

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.