

TO THE OFFICERS AND MEMBERS

— OF —

Corp Dix Post No. *22* Dept of *Missouri* G. A. R.

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

I am *39* years of age, and was born in *Ashland* State of
Ohio, now residing at *Wicksville*
State of *Mosouiri*, am by occupation a *Grain & Stock Dealer*

I served during the late rebellion as follows:

First enlisted *Ashland* 18*62* as *Private* in Co. *B*
102 Regiment *O. V. I.* for the period of *3* years, and
was discharged therefrom as *Sergeant* at *Nashville* Tenn
on the *13th* day of *June* 18*65*, by reason of
Instruction from War Dept. May 29th 1865

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) *W. A. Kellogg*

Residence, No. *Wicksville* Street.

I on honor recommend *T. C. Harris* to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ *2.00*

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

APPLICATION OF

W. A. Keelogg

Late *Sergeant* Co. *B*
102 Reg't *O.V.D.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

J. C. Harris

HEADQUARTERS

Post No. _____

Bill Adams
Department of *Postmaster* 188

Received and referred to the Examining Committee.

Post Commander. _____

_____ 188

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

Committee

James H. ...
P. M. ...

Applicant { Elected *July 17* 188 *4*
 { Mustered *July 17* 188 *4*

No. on Des. Book _____

Adjutant. _____

SHP
68
6881

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 _____

Printed figures refer to spaces on Form F.

Post Surgeon.