

ARMY OF THE UNITED STATES.

CERTIFICATE

OF DISABILITY FOR DISCHARGE



Wm H. Butler a Private, of Captain *Lucius J. S. Ferguson* Company, (*9*) of the *4th* Regiment of the United States *Vol. Troops* was enlisted by *Gen. W. Sprigg* of the *16th* Regiment of *St. Marys Co. Md.* on the *Sixteenth* day of *January*, 186*4*, to serve *Three* years; he was born in *Calverton Co.* in the State of *Maryland*, is *Twenty-two* years of age, *Five* feet *Four* inches high, *Black* complexion, *Black* eyes, *Black* hair, and by occupation when enlisted a *Farmer*. During the last two months said soldier has been unfit for duty.. *0* days.* *and is unfit for duty in Veteran Reserve Corps.*

STATION: *U. S. Gen. Hosp. Fort Monroe Va.*
DATE: *June 12th 1865*

Embellan.
Asst. Surgeon M. S. L.
Commanding Company. *Hospitals*

I CERTIFY, that I have carefully examined the said *Wm H. Butler* of Captain *Lucius J. S. Ferguson* Company, and find him incapable of performing the duties of a soldier because of *Paralysis of right arm & hand the result of a Contused wound of the shoulder recd. in action Apr. 1. 1864*

Disability 1/2

Embellan.
Asst. Surgeon. M. S. L.

DISCHARGED, this *Fifth* day of *August*, 186*5*, at *U. S. General Hospital Fort Monroe Va.*

J. H. Grant
Asst Surgeon M. S. L.
Commanding the *Regt. Hospitals*

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.