

GO THE OFFICERS AND MEMBERS

— OF —

Post No. Dep't of G. A. R.

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

I am 47 years of age, and was born in _____ State of
Wis Va, now residing at Winnigan Lin Co
State of Mo, am by occupation a Carpenter

I served during the late rebellion as follows:

First enlisted July 1861, as Priv in Co. "H"
7th Regiment Mo Cav for the period of 5 years, and
was discharged therefrom as Priv, at Little Rock Ark
on the 23rd day of Jan 1869 by reason of Mustered out
of Regt

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

Enclosed to 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.

[OVER.]

Show Mitchell furnished

APPLICATION OF

Ephraim Otto

Late *H.* Co. *7th* Reg't *Mo. Cav.* for

Membership in the Grand Army of the Republic.

Recommended by *W. J. Heiny*

HEADQUARTERS
Corporal *Gry* Post No. *22*
Department of *Mo.* *May 30 1885*

Received and referred to the Examining Committee.
W. J. Heiny
Post Commander

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

John Staver
John Mitchell Committee
Ephraim Towns

Applicant { Elected *May 30 1885*
 { Mustered " " 1885

No. on Des. Book _____
Adjutant.

975 11/11
281
47
581

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.

Printed figures refer to spaces on Form F.