

Wolff. Oct. 3rd 190.

ME Nov. 20/90 Dr. S. Ward med. Gray
N. H. W 12/90 ~~Elwood, Neb.~~ awd.

April 1, 1892.

VT. ~~Ed at Elwood, Neb.~~
St. ord 6-27 Minden, K. Neb.
192

MASS.

Jan 4-93

R. I. subseru.

1/13/94 atty Ex. at
CONN.

Minden. Neb. 9/7/93.

N. Y. 2/23/94 atty Ex. at

N. J. Durm. Mar. 9/7/93.

DEL.

No.

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C., *Jan'y 10*, 1894.

No. *25336*

Name, *William Hunter*

Co. *B*, *3* Reg't *Mass Vol Cav*

Date of filing, *July 11, 1890*

Date of rejection, *March 23, 1893*

CAUSE OF REJECTION.

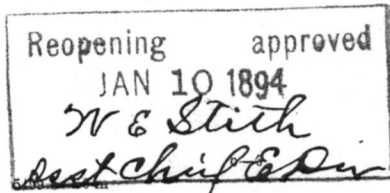
No benefit made
Act June 27, 1890

ABSTRACT OF TESTIMONY TO REOPEN.

New declaration, alleging
new disabilities,

L. L. Frost, Examiner.

_____, Chief of Div.



Her

五

That she has not remarried since the death of the said William Hunter
Name of soldier or sailor.

That she is without other means of support than her daily labor. The names and dates of birth of all the children now living under sixteen years of age of the soldier by herself are as follows:

none, born , 18 ;

born , 18 ; , born , 18 ;

 , born , 18 ;

born , 18 ; , born , 18 ;

That she has not heretofore applied for pension, and the number of her former application
If you have never applied for a pension nor should be written in above space.

is none.

Be careful to fill this part of the blank correctly.

Sworn to and subscribed before me this 27th day of February, A. D. 1897
and I hereby certify that the contents of the above declaration, etc., were fully made known and explained
to the applicant and witnesses before swearing, including the words.....
.....erased, and the words..... added;
and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

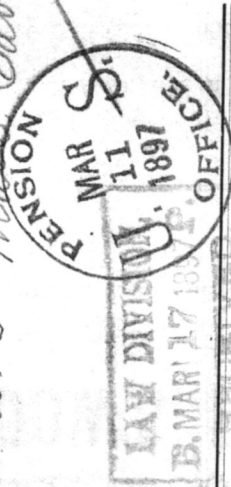
W. H. C. Sullivan
Official signature.
Notary Public
Official character.

My commission
exp. 7/2 1900

WIDOW'S
PENSION.

Act of June 27th, 1890.

Margaret Hunter
Widow of John Hunter
Late 1st Lt. of the 41st Reg't.
of Mass. Inf.
a 1st B. 3d Mass. Cav.



FILED BY

M. V. TIERNEY,
ATTORNEY-AT-LAW,

WASHINGTON, D. C.
RECORD DIV.
MAR 28 1897
RECEIVED 4

GENERAL AFFIDAVIT.

State of Nebraska, County of Phelps, ss.

In the matter of application for increase of Pension of William Hunter

ON THIS 28 day of December, A. D. 1888, personally appeared before me, a Clerk of the District Court in and for the aforesaid County, duly authorized to administer oaths, William Hunter aged 68 years, a resident of _____ in the County of Phelps and State of Nebraska

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation to aforesaid case, as follows:

[NOTE.—Affiants should state how they gained a knowledge of the facts to which they testify.]

I am unable to prove by a commissioned officer of my Company when where and under what circumstances I received my pay for the reason that the only officer present at the time was first Lieutenant Stone and he was killed afterwards as understood I cannot furnish testimony of two comrades for the reason that the only two that was present and assisted me was also killed in battle after I received my pay. I therefore ask that my claim for increase be presented upon my record while in hospital at Baton Rouge, La.

H _____ Postoffice address _____

_____ further declare that _____ no interest in said case and _____ not concerned in its prosecution.

Geo. P. Rhea

William Hunter
[Signature of Affiants.]

[If Affiants sign by mark, two persons who can write sign here.]

State of Nebraska, County of Phelps, ss.

Sworn to and subscribed before me this day by the abovenamed affiant, and I certify that I read said affidavit to said affiant, including the words.....
erased, and the words.....
added, and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is to me personally known to me and that he is credible person.

