

Department of Missouri  
**SONS OF UNION VETERANS OF THE CIVIL WAR**  
**SV / SUV CAMP PROJECT FORM**

PLEASE:

Type or print, using a ballpoint pen, when filling out this form. Legibility is critical.

Do not guess at the information. An answer of "Unknown" is more helpful. Attach more pages of documentation if available.

Include a photograph of each viewable side and label it with name & direction of view.

Camp Name	W.H. Tripp	Camp #	46
City / Town	Milan	County	Sullivan
		State	MO

Brief History of the Camp (Use Additional Pages if Necessary)

Chartered Prior to 1889 --- 1889 Roster Missouri Div., Sons of Veterans -

Meeting Facility

Structure Still Exists?      Yes / No /Unk     

Identify Specific Location

Description of Records

Do Records Exist?      Yes/No/Unk            Records Original or Copies

What are the conditions of the records?

What do the records consist of?

No Additional Information

Location of the Records.

Repository Name

City / Town

County

State / Zip

Additional Information

No Additional Information

Submitter Information:

Date Submitted            NAME     

Camp Name

Camp #

Dept

E-Mail

[webusch@hotmail.com](mailto:webusch@hotmail.com)

Submit to Department Secretary listed at <http://www.sucwmo.org>