

TO THE OFFICERS AND MEMBERS

OF

Corpl 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 of Dep't Mo Grand Army of the Republic, basing my application on the following facts:

I am years of age, and was born in State of

now residing at Kirksville

State of Mo, am by occupation a laborer

I served during the late rebellion as follows:

First enlisted Feb 1st 1862, as Pvt in Co. 6th

21st Regiment Mo-Inf for the period of 3 years, and

was discharged therefrom as Pvt, at

on the day of Feb 1865, by reason of Expiration of

Term of enlistment served 56 months

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

Enclosed is proposition fee, \$

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

*Ashlock
Summond
Beaird*

APPLICATION OF

J. A. Linville

Late *21st* *Reg't* *Mo Inf* for
Co. *6th*

Membership in the Grand Army of the Republic.

Recommended by Comrade

T. C. Hoanis

HEADQUARTERS

Post No. _____

Department of _____ 188

Received and referred to the Examining Committee.

Post Commander. _____

188

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

M. Ashlock
E. J. Beaird
J. O. Summond

Committee

Applicant { Elected *May 21* 188*5*

{ Mustered *June 17* 188*6*

No. on Des. Book _____

Adjutant. _____

Application withdrawn

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 _____

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