

(3-230.)

INVALID. (Series _____) ✓ f

Cert. No. 625416

Name, Robert Keizer

Rank, Pt ; Service, Co B 19 USC vol

Original Roll: Wash, DC

Agency. Transf'd _____, 18____, to _____

" _____, 18____, to _____

Issued July 18, 1891

Mailed _____, 1891

Rate and Period, \$ 10, from May 5, 1891

Deductions:

Disability: Suppurative Lumbago + Rheumatism

Issued _____, 18

Mailed _____, 18

Rate and Period, \$ _____, from _____, 18

Deductions:

Disability:

Issued _____, 18

Mailed _____, 18

Rate and Period, \$ _____, from _____, 18

Deductions:

Disability:

Issued _____, 18

Mailed _____, 18

Rate and Period, \$ _____, from _____, 18

Deductions:

Disability:

INDORSEMENTS.

Orig
Class
Per 10

Issue.
Entered

Issue.
Entered

Issue.
Entered

Issue.
Entered