

Write nothing above this line.

(3-060.)

Sb. Div.
J.M.W. Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

No. *737, 745*

Peter Johnson
Co. A. 7th U.S.C. Inf.

Washington, D. C., *April 7*, 18*90*

SIR:

It is alleged that *Peter Johnson* enlisted *Sept 23*, 18*63*,
and served as a _____ in Co. *A*, *7*th Reg't *U. S. C. Inf.*
also as a _____ in Co. _____, Reg't _____
commanded for ch. 5 A

and was discharged at *Indiana*, *Oct 13*, 18*66*.

It is also alleged that while on duty at *Darbytown Road - Va.*,
on or about *Oct 28*, 18*64*, he was disabled by *gunshot wound*
left hand, rheumatism and neuralgia.

and was treated in hospitals of which the names, locations, and dates of treatment are as follows:

In case of the above-named soldier the War Department is requested to furnish an official statement of the enrollment, discharge, and record of service so far as the same may be applicable to the foregoing allegation, together with full medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

James B. Rowland
Commissioner.

The Officer in Charge of the
Record and Pension Division,
War Department.