistment

¹I 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 ²made 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) W. H. Chadeayne
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 is proposition fee, \$ _____
Geo W Bogart
(To be signed by a Comrade of the Post.)

Note.

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]

Transfer Card, from E. P. Tourissud
Post No. 100 Dep't of Iowa, G. A. R.,
W. H. Chadeayne.

APPLICATION OF

W. H. Chadwayne
Late Company Co. A
8th Reg't U.S. Inf't for

Membership in the Grand Army of the Republic.

Recommended by Comrade

Geo. W. Barrett

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.

Committee. _____

Applicant { Elected Dec 20 1888
Mustered _____ 1888

No. on Des. Book _____

W. F. Shaver
Adjutant.

Copyright, 1888, by JOHN S. KOURTZ, Commander-in-Chief Grand Army of the Republic.

TOWN PRINT, PHILA.

Comrade
John Davis
John Shaver
O. H. Snyder

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 specifications on Form F.

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 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 Department of Mo. Grand Army of the Republic,

basing my application on the following facts:

I am 57 years of age, and was born in Riverhead State
of New York, now residing at Hicksville
State of Mo., am by occupation a Hatter

I served during the late Rebellion as follows:

First enlisted January 7th 1862, as Corporal in Co. "A"
8th Regiment U. S. Infy for the period of 3 years, and
was discharged therefrom as Corporal, at Ft. Columbus N. Y. Harbor
on the 30th day of January 1865, by reason of expiration
of service.

~~I also re-enlisted _____ 186____, as _____ in Co. _____
Regiment _____ and was discharged therefrom as _____
on the _____ day of _____ 186____, 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 _____ made previous application for membership to the Grand Army of the
Republic, and filed the same with McLean Post, No. 27 Depart-
ment of Mo. was also Commander of this Post in 1892, and recd
all the honors of the life honor of January 7th 1892.

joined this Post by transfer
Dec 6 1888.
(Signature.) William H. Chadeayne
Residence, No. Hicksville Mo

I, on honor, recommend William H. Chadeayne to the favorable con-
sideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$1.

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

William H. Chadeame
 Late *Corpl* Co. "*A*"
8th Reg't *U.S. Infy* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

John M. Davis

HEADQUARTERS

Corpl D. J. M. O. Post, No. *22*
 Department of *MO*, 189*8*

Received and referred to the Examining Committee.

Post Commander.

189

The undersigned Examining Committee respectfully report favorably upon the within application

J. J. Atterberry
Butler
J. M. Edwards
 Comr. ittee.

Applicant { Elected *7 Mar 3^d* 189*8*
 { Mustered *Mar 3^d* 189*8*

No. on Des. Book

J. W. Linsman
 Adjutant.

Riverside Printing Co., Milwaukee, Wis.

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 (Inftry, Cav., Marine, Sailor)
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.