

Act of June 27, 1890.

INVALID. (Series \_\_\_\_\_)

Cert. No. **809584**

Name, *Sergeant M. Graham*; Rank, *Priv*; Service, *Co. 39 U. S. G. M.*

Agency: *Original Roll: Washington*  
 Transfd. 18, to \_\_\_\_\_  
 " 18, to \_\_\_\_\_

Issued *Sept 15*, 18*92*

Mailed " *28*, 18*92*

Rate and Period, \$ *12*, from *Apr. 29*, 18*91*

*Pending May 29, 1891 date of death*

*Payable to Sarah Graham*

Deductions: *none*

Disability: *Dis. of spine & hands original injuries, complete*

Entered \_\_\_\_\_ Fee, \$ \_\_\_\_\_

Issued \_\_\_\_\_, 18*92*

Mailed \_\_\_\_\_, 18*92*

Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 18*92*

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

Entered \_\_\_\_\_ Fee, \$ \_\_\_\_\_

Issued \_\_\_\_\_, 18*92*  
 Mailed \_\_\_\_\_, 18*92*  
 Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 18*92*

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

Entered \_\_\_\_\_ Fee, \$ \_\_\_\_\_

Issued \_\_\_\_\_, 18*92*

Mailed \_\_\_\_\_, 18*92*

Rate and Period, \$ \_\_\_\_\_, from \_\_\_\_\_, 18*92*

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

INDORSEMENTS.

*See Serial to No. 344,050*

*[Signature]*