

TO THE OFFICERS AND MEMBERS

— OF —

Corporal Dix Post No. *22* Dep't of *Mo.* G. A. R.

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

I am *45* years of age, and was born in *Levitts Co.,* State of *Missouri*, ^{*constableville*} now residing at *Winkumiller* State of *Mo.*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *Twelfth of Aug 1862* as *Private* in Co. *K* *5th* Regiment of *Missouri* for the period of *three* years, and was discharged therefrom as *Private* at *Harpers Ferry* on the *26th* day of *June* 186*4* by reason of *G.I.*
va. 194 A.C. 1865

~~I also reenlisted _____ 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.)

James R. Houghton

Residence No. _____ Street.

I on honor recommend *James R. Houghton* to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ _____

B. F. Heiny

(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.

[OVER.]

✠ APPLICATION ✠

OF
James R. Haughton
Private Co. K 5th

Reg't *1st Heavy Artillery* for
Membership in the Grand Army of the Republic.

Recommended by Campaign

12th Heavy

HEADQUARTERS

Corporal Dix Post No. *22*

Department of *Mo.* 188*4*

Received and referred to the Examining Committee
G. W. Davis

Post Commander.

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

Committee.

Applicant: (Elected *Apr 3*) 188*4*

(Mustered *Aug 50*) 188*4*

No. of Des. Book

Adjutant.

Notified April 14/84

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, &c., &c.)
7. Branch of service (Inf., Art., Cav., Marine, Sailor, &c.) _____
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.