[L. S.]

Asa Swelling
[Official Signature.]
clerk of district court
[Official Character.]

I,....., Clerk of the County Court in and for the aforesaid County and State, do certify that....., Esq., who hath signed his name to the foregoing declaration and affidavit was at the time of so doing..... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this..... day of....., 188

[L. S.]

Clerk of the.....

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE, or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

ADDITIONAL EVIDENCE.

Claim of

William H. Under

Box "B" 41" Mass. Oct 6

Nov 25. 336

Affidavit of

claimant

[Signature]

FILED BY

M. V. TIERNEY,

ATTORNEY,

WASHINGTON, D. C.

GENERAL AFFIDAVIT.

State of Nebraska, County of Chelf, ss.

In the matter of Pension Claim of William Hunter Narrative of Original Pension Certificate

ON THIS 12th day of September, A. D. 1887, personally appeared before me, a

Natary Public in and for the aforesaid County, duly authorized to administer oaths,

William Hunter aged 67 years, a resident of Salchey

in the County of Chelf and State of Nebraska

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation to aforesaid case, as follows:

[NOTE — Affiants should state how they gained a knowledge of the facts to which they testify.]

my injuries was caused in the first place while Drilling falling on left knee about March 12th 1863 at Baten Ranch Miss I afterwards received injury to right side while serving as mounted Infantry my horse fell and fell on me and I fell with my side on my gun I don't remember the date but it was about twenty miles from Broz's City our rear was attacked and I was taken during the rest of the march in ambulance to Baten Ranch and was put in hospital I suppose it was a general Hospital after four or five weeks in the Hospital I went to my Regiment and was treated by the Regimental Doctor I think for three or four weeks when I was discharged I have never recovered fully from either one of my injuries and in addition to above I have been troubled with piles ever since in the Hospital at Baten Ranch

II Postoffice address Salchey Chelfs County Nebraska

..... further declare that no interest in said case and not concerned in its prosecution.

in presence of
J. H. H. H.

W. H. Hunter
[Signature of Affiants.]

[If Affiants sign by mark, two persons who can write sign here.]

GENERAL AFFIDAVIT.

State of Nebraska County of Deuel, ss:

In the matter of Add'l Pension ch No 25336 of
Wm Hunter

ON THIS 9th day of September, A. D. 1889, personally appeared before me, a
County Clerk in and for the aforesaid County, duly authorized to administer oaths
A. P. Wilcox aged 39 years, a resident of Chappell
in the County of Deuel and State of Nebraska
whose postoffice address is Chappell Deuel Co Nebraska and
aged _____ years, a resident of _____
in the County of _____ and State of _____
whose postoffice address is _____

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares each for himself, in relation to aforesaid case, as follows:

[Note.—Affiants should state how they gained a knowledge of the facts to which they testify.]

I saw the above named claimant in 1868 he was then suffering from a injury to his left knee: he moved about in a slow and painful manner, and said knee was out of shape as though it was deformed, causing lameness and stiffness severe pains and weakness in same especially in damp or wet weather he having all the symptoms of one suffering from an injury to the knee said injury has existed each and every year since the above date disabling him fully one half to three fourths of ~~the~~ his time

My reasons for knowing said facts are derived from seeing him often and hearing him complain and seeing him in pain: as above stated

66-89

I further declare that I have no interest in said case and am not concerned in its prosecution.

Aris P. Wilcox.

State of Nebraska County of Deuel, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , including the words _____
erased, and the words _____
added, and acquainted _____ with its contents before he executed the same. I further certify that I am in
nowise interested in said case, nor am I concerned in its prosecution; and that said affiant _____
personally known to me and that he is a credible person .

[L. S.]

[Official Signature.]

[Official Character.]

I, Ed. Harrington, Clerk of the County Court in and for aforesaid County and State, do certify that Ed. Harrington, Esq., who hath signed his name to the foregoing declaration and affidavit was at the time of so doing Ed. Harrington in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereto is genuine.

Witness my hand and seal of office, this 7th day of April, 1888

[L. S.]

Clerk of the

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC, or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character hereon, and not on a separate slip of paper.

ADDITIONAL EVIDENCE:

CLAIM OF

Wilhelm Hunter,
"B" 44 Regt. Mass Vols.,
Dec. 25. 36.

