

# 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 52 years of age, and was born in Onondaga State  
of New York, now residing at Husterillo  
State of MO., am by occupation a Carpenter

I served during the late Rebellion as follows:

First enlisted Dec 2<sup>nd</sup> 1862, as Private in Co. "I"  
9<sup>th</sup> Regiment Michigan Cav. for the period of 2 years, and  
was discharged therefrom as Private at Peterson Mich.  
on the 11th day of August 1865, by reason of expiration  
of service.

~~I also re-enlisted \_\_\_\_\_ 186\_\_\_\_, as \_\_\_\_\_ in Co. \_\_\_\_\_  
Regiment \_\_\_\_\_ and was discharged therefrom as \_\_\_\_\_  
at \_\_\_\_\_ 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 \_\_\_\_\_<sup>2</sup> made previous application for membership to the Grand Army of the  
Republic, and filed the same with Robert Pavard Post, No. 414 Depart-  
ment of Louis on the 21<sup>st</sup> day of Dec 1885.

as charter member (Signature) Ira G. Kinney  
Residence, No. \_\_\_\_\_ Collinwood St

I, on honor, recommend Ira G. Kinney to the favorable con-  
sideration 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.]

*1888. Dept of Iowa. Was also Aid D. Camp National in 1892.*  
*I was the Commander of said Post, and served 4 terms all together & S. N. one term. I was Aid de Camp in 1892. Was also de Camp of Iowa in 1892. Was also de Camp of Iowa in 1892.*

APPLICATION OF

Ira H. Kinney

Late *Bri* Co. "J"  
9<sup>th</sup> Reg't *Mich. Cavt.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

*John M. Davis*

HEADQUARTERS

*Cape Die* Post, No. *22*

Department of *Mo.* 189

Received and referred to the Examining Committee.

Post Commander.

189

The undersigned Examining Committee respectfully report \_\_\_\_\_ favorably upon the within application

*Thos. J. Dockery*  
*J. S. Atterbury*  
*Sgt. Conder* } Com. ittee.

Applicant { Elected *Dec 18* 189  
                  { Mustered 189

No. on Des. Book

Adjutant.

Riverside Printing Co., Milwaukee, Wis.

*Dockery  
Conder  
Atterbury*

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'try, 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.

*5491  
65  
6681*