

ARMY OF THE UNITED STATES

CERTIFICATE

OF DISABILITY FOR DISCHARGE.



..... of Captain
 Company, (.....) of the Regiment of United States
 was enlisted by of
 the Regiment of at
 on the day of 186 , to serve years ; he was born
 in in the State of is
 years of age, feet inches high, complexion, eyes,
 hair, and by occupation when enlisted a During the last two
 months said soldier has been unfit for duty days.*

STATION: _____
 DATE: _____

.....
Commanding Company.

I CERTIFY, that I have carefully examined the said of
 Captain Company, and find him incapable of performing the duties of a soldier
 because of †

.....
Surgeon.

DISCHARGED, this day of 186 , at

.....
Commanding the Reg't.

The soldier desires to be addressed at
 Town _____ County _____ State _____

*See Note 1 on the back of this. †See Note 2 on the back of this.