

ARMY OF THE UNITED STATES
 CERTIFICATE
 OF DISABILITY FOR DISCHARGE.



Duplicate for Pension Office

Private Benjamin Nicholson of Captain _____
 Company *"E"* of the *Fourth* Regiment of United States
Art. Troops was enlisted by *Colonel S. M. Bowman* of
 the _____ Regiment of _____ at *Baltimore Md*
 on the *twentieth* day of *February* 1864, to serve *three* years; he was born
 in _____ in the State of _____ is *Thirty three*
 years of age, _____ feet _____ inches high, _____ complexion, _____ eyes,
 _____ hair, and by occupation when enlisted a _____ During the last two
 months said soldier has been unfit for duty _____ days.*

Amended

*See precise nature of left ankle joint receiving
 at Yellow House near Weldon Va Oct-22-1864
 during operation this man will never be fit for field
 service again*

STATION: *General Hospital*
 DATE: *December 20, 1864*

W. H. Melcher
A. A. Sneyd U.S.A.
 Commanding Company
Att. Surgeon General Hospital

I CERTIFY, that I have carefully examined the said *Private Benjamin Nicholson* of
 Captain _____ "E" Company, and find him incapable of performing the duties of a soldier
 because of *Incised wound of left ankle-joint
 received while cutting wood near the Weldon
 R.R. Va during permanent
 absence of his ability to
 "not suitable to enter or be enlisted in the Reserves"*

Edwin Bennett
 Surgeon U.S. Vol
In charge Genl Hosp Alex'a Va
Edwin Bennett
 Surgeon U.S. Vol In charge
General Hospital Alex'a

DISCHARGED, this *Twentieth* day of *January* 1865, at *General Hospital Alexandria Va*

The soldier desires to be addressed at
 Town *Baltimore* County *Balt* State *Md.*

* See Note 1 on the back of this. † See Note 2 on the back of this.

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