

INVALID. (Series _____)

Cert. No. 54331

Name, *Gerry H. Landon*

Rank, *Priv.*; Service, *Co C. 7th S. C. Inf.*

Agency. { *Original Roll: Washington*
Trans'd _____, 19 _____, to _____, 19 _____, to _____

*Issue. Class *Amc**
*Entered *Q 92**
*Fee, \$ *11.00**
Issued *May 15*, 19*03*
Mailed *" 27*, 19*03*
Rate and Period, \$ *40*, from *Mar 2*, 19*03*
Deductions: _____
Disability: *Loss of left hand*

Issue. Class _____
Entered _____
Fee, \$ _____
Issued _____, 19_____
Mailed _____, 19_____
Rate and Period, \$ _____, from _____, 19_____
Deductions: _____
Disability: _____

\$60 per month
Act May 1, 1920
Exp. _____ Rev. _____

*Issue. Class *Amc**
Entered _____
Fee, \$ _____
Issued *May 16, 1926*, 19_____
Mailed _____, 19_____
Rate and Period, \$ *65*, from *May 1926*, 19_____
Deductions: _____
Disability: *Loss of left hand*

Issue. Class _____
Entered _____
Fee, \$ _____
Issued _____, 19_____
Mailed _____, 19_____
Rate and Period, \$ _____, from _____, 19_____
MAR 1 1927
Increased by Act Feb. 11, 1927
to \$80 per mo. from that date
Deductions: *R.P.A.K.*
Disability: _____

INDORSEMENTS
you 3/03. First ad of issue
of May 15/03. 79. Cert. Room