

GO THE OFFICERS AND MEMBERS

— OF —

Post No. _____ Dep't of _____ G. A. R.

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

I am 37 years of age, and was born in Knox Co State of
Ohio, now residing at Bullion Basin Co
State of Mo, am by occupation a Farmer

I served during the late rebellion as follows:

First enlisted Sept 15th 1863, as Private in Co. "D
42^d Regiment Mo Inf for the period of 3 years, and
was discharged therefrom as Private at near Chalk Bluff Ark
on the 15th day of Sept 1864 by reason of Surgeons Certificate
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 _____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) Wm Thompson
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 to 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 columns, they are to be added.
- 2 If this is the first application, write the word "not" in this space.

[OVER.]

APPLICATION OF

Tom Thompson

Late *Priv* Co. *A*
42 Reg't *Mo I* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

T. C. Harris

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.

A. D. Ridon
John Shawa Committee
G. J. Stewart

Applicant { Elected *Sept 1 1884*
Mustered *Sept 1 1884*

No. on Des. Book _____

Adjutant.

Volunteer Sept 17/84

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.

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64
4881