

# TO THE OFFICERS AND MEMBERS

— OF —

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

I have the honor to make Application for membership in *Corporal Dix* Post No. *22* of *Kirkville* *Mo.* Grand Army of the Republic, basing my application on the following facts:

I am *44* years of age, and was born in *Putnam County* State of *Indiana*, now residing at *Kirkville* State of *Missouri*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *August 7<sup>th</sup>* 18*62*, as *Private* in Co. *"A"* *2<sup>nd</sup>* Regiment *Missouri Inf* for the period of *3* years, and was discharged therefrom as *Private* at *Washington, D. C.* on the *15<sup>th</sup>* day of *June* 18*64* by reason of *expiration of term*

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 *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 *James Smith* to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ \_\_\_\_\_

*L. R. Chase*  
(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.

[OVER.]

# APPLICATION

OF

*Jacob D. Miller*

*Private* Co. "C" 27

Reg't *Missouri* for  
Membership in the Grand Army of the Republic.

Recommended by Comrade

*L. W. Chase*

## HEADQUARTERS

Post No. \_\_\_\_\_

Department of *Missouri* 188*5*

Received and referred to the Examining Committee

*N. H. Brown*

Post Commander.

*Sept 20* 188*5*

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

*D. H. ...*  
*J. H. ...*  
*E. ...*  
Committee.

Applicant Elected *Sept 15* 188*5*

Mustered *22* 188*5*

No. on Des. Book \_\_\_\_\_

*J. F. Dawson*  
Adjutant.

To be Filled by, or for, the Post Surgeon, on or before the Night of Muster of this Applicant.

- No. on Des. Book \_\_\_\_\_ 2. Name \_\_\_\_\_
- Where born \_\_\_\_\_ 4. Color \_\_\_\_\_
- Regiment or Vessel serving in when wounded \_\_\_\_\_
- What Army or Squadron \_\_\_\_\_  
(As Army of the Potomac, Mississippi Squadron, &c., &c.)
- Branch of service (Inf., Art., Cav., Marine, Sailor, &c.) \_\_\_\_\_
- How many times wounded? \_\_\_\_\_ 9. Ages when wounded \_\_\_\_\_
11. Dates when wounded and names of engagements \_\_\_\_\_
- Parts of the body wounded or disabled \_\_\_\_\_
- State results of wounds. If amputation, what member? If paralysis, loss of sight, or any other disability followed, give full particulars \_\_\_\_\_
- Kind of Missile \_\_\_\_\_
- 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.