

131

Write nothing above this line.

(3-060.)

Southern Div.
SBS. Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *Jan 16*, 18*91*

Law No. *748,471*
1681 *John W. Davis*
Co. H, 9, U.S. C. Inf

121913

SIR:

It is alleged that *John W. Davis* enlisted *Oct*, 18*64*

and served as a *Private* in Co. *H*, *9* Reg't *U.S. C. Inf*
also as a _____ in Co. _____ Reg't _____

and was discharged at *Brownsville Tex* *Oct*, 18*65*

It is also alleged that while on duty at *between Brownsville & Corpus Christi Tex.*
on or about *July*, 18*65*, he was disabled by *Weak eyes & vertigo*

and was treated in hospitals of which the names, locations, and dates of treatment are as follows:

Please give personal description

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

Gen B. R. Ramo

Commissioner.

The Officer in Charge of the
Record and Pension Division,
War Department.