AFFIDAVIT OF

Aris P. Wilcox

FILED BY

M. V. TIERNEY,

ATTORNEY,

WASHINGTON, D. C.

GYRON S. ADAMS, PRINTER.

No. 456.343

WAR DEPARTMENT,
Surgeon General's Office,
RECORD AND PENSION DIVISION.

Washington, D. C., May 17, 1887.

SIR:

I have the honor to return herewith your request for a report of hospital treatment in Claim No. 25.336, with such information as is furnished by the records filed in this Office, viz: that Priv. Wm Hunter, Co. B 41st Mass. Vols., was admitted to Genl. G. H. (Barnes) Baton Rouge, La. June 4, '63, with disability; was returned to duty Aug. 16, '63. - No record found of this soldier's treatment for any disability other than above indicated.

By order of the Surgeon General:

To the

Commissioner of Pensions.

F. C. Amies
Assistant Surgeon, U. S. Army
(125)

per LWB

Officer's Certificate to Disability of Soldier.

Haym Co B 34 Cavalry 117

John Hanson Dec 26 1863

I, *Edward Hayes* do hereby certify that I am *Captain* of Company
D of the *34 Cavalry* Regiment of *Massachusetts* Volunteers, and am acquainted
with *William Hunter* who was a member of my Company, and, as I am informed, is
an applicant for an Invalid Pension. That the said *William Hunter* was mustered
into service on or about the *9th* day of *August* 1862 and discharged for disability about
the *8th* day of *October* 1863 having become disabled from doing duty as a soldier from
on or about the *day of May* 1863 while in the service of the United States,
and in the line of his duty as a soldier, in the manner and at the place as follows: *injured in*

right side by horse falling in the retreat
from Franklin to Jackson in Louisiana in the
latter part of May A.D. 1863. which disability
has continued till his discharge.

That the said soldier was in good health at the time he entered the service, and the disability above referred
to affected him while in the service and at his discharge, as follows: *owing to lameness*

Edward Hayes

Capt Cavalry Co B 34

117

No 36590.

OFFICER'S CERTIFICATE
To Disability of Soldier.

Act of A. D.

William Hunter

Co. B 41 Reg't.

Massachusetts Volunteers.

From

J. B. F. Osgood
att'y

Salem
Mass

APPLICATION FOR AN INVALID PENSION BY DISABLED SOLDIER.

STATE OF MASSACHUSETTS, } ss.
COUNTY OF ESSEX,

On this twenty first day of November A. D. 1863, personally appeared before me the Clerk of the Police Court for the District of Lawrence within and for the County and State aforesaid said William Hunter aged Forty six years, a resident of Lawrence in the State of Massachusetts who, being duly sworn according to law, declares that he is the identical William Hunter who enlisted in the service of the United States at Lawrence on the ninth day of August in the year 1862 ^{as a private} in Company B, commanded by Capt. E. L. Noyes in 41st Reg. Mass. Vol. afterwards the Third Regiment of Cavalry of the State of Massachusetts in the war of 1861; and was honorably discharged on the Eighth day of October in the year 1863;

that while in the service aforesaid, and in the line of his duty, he incurred the following wound or disability:
was injured in the right side by his horse falling in the Retreat from Franklin to Brashear in Louisiana, in the latter part of the month of May - which disability has continued till this time -

and since his discharge he has resided at Lawrence and been occupied at no business

William Hunter CLAIMANT.
Also personally appeared before me Michael Shea and Joseph H. Morgan residents of Lawrence in the County of Essex and State of Massachusetts persons, whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw William Hunter sign his name (or make his mark) to the foregoing declaration; and they further swear, that they have every reason to believe, from the appearance of the applicant, and their acquaintance with him, that he is the identical person he represents himself to be; that since his discharge his habits have been temperate and good, and he has been occupied at no business; and that they (deponents) do reside in the City of Lawrence aforesaid, and are neither of them interested in this application.

Sworn to and subscribed by claimant and witnesses before me, this twenty first day of November A. D. 1863, and I further certify that I am wholly disinterested in this application.

Henry L. Sherman, Clerk.
of Lawrence Police Court

Know all men by these Presents, that I William Hunter the above-named claimant, do hereby constitute and make Joseph B. F. Osgood, Esq. of Salem, Massachusetts, my true and lawful attorney, to apply for and procure for me such pension as I am entitled to from the United States.

