

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 *Missouri* Grand Army of the Republic, basing my application on the following facts:

I am *40* years of age, and was born in *Kentucky* State of
MO, now residing at *Adair Co MO*
State of *MO*, am by occupation a *Seaman*

I served during the late rebellion as follows:

First enlisted *October 27* 18*61*, as *Privat* in Co. *D*
10 Regiment of *Kentucky* for the period of *3* years, and
was discharged therefrom as *Privat* at *Summersville Kentucky*
on the *26* day of *June* 18*63*, by reason of *expiration*
services

I also re-enlisted 18*63*, as _____ in Co. _____
Regiment _____ and was discharged therefrom as _____
at _____ on the _____
day of _____ 18*63*, 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 *No* 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 is proposition fee, \$ _____

(To be signed by a Comrade of the Post).

Note.—If any details hercin 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

H H Noel
Co. C-10th Ky

~~F. L. Hatten~~ H H Noel

Late ~~Private~~ ^{Private} Co. C
10~~th~~ ^{Reg't} ~~1st~~ ^{Reg't} for

Membership in the Grand Army of the Republic.

Recommended by Comrade F. L. Hatten

HEADQUARTERS

Post No. _____

Department of _____ 188

Received and referred to the Examining Committee.

Post Commander. _____

188

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

Samuel S. [unclear]
J. [unclear]
John Lewis
Committee

Applicant { Elected Aug 7 188 4
Mustered Aug 7 188 4

No. on Des. Book _____

Adjutant. _____

H H P
04
H H P

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, etc., etc.)
- Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.) _____
- How many times wounded? _____ 9. Ages when wounded? _____
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 _____

Printed figures refer to spaces on Form F.

Post Surgeon. _____