

THE OFFICERS AND MEMBERS

OF

Company No. 22 Dep't of Missouri G. A. R.

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

I am 50 years of age, and was born in Ohio State of Ohio, now residing at Kinkaid Missouri, am by occupation a day laborer

I served during the late rebellion as follows:

First enlisted Aug 1864, as private in Co. B Blackland Regiment for the period of 3 years, and was discharged therefrom as ... at ... on the ... day of ... 18 ... by reason of ...

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.) David H Wood 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, \$ 2.00

(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.

APPLICATION OF

S. H. Wood

Late Co.

Reg't for

Membership in the Grand Army of the Republic.

Recommended by Comrade

J. J. Kennedy

HEAD-QUARTERS

Corporal Post No. *22*

Department of *MO. Dec 2* 188*2*

Received and referred to the Examining Committee.

Jas H. Sturman
Post Commander

Dec 2nd 188*2*

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

E. J. Kennedy
J. J. Kennedy
John Johnson } Committee.

Applicant { Elected *Dec 2* 188*2*
Mustered *Dec 7* 188*2*

No. on Des. Book *33*

B. F. Heiny
Adjutant

W. C. Gates
J. J. Kennedy
John Johnson
W. C. Gates
J. J. Kennedy
John Johnson

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.....
- 10, 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.....

Post Surgeon.

RECORD OF WAR SERVICE.

Name David H. Wood, Born April 2nd 1830
Give date and year.

Where State of Pennsylvania
Give Town or City, County and State.

Enlisted Sept 2nd 1861, Where Alexandria Mo
Give date of first. Give Town or City, and State.

Rank Wagoner, Co. 4th Reg't, Mo Cav
Company and regiment. Give State and branch of service.

Joined Army Brig Genl Houston's Brigade at St. Louis Mo
Give Brigade, Division, Corps, what Army.

Battles in fight at Lone Jack mo at Houston also Prairie Grove Ark
Give battles and memorable events; brigade commander; charges; under whose command, &c.

Sieges
Give account of sieges, storming forts, breastworks, fording rivers, under fire, &c.

Skirmishes
Give brief account of skirmishes, scouting expeditions, foraging, or personal encounters, &c.

Captures
Give date and place of capture; where confined; when, where and how released; condition at time of release; when restored to Co. and Reg't, &c.

Hospital at Pine Bluff Ark
Give brief statement of sickness; in what hospital confined; name of surgeon, assistant, or hospital steward, &c.

Promotions
Give rank, &c., of each.

Transfers
Give particulars as near as possible.

Final Discharge Nov 17th 1864 by reason of expiration of term
State when, where, for what cause, &c. If re-enlisted state when. Give Co. and Reg't.

RECORD OF WAR SERVICE.

R H Woods

NAME *R H Woods*
RANK *Private*
COMPANY *Co. B*
REGIMENT *1st Regt. C.*
BATTALION *1st Bn.*
BRANCH *Infantry*
DATE OF SERVICE *1864-1865*

REGIMENTAL HISTORY
PLACE OF SERVICE
DAYS OF SERVICE
REMARKS

HOSPITAL
DAYS OF SERVICE
REMARKS

FINAL DISCHARGE
REMARKS