IN PRESENCE OF

Henry L. Sherman Witness.
William D. Joplin Witness.

William Hunter CLAIMANT.

Duly acknowledged before me this twenty first day of November 1863.

Henry L. Sherman Justice of the Peace.

ST OFFICE ADDRESS. Lawrence Mass. & Clerk of the Lawrence Police Court.

APPLICATION FOR INVALID PENSION.

William Hunter

Co. *B.* *H. 1* *Inftry* Reg't,
now 3^d Cavalry
Massachusetts Vols.

JOSEPH B. F. OSGOOD,
ATTORNEY,
SALEM, MASS.

L
460 275
Des m.

E.

(3-128 a.)

ACT OF JUNE 27, 1890.

E

WIDOW'S PENSION. 650, 152

Claimant Margaret Hunter Soldier William Hunter
P. O. Hubbell Rank Pr. Co. B.
County Thayer State Neb. Regiment 3^d Mass. Vol. Cav.
Rate, \$8 per month, commencing March 11, 1897, and \$2 per month additional for each child, as follows.

PR

Notice

{	Born,	18	}	
{	Sixteen,	18	}	Commencing, 18
{	Born,	18	}	
{	Sixteen,	18	}	Commencing, 18
{	Born,	18	}	
{	Sixteen,	18	}	Commencing, 18
{	Born,	18	}	
{	Sixteen,	18	}	Commencing, 18
{	Born,	18	}	
{	Sixteen,	18	}	Commencing, 18
{	Born,	18	}	
{	Sixteen,	18	}	Commencing, 18
{	Born,	18	}	
{	Sixteen,	18	}	Commencing, 18

DROPPED

Payments on all former certificates covering any portion of same time to be deducted.

All pension to terminate, 189..., date of

RECOGNIZED ATTORNEY:

Name W. V. Tierney Fee \$ 10. Agent to pay.
P. O. City Articles Filed, 189...

APPROVALS:

Submitted for admission, Feb. 26, 1898, L. Holtzlander, Examiner.

Approved for admission.

Mar. 3, 1898 M. P. McNeill, Legal Reviewer.

The soldier was pensioned at \$ 12. per month for inability to earn support by manual labor

Enlisted Aug. 9th, 1862. Soldier's app'n filed Dec. 25th 30 July 11th, 1890.

And honorably disch'd Oct. 8th, 1862. Clt's app'n under other laws none, 18

Re-enlisted not, 18. Former marriage of within, 18

honorably disch'd, 18. Death of former, 18

Died January 15th, 1897. Clt's marriage to soldier April 23, 1840.

Declaration filed March 11th, 1897. Clt not remarried, 18

Claimant is not without other means of support than her daily labor.

Hon. Wm. L. Stark

ACCRUED PENSION.

Act March 2/95
Under Section 1718, R. S.

Certificate No. 25,336Last Issue November 26 1895Name of pensioner, William Hunterfrom act '90Date of death, January 15, 1897Payable to Margaret Hunter, widowP. O., Hubbell, Thayer, Co. Neb.L. Briggs

Accrued Pension Certificate and Order.

Pension Certificate and Voucher herewith.

Issued Mar. 10, 1898Mailed Mar. 14, 1898Payable to (Widow)Relationship to pensioner shown by affidavits of witnesses to fifteen
years cohabitation and family recordPrior marriage of neither & no divorceShown by affidavits of witnessesFact and date of pensioner's death shown by affidavit of attending
physicianSubmitted for admission, Feb. 26, 1898.Approved Adm. Mar. 3, 1898M. M. WetmoreL. Holtzlander Examiner. J. D.Per.Widow's name - No Pension - no certificateL. Briggs

DECLARATION FOR INVALID PENSION.

This must be Executed before a Court of Record or some Officer thereof having Custody of its Seal.

State of Nebraska - County of Phelps - ss:

ON THIS 7th day of July - A. D. one thousand eight hundred and ninety-
personally appeared before me, Sept. Clerk of the District Court; a court of
record within and for the county and State aforesaid Wm Hunter aged 70 years, a
resident of Holdrege county of Phelps - State of Nebr.
who, being duly sworn according to law, declares that he is the identical person
who was Enrolled on the 9th day of August 1862 in Co. B. 41 Reg.
Mass. Vol. (Here state rank, company and regi-
ment in the Military service, or vessel, if in the Navy.)

in the **War of the Rebellion** and served at
least ninety days, and was **Honorably Discharged** at Port Hudson, Louisiana -
on the 8th day of Oct. 1863.

