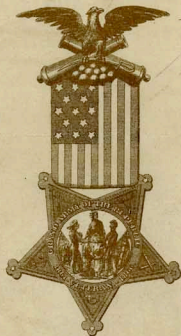


Grand Army of the Republic

Department of Illinois

Headquarters Frank Lamy Post No. 157

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



This Certifies that Comrade Daniel M. Walker 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.

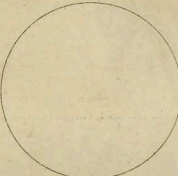
THE FOLLOWING IS A CORRECT TRANSCRIPT FROM THE RECORDS OF THE POST:

Comrade D. M. Walker is 40 years of age, was born in Indiana State of Ind and is by occupation a R.R. Employee, entered the service on the day of Aug 1862, as a P Co. A Regt. 84 Ill. Inf. and was finally discharged on the 30 day of June 1865, as P Co. 129 Regt. D.R. Co. by reason of Genl Order No 117 having served 3 years months.

Dated at Clinton Ill. this 19 day of Sept 1885

Edward Allyn Adjutant.

George A. Scott Post Commander



Daniel M Walker
Co. A 84th Ills

also
139th Vit Reserve Corps




TO THE OFFICERS AND MEMBERS


— OF —

Corporal Dix Post No. *22* Dep't of *Mo.* G. A. R.

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

I am *44* years of age, and was born in _____ State of
 _____, now residing at *Kissourielle*
 State of *Missouri*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *July 24th* 1861, as *Privt.* in Co. *"D"*
29th Regiment *Ohio Inf.* for the period of _____ years, and
 was discharged therefrom as *Privt.* at *Columbus Ohio*
 on the *29th* day of *Sept.* 1864, by reason of *gun shot wound*
and expiration of term of service

~~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 _____ 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 *Thos. J. Walker* to the favorable consideration
 of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee. \$ _____

S. S. McLaughlin
 (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)

47 1
 48 2
 49 5

APPLICATION OF

Thos. J. Walker

Late *Privt.* Co. *D 39th*

Reg't *Ohio Infr.* for

Membership in the Grand Army of the Republic.

Recommended by *C. grade*

J. S. M. Laughlin

HEAD-QUARTERS

Corporal Dix Post No. *22*

Department of *Mo.* *Dec 22 1882*

Received and referred to the Examining Committee.

Post Commander

188

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

Committee.

Applicant { Elected 188

{ Mustered *May 22* 188

No. on Des. Book

Adjutant

Committee
Cobin
Rawson
Gates

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