



Grand Army of the Republic.

Department of Missouri

Headquarters, *Corpl Dix* Post No. *22*

TO ANY Post of the GRAND ARMY OF THE REPUBLIC, Greeting:

This Certifies that Comrade *R. E. Mann* is a member in good standing of this Post, and having paid all dues, we have granted him this TRANSFER CARD and recommend him for admission into any Post of our Order.

If at the expiration of One Year from date hereof he has not been admitted to membership in any Post, this Transfer Card shall be void and the holder be considered as honorably discharged from the Order.

THE FOLLOWING IS A CORRECT TRANSCRIPT FROM THE RECORDS OF THE POST

Comrade *E. E. Mann* is *67* years of age, was born in *Canada west* State of _____ and is by occupation a *Rag dealer* entered the service on the *31st* day of *Aug* 1862 as a *Private* Co. *Ln 25th* Regt *Wis Inf* and was finally discharged on the *7th* day of *July* 1865 as *Priv* Co. *Ln 25th* Regt *Wis Inf* by reason of *close of war* having served *3* years *11* months. Joined this Post by *Mustin* in *Sept 3rd* 1885

Dated at *Kirksville* this *22* day of *June* 1888

G. F. Rawson

Adjutant.

E. O. Gates

Post Commander.

Offices held by him in the G. A. R.

E E Mann

25th Wis

RULES AND REGULATIONS G. A. R.

ARTICLE IV.—CHAPTER I.

Eligibility to Membership.—Soldiers and sailors of the United States Army, Navy or Marine Corps, who served between April 12th, 1861, and April 9th, 1865, in the war for the suppression of the Rebellion, and those having been honorably discharged therefrom after such service, and of such State regiments as were called into active service and subject to the orders of U. S. General Officers, between the dates mentioned, shall be eligible to membership in the Grand Army of the Republic. No person shall be eligible to membership who has at any time borne arms against the United States.

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

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

I am 72 years of age, and was born in Canada West State of Canada, now residing at Highville State of Missouri, am by occupation a Bag dealer

I served during the late rebellion as follows:

First enlisted 21st August 1862, as Private in Co. E 25th Regiment Missouri Infantry, for the period of Three years, and was discharged therefrom as Private, at Washington, D.C. on the Seventh day of July 1865, by reason of Close of the war.

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 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 Corporal Dix Post No. 22 Department of Missouri on the 18 day of September 1890

(Signature) E. J. Adams
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, \$ _____

Wm. F. Chadeayne
(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. Any failure to report all the facts required by this application may render the muster-in null and void.

- 1 Other enlistments are to be added.
- 2 If this is the first application, write the word "not" in this space.

APPLICATION OF

Blaise E. Mann,

Late Private Co. E

25th Reg't Miss. Inf. for

Membership in the Grand Army of the Republic.

Recommended by Comrade

W. H. Chadeau

HEADQUARTERS

Capt. Dix Post No. 22

Department of Missouri 18 90

Received and referred to the Examining Committee.

Post Commander.

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

Committee.

Applicant { Elected _____ 18
Mustered _____ 18

No. on Des. Book _____

Adjutant.

To be Filled by, or for, the Post Surgeon, on or before the Night of muster of this Applicant.

- No. on Des. Book _____ 2. Name _____
- Where born _____ 4. Color _____
- Regiment or Vessel serving in when wounded _____
- What Army or Squadron? _____
(As Army of the Potomac, Mississippi Squadron, etc., etc.)
- Branch of service, (Inf., Art., Cav., Marine, Sailor, etc.) _____
- How many times wounded? _____ 9. Ages when wounded? _____
11. Dates when wounded and names of engagements _____

- Parts of the body wounded or disabled _____
- State results of wounds. If amputation, what member? If paralysis, loss of sight or any other disability followed, give full particulars _____

- Kind of Missile _____
- Rank when wounded _____

NOTE.—IF NOT WOUNDED OR DISABLED, SO STATE DISTINCTLY.

Entered on Medical Description Book No. _____

Reported to Department Headquarters _____

RULES AND REGULATIONS G. A. R.

ARTICLE IV.—CHAPTER I.

Eligibility to Membership.—Soldiers and sailors of the United States Army, Navy or Marine Corps, who served between April 12th, 1861, and April 9th, 1865, in the war for the suppression of the Rebellion, and those having been honorably discharged therefrom after such service, and of such State regiments as were called into active service and subject to the orders of U. S. General Officers, between the dates mentioned, shall be eligible to membership in the Grand Army of the Republic. No person shall be eligible to membership who has at any time borne arms against the United States.

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

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

I am 67 years of age, and was born in Canada West State of _____, now residing at Kirkville State of Missouri, am by occupation a Rag Dealer

I served during the late rebellion as follows:

First enlisted Aug. 21 1862, as Private in Co. G 25th Regiment Wis. Inf. for the period of 3 years, and was discharged therefrom as Private, at Washington D.C. on the 7th day of July 1865, by reason of Close of war

~~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 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).

E. E. Mann
Residence, ~~at~~ Kirkville MO. ~~Street~~

For honor recommend E. E. Mann to the favorable consideration of the Post, believing the foregoing statements to be true in every respect.

Enclosed is proposition fee, \$ _____

R. A. Heiny
(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. Any failure to report all the facts required by this application may render the muster-in null and void.

1 Other enlistments are to be added.

2 If this is the first application, write the word "not" in this space.

Corporal
Kilmer
Strook

APPLICATION OF

E. E. Mann

Late Private Co. G.

25th Reg't Wis. Inf., for

MEMBERSHIP IN THE GRAND ARMY OF THE REPUBLIC.

Recommended by Comrade

HEADQUARTERS

Corporal *Dix* Post No. 22

Department of Mo. Aug. 10, 1885

Received and referred to the Examining Committee.

W. J. Henry
Post Commander.

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

E. Cochran
A. H. Bettrick
M. A. Strook
Committee.

Applicant { Elected *Sept 3* 1885
{ Mustered *Sept 5* 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., Cavalry, 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.