

TO THE OFFICERS AND MEMBERS


— OF —

Sergeant Post No. 22 Dep't of Missouri G. A. R.

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

I am 46 years of age, and was born in Hamilton Ohio State of Ohio, now residing at Kirksville Missouri State of Missouri, am by occupation a Plasterer

I served during the late rebellion as follows:

First enlisted July Tenth 1861, as a Private in Co. A 41st Regiment Ills 104th for the period of Three years, and was discharged therefrom as a Private, at Paducah Kentucky on the Twenty fourth day of November 1861, by reason of Surgeons certificate of inability

² I also re-enlisted December 11 1861, as 1st Lieutenant in Co. H 63rd Regiment Ills 104th and was discharged therefrom as Capt Co. H-63rd Ills 104th at Huntsville Ala on the 27 day of March 21, 1864 by reason of San. Court Medical Disability removed by A. Lincoln President U.S.

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) John Meares
Residence, No. Kirksville Mo 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 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)

82
46
36

APPLICATION OF

John M Davis

Date *Private* Co. *A 41*

Reg't *110 Inf.* for

Membership in the Grand Army of the Republic.

Recommended by *C. grade*

HEAD-QUARTERS

Post No. *188*

Department of *188*

Received and referred to the Examining Committee.

Post Commander

188

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

Committee.

Applicant { Elected *Sept* 188 *2*
 { Mustered *Oct 5* 188 *2*

No. on Des. Book

Adjutant

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 *Hamilton Ohio* 4. Color.....
5. Regiment or Vessel serving in when wounded *63rd Ills vol. Inf*
6. What Army or Squadron *of West Tennessee*
(As Army of the Potomac, Mississippi Squadron, &c., &c.)
7. Branch of service, (Inf., Art., Cav., Marine, Sailor, &c.) *Infantry*
8. How many times wounded? *None* 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