

INVALID. (Series _____)

Cert. No. 590184

Name, *James W. Jackson*

Rank, *Priv*; Service, *Co H, 19 U.S. Col.*

Inf

Original Roll: *Washington, DC*

Agency, *Transf'd*, 1, to _____

" " " 1, to _____

Issued _____

Mailed _____

Rate and Period, \$ *8*, from *July 1, 1904*

Deductions: _____

Disability: _____

Issued _____

Mailed _____

Rate and Period, \$ *10*, from *May 15, 1904*

Deductions: _____

Disability: _____

ACT JUNE 27, 1904

Issued *April 5, 1907*

Mailed _____

Rate and Period, \$ *12*, from *Feb'y, 14, 1907*

Deductions: *0*

Disability: *0*

Issued _____

Mailed _____

Rate and Period, \$ _____, from _____

Deductions: _____

Disability: _____

INDORSEMENTS.