

GO THE OFFICERS AND MEMBERS

OF

Captain Dix Post No. 22 Dep't of MO. G. A. R.

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

1846 I am 39 years of age, and was born in Boone County State of Missouri, now residing at Kirksville State of MO., am by occupation a Barber

I served during the late rebellion as follows:

First enlisted 1863 as Private in Co. A 60 Regiment U.S. Colored Mts. for the period of 3 years, and was discharged therefrom as Private at Savenport Iowa on the day of 1865, by reason of close of war

I also re-enlisted 18, as in Co. 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) Benjamin Berry Residence, No. Street.

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

Enclosed to proposition fee, \$ (To be signed by a Comrade of the Post) B. F. Heiny

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.

Shelby
Harris
Beard

APPLICATION OF

Benjamin L. Scrymgeour
Late *Private* Co. *A*
60 Reg't *U.S. Col.*

Membership in the Grand Army of the Republic.

Recommended by Comrade

J. S. Henry

HEADQUARTERS

Captain G. W. Post No. 22
Department of *Mo. June 4, 1885*

Received and referred to the Examining Committee.

J. S. Henry
Post Commander.

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

J. B. Harris
G. J. Beard } Committee

Applicant { Elected *June 18* 1885
 { Mustered *Aug 6* 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 _____

Post Surgeon.

Printed figures refer to spaces on Form F.