

TO THE OFFICERS AND MEMBERS

— OF —

Post No. _____ Dep't of _____ G. A. R.

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

I am 52 years of age, and was born in Ireland State of _____
now residing at Kirkville
State of Mo, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted July 15th 1862 as Private in Co. "E
2nd Regiment Murcell Horse for the period of 3 years, and
was discharged therefrom as Privt, at Chattanooga Tenn
on the 15th day of July 1865, by reason of Expiration

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 _____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).

Mical King

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, \$ _____

L. J. Beall.
(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 callistomies, they are to be added.
- 2 If this is the first application, write the word "not" in this space.

[OVER.]

Notifiance due 15/84

APPLICATION OF

Michael King

Late *Private* Co. *B.*

2nd Mo Reg't *Small House*

Membership in the Grand Army of the Republic.

Recommended by Comrade

John P. Beall

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

J. H. Davis
J. S. [unclear]
J. H. [unclear]

Applicant { Elected *Dec 4th* 1884
 { Mustered *Feb 5th* 1885

No. on Des. Book _____

Adjutant.

K

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.

Printed figures refer to spaces on Form F.

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4881