

(No. 21.)

Department of the Interior,

PENSION OFFICE,

29 July ~~21 June~~, 1865.

Sir:

You are respectfully requested to fill out, over your official signature, the accompanying blank certificate, stating when, where, and under what circumstances the injury was received, or the disease contracted, ^{removal to Satterlee's Hospital Philadelphia Pa.} which was the cause of the soldier's death, giving the name and character of the disease, the place and date of death, and stating whether or not contracted in the line of duty.

Please forward your report directly to this Office, having endorsed on the envelope, over your official signature, "Official Business."

Respectfully, yours,

Joseph H. Barrett

Commissioner of Pensions.

To Surgeon of 39 U.S. Col'd Troops Vol.