

REQUEST FOR MILITARY RECORDS				1. DATE	2. BRANCH SYMBOL	
3. NAME OF REQUESTOR				4. AGENCY OR ADDRESS		
WESLEY - SIMPSON				153883		
5. RG NO.	6. STACK AREA	7. ROW	8. COMPARTMENT	9. SHELF	10. OUTCARD NO.	11. SEARCHER
	1761	6	15	2		B
12. RECORD IDENTIFICATION (Check one only)				(If Military or Bounty Land checked - complete items 13, 15, 16 and 17. If Pension is checked - complete items 13, 14, 15, 16, 17 and 18.)		
<input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> PENSION <input type="checkbox"/> BOUNTY LAND						
13. NAME OF SOLDIER				14. NAME OF DEPENDENT		
Hamilton Trisby						
15. UNIT (CO, BN, or REGT.)				16. WAR, OR DATES OF SERVICE		17. STATE SERVED FROM
11th US Cavalry				1918-1919		MO
18. PENSION FILE NUMBERS						
			APPLICATION		CERTIFICATE	
a. INVALID				312 140		
b. WIDOW						
c. MINOR						
d. FATHER						
e. OTHER NUMBERS (XC, etc.)						
19. RECEIVED BY			20. DATE	21. RETURNED TO		22. DATE

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION  
DO NOT REMOVE FROM RECORDS  
NA FORM 14027 (1-86)

THE NATIONAL ARCHIVES  
SOLDIER'S CERTIFICATE

No. 312 777

VETERAN Hamilton Trisby

RANK Corpl.

SERVICE Co. A. 9th U.S.C. Cav. Inf.

CAN No. 6374                      BUNDLE NO. 21