

ARMY OF THE UNITED STATES.

CERTIFICATE

OF DISABILITY FOR DISCHARGE.



James Hemmon a private of Captain _____
 Company, (No.) of the _____
 Regiment of United States
 was enlisted by *Carl Bowman* of
 the _____
 Regiment of _____ at *Baltimore Md*
 on the *31st* day of *March* 1864, to serve *three* years; he was born
 in *Quinn's les* in the State of *Maryland* is *twenty* years of age,
five feet *six* inches high, *griff* complexion, *brown* eyes,
black hair, and by occupation when enlisted a *blacksmith*. During the last two
 months said soldier has been unfit for duty _____ days.*
disease of stomach and the evidences of confirmed
renal disease -
was admitted to this Hosp June 24th 1865

STATION: *McKim Hosp Baltimore Md*
 DATE: *July 22nd 1865*

Wm Read Surg M

Commanding Company.

I CERTIFY, that I have carefully examined the said *James Hemmon* of
 Captain _____ Company, and find him incapable of performing the duties of a soldier
 because of *functional disease of stomach, and the evidences of*
confirmed renal disease. has been having medical treatment
in Hospital for 14 months. was admitted to this Hospital June 24th 1865
and good health when he entered the service.
Sign of disability (Sd) from the

Wm Read Surg M
in charge Medical Dept

DISCHARGED, this *28th* day of *July* 1865, at *USA General*
Hospital McKim Mansion Baltimore Md

Wm Read Surg M

Commanding the Reg't.

The soldier desires to be addressed at

Town _____ County _____ State _____

* See Note 1 on the back of this.

† See Note 2 on the back of this.