


**THE OFFICERS AND MEMBERS**


— OF —

*Corporal 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 *Northville Mo* Grand Army of the Republic, basing my application on the following facts:

I am *47* years of age, and was born in *New York*, State of *New York*, now residing at *Kirkville*, State of *Missouri*, am by occupation a *Physician & Surgeon*

I served during the late rebellion as follows:

First enlisted *April 20th* 1861, as *Assistant Co.* *Surgeon 25th* *Illinois Inf. Vol.* for the period of *Three* years, and was discharged therefrom as *Asst. Surg.* at *New Mansfieldborough Penn.* on the *31st* day of *July* 1863, by reason of *disabilities contracted in service*, served as a *Surgeon U.S.A.* from *May 1st* 1863 to *Sept 1st* 1864. I also re-enlisted *Sept 1st* 1864, as *Surgeon* in Co. *2nd* *Regiment Penn.* and was discharged therefrom as *Surgeon* at *Memphis* on the day of *April*, 1865 by reason of *close of the war*

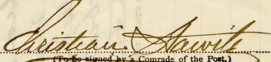
I have never borne arms against the United States, and have never been convicted by Court-Martial of Desertion, nor of any other infamous crime.

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) *Robert H. Brune*  
 Residence, No. *Kirkville Mo.* Street.

I on honor recommend *Robert H. Brune* 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.)  
*Cap. U.S. Dept of War*

**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.

APPLICATION OF

*Robert H. Bronne*

Late *Surgeon* Co. *25th*  
 Reg't *Illinois Vol Light* for  
 Membership in the Grand Army of the Republic.

Recommended by Grade

*Christian Stawitz*

HEAD-QUARTERS

*Corporal Dix* Post No. *22*  
 Department of *Mo. Aug 15th 1882*  
 Received and referred to the Examining  
 Committee.

*Christian Stawitz*  
 Post Commander  
*Pro Tem*

*Hicksville Aug 15th 1882*

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

*W. L. Bieby*  
*Sturford Lyden* } Committee.

Applicant { Elected *August 15th 1882*  
 { Mustered *August 15th 1882*

No. on Des. Book  
*B. J. Heiny*  
 Adjutant

*S E P I*  
*L 4*  
*7991*

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 *Robt H Bronne*
3. Where born *New York N.Y.* 4. Color *white*
5. Regiment or Vessel serving in when wounded *25th Illinois Inf vols*
6. What Army or Squadron *Army of the Cumberland*  
(As Army of the Potomac, Mississippi Squadron, &c., &c.)
7. Branch of service, (Inf., Art., Cav., Marine, Sailor, &c.) *Infantry*
8. How many times wounded? *one* 9. Ages when wounded *27 years*
- 10, 11. Dates when wounded and names of engagements *December 31st 1862*  
*Stone River Tennessee*
12. Parts of the body wounded or disabled *Right Shoulder, Right arm, hand,*
13. State results of wounds. If amputation, what member? If paralysis, loss of sight, or any other disability followed, give full particulars. *was wounded on the right shoulder and ruptured right side. Contracted dysentery and piles in the summer of 1862*
14. Kind of missile *lead Minié bullet*
15. Rank when wounded *Assistant Surgeon*

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