

(3-230.)

INVALID. (Series _____)

Cert. No. 536729

Name *Enoch Waters*

Rank, *Pvt.*; Service, *Co. A. 19th U.S.C.*
Vol. Inf.

Original Roll: *Washington*

Agency Transf'd _____ 18____, to _____

" _____ 18____, to _____

Issued _____ *Feb. 24* _____, 18 *91*

Mailed _____, 18____

Rate and Period, \$ *1.20*, from *July 9* _____, 18 *90*

Deductions: _____

Disability *Left inguinal hernia & rheumatism.*

Issued _____, 18____

Mailed _____, 18____

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

Deductions: _____

Disability: _____

Issued, _____, 18____

Mailed _____, 18____

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

DROPPED FROM ROLLS

Deductions: *NOV 1397*

Disability: *PRISONER DEAD*

Issued _____, 18____

Mailed _____, 18____

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

Deductions: _____

Disability: _____

INDORSEMENTS.

Orig. Rec. 8/10

Issue Class

Entered

Issue Class

Entered

Issue Class

Entered

Issue Class

Entered