

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 Jeremiah S. Shuehan of Captain *James Madden*
Company, (H.) of the Tenth *N. Hampshire*
Volunteers was enlisted by *James Madden* of
 the *Regiment of* *at*
 on the *First* day of *September* 186*2*, to serve *three* years; he was born
 in *Ireland* in the State of *is Thirty four*
 years of age, *Five* feet *eight* inches high, *Light* complexion, *Blue* eyes,
Dark hair, and by occupation when enlisted a *Soldier*. 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.)*

by reason of Rupture which occurred previous to his enlistment.

STATION: *Suffolk Va*
 DATE: *April 3. 1863.*

James Madden

Capt. Commanding Company.

I CERTIFY, that I have carefully examined the said *Jeremiah S. Shuehan* of
 Captain *James Madden's* Company, and find him incapable of performing the duties of a soldier
 because of *(Here consult par. 1260, p. 284 and directions on Form 13, p. 325, Med. Dept. Gen. Reg.)* *Inguinal Hernia*

of the left side (A bad case) existing prior to enlistment

E. F. Hendrick

Assistant Surgeon. 15th U. S. Army

DISCHARGED, this *Twenty eighth* day of *April* 186*3*, at *Suffolk Va*

Wm. D. Moore
 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—