

INVALID (Series _____)

Cert. No. **706198**

Name, **Robert Young, decd.**

Rank, **Plt**; Service, **dt. 13. 7. 21. 86**

Plt. 1st

Original Roll: **Washington**

Agency, { Transfd, 18, to

" " 18, to

Issued, **Jan. 23, 1892**

Mailed, **Feb. 1, 1892**

Rate and Period, \$ **12**, from **Jan. 24, 1889**

including Mch. 14, 1889 date

to debit

Payable 5 Army Young, indom

Deductions:

Disability: **Reimbursement 1000**

views of Kent

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Fee, \$

Deductions:

Disability:

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Fee, \$

Deductions:

Disability:

Issued, 18

Mailed, 18

Rate and Period, \$, from, 18

Fee, \$

Deductions:

Disability:

INDORSEMENTS.

Red indom - 324195-28

168