

TO THE OFFICERS AND MEMBERS

OF

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

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

I am *70* years of age, and was born in *Clinton Co* State of *Ohio*, now residing at *Richville* State of *Mo*, am by occupation a *Farmer*

I served during the late rebellion as follows:

First enlisted *Augth 9th* 18*62*, as *Private* in Co. *G* *89th* Regiment *Ill Inf* for the period of *3* years, and was discharged therefrom as *Ret* at on the *24th* day of *June* 18*68*, by reason of *Disability*

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) *Charles Higgins*
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, \$ *2.00*

B. F. Thering
(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.

Burton
Beard
J. H. Leach

APPLICATION OF

Chas W. Higgins
Late Private Co. G.
89th Reg't Ill. Inf. for

Membership in the Grand Army of the Republic.

Recommended by Comrade

R. F. Henry

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.

John Burton }
Geo. J. Beard } Committee
J. H. Leach }

Applicant { Elected May 30 1885
{ Mustered " " 1885

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
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.