

APPLICATION OF

Robt. J. York

Late *Priv.* Co. *C*
29th Reg't *Ill. Vol.* for

Membership in the Grand Army of the Republic.

Recommended by Comrade

HEADQUARTERS

S. W. Cornell Post No. *283*

Department of *Mich* 188*90*

Received and referred to the Examining Committee.

C. Richards
Post Commander

188

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

Joseph S. Shaver } Committee

Applicant { Elected *July 17th* 188*90*
Mustered 188

No. on Des. Book

A. W. Orser
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.

