

OF

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

ARMY OF THE UNITED STATES
CERTIFICATE
OF DISABILITY FOR DISCHARGE



Private Oliver Scott of Captain _____
Company, (E) of the Thirty Regiment of the United States
Col's Troops was enlisted by Col. S.M. Bowman of
the _____ Regiment of _____ at Howard Co. Md.
on the 29 day of Feb, 1864, to serve three years; he was born
in _____ in the State of _____, is twenty seven
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: Harewood Hospital
DATE: December 12 1865

Commanding Company.

I CERTIFY, that I have carefully examined the said Oliver Scott
of Captain _____ Company, and find him incapable of performing the duties of a
soldier because of gunshot wound of right hip received
July 30 1864 in storming the enemies works at
Petersburgh Va. in consequence of which he
never occupied one hat
B.W. Bouleau
Bot Lieut. Col. & Surgeon. U.S.A.

DISCHARGED, this 15 day of December, 1865, at Harewood
U.S. Genl. Hospital Washington D.C.
B.W. Bouleau
Bot Lieut. Col. & Surg. U.S.A.
Commanding the _____
Harewood Hospital
The Soldier desires to be addressed at
Town Clarksville County Howard State Maryland

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