

APPLICATION OF

A. G. Keogh
Late *Serjeant* Co. *D*
100 Reg't *Pa Ar.*

Membership in the Grand Army of the Republic,

Recommended by Comrade

HEADQUARTERS.

Post, No.

Department of *Pa* 100
Received and referred to the Examining
Committee.

Post Commanders

Member
190

The undersigned Examining Committee re-
spectfully *recommends* favorably upon the
within application.

Committee

Applicant { Elected *Dec 31 1879*
 { Mustered *Dec 31 1879*

No. on Des. Book *70*

Wm. D. Quill
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..... 4. Color
 3. Where born.....
 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 (Inftry, Cav., Marine, Sailor).....
 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.