

(3-230)

INVALID. (Series _____)

Cert. No. **606728**

Name, **William N. Butler**

Rank, **Pvt.**; Service, **Co. G. 7th Caval. Bn.**

Original Roll: **Washington**

Agency. { Transf'd _____, 18____, to _____
 " _____, 18____, to _____

Issued **June 25**, 18**91**

Mailed _____, 18____

Rate and Period, \$ **12**, from **Aug 14**, 18**90**

Deductions: _____

Disability: **Discharge of nervous system**

Issued _____, 18____

Mailed _____, 18____

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

Deductions: _____

Disability: _____

119. Class Fee \$ 10.

Issue. Entered

Issue. Class Entered