That he is greatly (partially or wholly) unable to earn a support by reason of injury to left knee
and right side - (Here name the diseases or injuries from which disabled.)

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief **permanent**.

That he has applied for pension under application No. 25 336. That he is not
a pensioner under Certificate No. 25 336.
(If a pensioner, the Certificate number only need be given. If not, give the number of the former application
if one was made. If you have never applied for pension leave spaces blank.)

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the
provisions of the act of June 27 1890. He hereby appoints

M. V. TIERNEY, of Washington, D. C.,

his true and lawful attorney to prosecute his claim. That his Post Office address is Holdrege
County of Phelps - State of Nebr.

William Hunter
(Claimant's Signature.)

ATTEST:

Wm F. Frank

J. A. Ruby

Also personally appeared W. N. Frank residing at Holdrege, Neb
and J. A. Ruby residing at Holdrege, Neb persons whom I certify to be
respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw
William Hunter the claimant, sign his name (or make his mark)
to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their
acquaintance with him for five years and five years respectively, that he is the identical
person he represents himself to be; and that they have no interest in the prosecution of this claim.

W. N. Frank
J. A. Ruby
(Signatures of witnesses.)

Sworn to and subscribed before me, this 7th day of July A. D. 1890

and I hereby certify that the contents of the above declaration, &c., were fully made known and
explained to the applicant and witnesses before swearing, including the words

erased, and the words
added; and that I have no interest, direct or indirect, in
the prosecution of this claim.



L. J. Eversworth
(Signature.)
Dept Clerk Dist Court
(Official character.)

READ THESE NOTES CAREFULLY BEFORE FILLING UP THE APPLICATION.

THE ACT OF 1890 REQUIRES:

- An honorable discharge (but the certificate need not be filed unless called for).
- A service of not less than ninety days.
- A permanent physical disability not due to vicious habits. (It need not have originated in the service).
- The rates under the act are graded from \$6 to \$12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
- A pensioner under existing laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.
- Fill up the blank carefully, and be particular to give the certificate number if you are a pensioner, and if not, the number of your application if you have made an application.

DECLARATION FOR

LID PENSION.

f June 1890

W. N. Frank

Co. B Reg't

Mace Vols.



5802

FILED BY

TIERNEY,

Attorney at Law,

HINGTON, D. C.

BYRON S. ADAMS, PRINTER.

#25336 - Cert

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, April 25th, 1887.

Respectfully returned to the Commissioner of Pensions.

William Hunter, a priv of Company "B",
41st Regiment Mass (3^d Cav.) Volunteers, was enrolled on the
9 day of Aug., 1862, at Lawrence, for 3 yrs,
and is reported: present on rolls to Apr. 30, '63. -

May & June '63, absent sick at Baton
Rouge, La. - July & Aug. '63, present. -

He was discharged on Surg's cert. of
disability Oct. 8, '63, at Port Henderson, La. -

Regtl return for May '63 is incomplete. -

Co. Morning report book shows him Aug.
16, '63 returned from absent sick at
Baton Rouge, La. -

Records of this office furnish no further
evidence of disability

R. C. DRUM,

Adjutant General.

By

[Signature]

ARMY OF THE UNITED STATES

CERTIFICATE

OF DISABILITY FOR DISCHARGE.



Private Wm Hunter of Captain Edward
S. Hayes Company, B. of the Third Regiment of United States
Cavalry (Mass R.) was enlisted by M. B. C. Knight Major of
the 1st Regiment of Lawrence at Lawrence, Mass
on the ninth day of August 1862, to serve Three years; he was born
in Derry, Ire in the State of Ireland is Forty Five
years of age, Five feet Five inches high, Light complexion, Blue eyes,
Brown hair, and by occupation when enlisted an Operative. During the last two
months said soldier has been unfit for duty Only days.* He was at the time of his
enlistment an able bodied man according to my best knowledge
and belief but is now entirely unfit for service, and in my
opinion will never be fit for service in the Army.

