

Dr. _____

Esq. _____

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

WASHINGTON, D. C., _____ 191

*The Adjutant-General,
War Department:*

For use in the claim indicated below, you are respectfully requested to furnish this Bureau a full military and medical history and personal description, including birthplace and occupation,

of _____

who, it is alleged, entered the service _____

at _____ in Co. _____

Regt. _____ and was discharged _____