ARMY OF THE UNITED STATES.

CERTIFICATE OF DISABILITY FOR DISCHARGE.

[*To be used, in duplicate, in all cases of discharge on account of disability.*]

Corporal James T. Scott of Captain Bausman Company, [K] of the Tenth Regiment of United States Iowa Vol, was enlisted by Captain Lusby, of the Tenth Regiment of Iowa Vol at Palestine Iowa on the First day of Oct 186/, to serve 3 years; he was born in Bergen in the ~~State of~~ Norway, is Thirty Seven years of age, 5 feet 5 3/4 inches high, Light complexion, Blue eyes, Brown hair, and by occupation when enlisted a Farmer. During the last two months said soldier has been unfit for duty Sixty days. (*Here consult directions on Form 12, p. 269, Med. Dept. Gen. Reg.*)

O. P. Hunter

STATION: Memphis Tenn

DATE: Feby 7th 1863

R. Nevin
Commanding Company.

I CERTIFY, that I have carefully examined the said James T. Scott of Captain Bausman 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. 26*), *Med. Dept. Gen. Reg.*) Chronic Opthalmia incurable under his present circumstances and entirely disabling him from performing military service

A. L. Clark
Asst. Surgeon.

DISCHARGED this 18th day of Feby 1863, at Memphis Tenn

R. Nevin
Commanding the Post.

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*—

[DUPLICATES.]