

3-060.

Southern Div.

W.A.F. Ex'r.

Orig. No. *1204553*

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *March 15*, 189*8*

For use in the above-entitled claim for pension you are requested to furnish this Bureau with a full military and medical history of *Philip Scott*

who, it is alleged, enlisted _____, 18____, at _____

as a *private* in Co. *D*, *30* Reg't,

USC Vol Inf, and was discharged _____, 18____,

at *Frederick Hill, Baltimore, Md.*

It is also alleged that on or about _____, 18____, he was disabled

by *gun shot wound in left side of neck near Petersburg, Va.*

and was treated in hospitals as follows:

In hospital near Petersburg but does not remember the name.

Please give personal description, age at enlistment and name of name.

Very respectfully,

The Chief of the
RECORD AND PENSION OFFICE,
WAR DEPARTMENT.

H. Chapin

Commissioner.