


TO THE OFFICERS AND MEMBERS


— OF —

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

I have the honor to make application for membership in *Capt. Dyer* Post No. *22*
 of *Mo* Grand Army of the Republic, basing my application on the following facts:
 I am *49* years of age, and was born in *Marion Co.* State of
Ben, now residing at *Kennett*
 State of *Mo*, am by occupation an *Agent for Patents*.
 I served during the late rebellion as follows:

First enlisted *Aug 12th* 18*62* as *Capt* in Co. *46*
145 Regiment *Pennsylv* for the period of *3* years, and
 was discharged therefrom as *Capt*, at *Lusanna War*
 on the *18th* day of *Dec* 18*62*, by reason of *Disability*.

I also re-enlisted *March 28th* 18*64* as *Priv* in Co. *16*
2nd Regiment *Pennsylv* and was discharged therefrom as
Sergt at *Philadelphia* on the *13*
 day of *July* 18*65* by reason of *Close of Service*.

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.) *John H. Leach*
 Residence, No. *Kennett* Street.

I on honor recommend *John H. Leach* to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ _____

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

APPLICATION OF

*Notified to appear for
Mustering Oct 15/85*

John W. Leach
Late *Capt* Co. *4th* 1865
Reg't *Bann* *2nd* for
Membership in the Grand Army of the Republic.

Recommended by C. Grade
B. H. Haring

HEAD-QUARTERS

Post No. _____
Department of *Sept 6th* 1885
Received and referred to the Examining
Committee.
R. W. Brauer
Post Commander

Sept 20 - 1885
The undersigned Examining Committee
respectfully report _____ favorably upon
the within application.

J. H. ...
E. ...
Committee.

Applicant { Elected *Oct 14* 1885
 { Mustered _____ 1885

No. on Des. Book _____

Wm. ...
Adjutant

*4691
64
8891*

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, &c., &c.)
7. Branch of service, (Inf., Art., Cav., Marine, Sailor, &c.)
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