

ARMY OF THE UNITED STATES.
CERTIFICATE
OF DISABILITY FOR DISCHARGE.



Private Perry H Sandon, of Captain *W. H. Noonan*
Company, (C) of the *7th Colored Troop* Regiment of the United States
was enlisted by *Col W Burney* of
the *7th Colored Troop* Regiment of *Kent M D*
on the *23rd* day of *September*, 186*3*, to serve *3* years; he was born
in *Kent* in the State of *Maryland*, is *Twenty one*
years of age, *5* feet *5* inches high, *Black* complexion, *Blue* eyes,
Curley hair, and by occupation when enlisted a *Farmer* During the last two
months said soldier has been unfit for duty *60* days.*

STATION:

DATE:

U.S. Gen. Hosp. Central Park N.Y.
April 21, 1865

Geo. F. Shady
W.A. Surgeon U.S.A.
Commanding *Company* *Hosp.*

I CERTIFY that I have carefully examined the said *Perry H Sandon*
of *Captain W. H. Noonan* Company, and find him incapable of performing the duties of a
soldier because of *Amputation of left forearm the*
result of a gunshot wound received in
action at Ft. Harris Sept. 29, 1864. He charged
at his own request. Degree of disability
total.

Geo. F. Shady
W.A. Surgeon U.S.A.
in charge

DISCHARGED, this

7th day of *May*, 186*5*, at *U.S. Gen. Hosp. Central Park N.Y.*

B. A. Clements
Surgeon U.S.A.
Commanding *the Regt.* *Hosp.*

The Soldier desires to be addressed at

Town *Chestertown* County *Maryland* State *Maryland*

* See Note 1 on the back of this. † See Note 2 on the back of this.