

ARMY OF THE UNITED STATES



CERTIFICATE OF DISABILITY FOR DISCHARGE.

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

Approved
W. D. Thurston
Surgeon

1st Supt. *William M. Hamilton* of Captain *Samuel*
Black's Company, (C) of the *Eighty fifth* Regiment of United States
vol. of Ill. Supt. was enlisted by *Capt. Samuel Black* of
the *85th* Regiment of U.S. vol. of Ill. at *Mason City Ill.*
on the *twenty third* day of *July* 1862, to serve *three* years: he was born
in *Morgan Co.* in the State of *Illinois* is *twenty eight* (68)
years of age, *six* feet _____ inches high, *Darke* complexion, *gray* eyes,
Black hair, and by occupation when enlisted a *Yeoman*. During the last two
months said soldier has been unfit for duty *60* days. (Here consult directions on Form 13, p. 325, Medical Dept. Gen. Reg.)

STATION: *Nashville Tenn.*
DATE: *January 26th 1863*

Commanding Company.
William M. Hamilton of
I CERTIFY, that I have carefully examined the said *William M. Hamilton* of
Captain *Samuel Black's* Company, and find him incapable of performing the duties of a soldier
because of (Here consult par. 1260, p. 294 and directions on Form 13, p. 325, Med. Dept. Gen. Reg.) *Chronic Bronchitis*
and incipient Phthisis. caused by exposure
in the field, too soon after having Rubella

Gas. P. Warr Surgeon.
hosp. No. 1
DISCHARGED, this *27th* day of *January* 1863, at *Nashville Tenn.*
Robert Mitchell 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—*Mason City* County—*Mason Co.* State—*Illinois*