

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 *Capt. Dix* Post No. *22*
of *Missouri* Grand Army of the Republic, basing my application on the following facts:

I am *66* years of age, and was born in *Belmont O* State of
Ohio, now residing at *Kirksville*
State of *Missouri*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *12 January* 1864, as *Private* in Co. *E*
98 Regiment *Ohio Infy* for the period of *3* years, and
was discharged therefrom as *Private*, at *Sevenfort Iowa*
on the *27* day of *July* 1865, by reason of *Expiration*
of the War

¹I 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~~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)

Residence, No. _____ Street.

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

Enclosed is proposition fee, \$ _____

J. C. Harris
(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 "new" in this space.

X

1884
66
1878

Davis
Shawley
1878

APPLICATION OF

John H. Bull
Late *Swet* Co. *E*
98 Reg't *Ohio 44* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

HEADQUARTERS

Capt. Dief Post No. *92*
Department of *Missouri* 1884
Received and referred to the Examining
Committee.
J. H. Kinnear
Post Commander.

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

John W. Davis
J. H. Shalley } Committee

Applicant { Elected *Registered Jan 15* 1884
 { Mustered 188

No. on Des. Book _____
Adjutant.

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.