STATION: Fort Hudson, Ia
DATE: September 11 1863

Edward Hayes
Captain
Commanding Company.

I CERTIFY, that I have carefully examined the said Wm Hunter Private of
Captain E. Hayes Company, and find him incapable of performing the duties of a soldier
because of Dysentery which has followed him
for three months past. He was in Gen Hospital
previously to this six weeks on account of an injury
done by falling from horse has not yet recovered from
injury. He is unfit for 'Frontier Corps'

Donald G. Stewart
Surgeon.
J. B. Hudson,
L. D. Dugent
H. Cook
Commanding the Reg't.

DISCHARGED, this Eighth day of October 1863, at
Lawrence.

The soldier desires to be addressed at
Town Lawrence County Essex State Mass.

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

NOTE 1.

The company commander will here add a statement of all the facts known to him concerning the disease or wound, or cause of disability of the soldier; the time, place, manner, and all the circumstances under which the injury occurred, or disease originated or appeared; the duty, or service, or situation of the soldier at the time the injury was received or disease contracted, stating particularly whether the injury was received or the disease contracted in the line of his duty; and whatever other facts may aid a judgment as to the cause, immediate or remote, of the disability, and the circumstances attending it.

When the facts are not known to the company commander, the certificate of any officer, or affidavit of other person having such knowledge, will be appended—as the surgeon in charge of a hospital, the officer commanding a detachment of recruits, &c., &c.

NOTE 2.

When a probable case for pension, special care must be taken to state the degree of disability—as *h.*, *s.*, &c., &c.; to describe particularly the disability, wound, or disease; the extent to which it deprives him of the use of any limb or faculty, or affects his health, strength, activity, constitution, or capacity to labor or earn his subsistence. The surgeon will add, from his knowledge of the facts and circumstances, and from the evidence in the case, his professional opinion of the cause or origin of the disability. In the case of discharges by Medical Inspectors, the last paragraph will state that the "discharge was given by consent of the soldier, after a personal examination, and for disability, the nature, degree, and origin of which are correctly described in the within certificate."

Par. 1260 Regulations, Edit. 1861.

Medical officers, in giving certificates of disability, are to take particular care in all cases that have not been under their charge; and especially in epilepsy, convulsions, chronic rheumatism, derangement of the urinary organs, ophthalmia, ulcers, or any obscure disease liable to be feigned or purposely produced; and in no case shall such certificate be given until after sufficient time and examination to detect any attempt at deception.

DIRECTIONS.

This certificate will be made out in duplicate by the soldier's company commander, or other officer commanding the separate detachment to which he belongs and sent by him to the surgeon who has charge of the hospital where the soldier is sick. The surgeon will then fill out and sign the surgeon's certificate, and forward these papers to the regimental, detachment, or post commander, who will forward them. His action endorsed thereon, through the proper channel, to the division commander; or, if the troops are not attached to a division, to his corps, department, or other commander or officer to whom the authority to discharge enlisted men may be specially delegated.

These certificates, after having received the action of the highest authority to which they are required to be sent, will be returned through the same channel to the regimental, post, or detachment commander, who will, if the discharge is authorized by the endorsement of the proper authority, sign the soldier's discharge, and the last certificate on this paper; see that the soldier is furnished with the proper final statements in duplicate, and forward BOTH of these certificates direct to the Adjutant General United States Army, at Washington, D. C.; they will not under any circumstances be given into the hands of the soldier.

CERTIFICATE OF DISABILITY FOR DISCHARGE

IN THE CASE OF

Am. Hunter

Private Co. "B."

Regt of Map. Cav.

St. Louis, Mo. Cav. Co.

St. Louis, La.

25th Sept. 1863.

Approved and respectfully forwarded.

L. D. Jayson

Lt. Col. Candy Reg.

Med. Director's Office, St. Louis, Mo.

September 25th 1863.

Approved and respectfully forwarded.

C. V. McArthur

Surgeon C. S. Nichols.

Medical Director

Medical Director's Office

St. Louis, Mo.

October 2nd 1863

Received (A. G. Office) Oct 2nd 1863.



1st Lt Dept of the Gulf

New Orleans Oct 30 1863

Do be discharged

By command of

Major Gen Bank

H. Poole

Adjutant General's Office,

Oct 29 1863.

Duplicate for Adjutant's Office

Adjutant General's Office

Adj. Adjt. Gen.