

TO THE OFFICERS AND MEMBERS

OF

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

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

I am 48 years of age, and was born in Frostburgh 7 State of Md, now residing at Kirksville Mo, am by occupation a Contractor

I served during the late rebellion as follows:

First enlisted Sept 1861, as Corporal in Co. 74 7th Regiment West Virginia Infy for the period of 3 years, and was discharged therefrom as Corporal, at C. P. Invalid Camp near Alexandria Va on the 1st day of July 1863, 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 never 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 W. Bernard Residence, No. Kirksville Mo Street.

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

Enclosed is proposition fee, \$ 2.00 Sanford Seydies (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.

APPLICATION OF

John W. Bernard
Late *Corp* - Co. *74*
7" Reg't *West Va Inf* for

Membership in the Grand Army of the Republic.

Recommended by Comrade
Sanford Snyder

HEADQUARTERS
Corp - 22 Post No. *22*

Department of *7mo* 188*4*

Received and referred to the Examining Committee.

Post Commander,

188

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

L. W. Brown
G. E. Leach
L. J. Beall } Committee

Applicant { Elected *May 15* 188*4*
 { Mustered *"* 188*"*

No. on Des. Book _____
Adjutant.

2881
24
4881

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.