

TO THE OFFICERS AND MEMBERS

OF

Corp-Six Post No. 22 Dep't of Mo 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 56 years of age, and was born in Summit Co Ohio State of Ohio, now residing at Rossville State of Mo, am by occupation a Carpenter

I served during the late rebellion as follows:

First enlisted July 29 1864 as Privet in Co. 7th Regiment The 1st for the period of 5 years, and was discharged therefrom as Supt, at St Louis Mo on the 24th day of Sept 18, by reason of Expulsion

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). 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, \$

(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

William W Miller

Late *Sergt* Co. *H*

7th Reg't *mo Cav* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

G. F. Rawson

HEADQUARTERS

Camp - Dix Post No. *22*

Department of *mo* 188*4*

Received and referred to the Examining Committee.

Post Commander.

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

L. W. Johnson
G. E. Luch
L. J. Beall

Committee

Applicant { Elected *May 15* 188*7*

{ Mustered *Aug 50* 188*4*

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.....

Printed figures refer to spaces on Form F.

Post Surgeon.