

(3-230.)

INVALID. (Series)

Cert. No. 356122

Name, *John W. Lawrence*
Rank, *Plat. Service, Co. 4th Md. C.*
Det. 1st Reg.

Original Roll: *Washington*

Agency: *Trans'd*, 18, to

" 18, to

Issued *Apr. 18*, 1887
Mailed " *25*, 1887
Rate and Period, \$ *2*, from *Sept. 5*, 1885

DEAD.

Deductions:

Disability: *E. & W. of left thigh.*

Entered

Issue. Class *Addl*
For \$10.00

Issued *May 20*, 1897
Mailed *Jan 11*, 1897
Rate and Period, \$ *12*, from *July 30*, 1890
20
Pension granted under form law
terminated *July 29*, 1890.
Deductions: *By Mt of left thigh loss*
Disability: *of fragment of left thigh*

Issued _____, 18
Mailed _____, 18
Rate and Period, \$ _____, from _____, 18

Deductions: *Payable to _____*

Disability: *Mailed. Oct 28 1912*

Entered

Issued _____, 18
Mailed _____, 18
Rate and Period, \$ _____, from _____, 18

Deductions:

Disability:

Entered

INDORSEMENTS.

*Jan'y 9. 97. Atty. nice up
of back of right arm. All paid*
60030

See Ind. by 737514

32 231
24

DROPPED

Auditor and Pension Agent

MAR 29 1907

advised

190

Apr 22 11

*R. W. St. Office 120
W. W. St. 19. 22. 23 27*

MAR 29 1907