

ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

Private Edward Barlow of Captain *Geo. W. Mich.*
Swan Company, (C) of the *Sixteenth* Regiment of United States
Infantry was enlisted by *Capt. Thomas C. Lear* of
the *Sixteenth* Regiment of *Mich. Inf.* at *Flint, Genesee Co. Mich.*
on the *Sixth* day of *August* 1861, to serve *three* years; he was born
in *Manchester* in the State of *England* is *thirteen*
years of age, *five* feet *eleven* inches high, *dark* complexion, *hazel* eyes,
Brown hair, and by occupation when enlisted a *farmer*

During the last two months said soldier has been unfit for duty *60* days. (Here consult directions on Form 12, p. 269, Medical Dept. Gen. Reg.)

Said Barlow was wounded in the battle of Gaines Mill Va. June 27th 1862 - said wound being in left side.

STATION: *Warrenton Va.*
DATE: *November 9th 1862*

Lt. B. Brown
Commanding Company.

I CERTIFY, that I have carefully examined the said
Captain _____ of
Company, and find him incapable of performing the duties of a soldier
because of (Here consult par. 1134, p. 245, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.)

a gunshot wound in the chest

Isaac M. Ham - Surgeon.

DISCHARGED, this *fourteenth* day of *November* 1862, at *Warrenton Va.*

Thos. Barry Major Commanding the *Post* *Regmt*

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.

NOTE 2.—The place where the soldier desires to be addressed may be here added.

Town—

County—

State—

Buttrick's Division
Nov. 11-1862
Quar-Med. Dir.
App. M.