

TO THE OFFICERS AND MEMBERS

OF

Capt D. C. Post No. 22 Dep't of Mo G. A. R.

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

I am 41 years of age, and was born in Syracuse State of Indiana, now residing at Keokuk State of Missouri, am by occupation a Editor and Printer I served during the late rebellion as follows:

First enlisted 1863, as private in Co. C 9th Regiment Iowa V. Cavalry for the period of three years, and was discharged therefrom as 1st Seryt at Saverport Iowa on the day of March 1864 by reason of musket cut

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 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. M. Gill

Residence No. Kirkville Street.

I on honor recommend Wm M Gill to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$2.00

Leander Beall

(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 —

Wmsill

C Co. *to 9th*

Reg't *Ima Cavalry* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

W. J. Bull

HEADQUARTERS

Post No. _____

Department of _____ 188

Received and referred to the Examining Committee

W. J. Bull
G. C. Leach
W. M. Davis

Post Commander.

188

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

W. M. Davis
G. C. Leach Committee.

Applicant *Elected* *March 20* 188

Mustered *April 3* 188

No. on Des. Book _____

Adjutant.

4-3-

E H P
14
H P P

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 _____

Post Surgeon.

Printed Figures refer to spaces on Form F.