

4384

ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

(To be used, in duplicate, in all cases of discharge on account of disability.)

John Clough Private of Captain *Wm. H. Tibbles*
 Company, (C.) of the *14th Pa. Cavalry* Regiment of United States
~~was enlisted by~~ *Wm. H. Tibbles* of
 the *4th* Regiment of *Penns. Cavalry* at *Camp Howe*
 on the *23rd* day of *October* 186*2*, to serve *3* years; he was born
 in *Amflin Co* in the State of *Pennsylvania* is *thirty one*
 years of age, *5* feet *6* inches high, *Dark* complexion, *Grey* eyes,
Black hair, and by occupation when enlisted a *Mason*. During the last two
 months said soldier has been unfit for duty *sixty days*. (Here consult directions on Form 13, p. 325, Medical Dept. Gen. Reg.)

This man has lost his voice and is entirely unfit for the service. He was afflicted & his disease existed before enlistment.

STATION: *Harpers Ferry Va*
 DATE: *March 20 1863*

W. H. Tibbles
Comd'g Commanding Company.

I CERTIFY, that I have carefully examined the said *John Clough (Private)* of
 Captain *Wm H Tibbles'* Company, and find him incapable of performing the duties of a soldier
 because of (Here consult par. 1200, p. 284 and directions on Form 13, p. 325, Med. Dept. Gen. Reg.) *Loss of voice result-*
ing from Chronic Bronchitis which existed prior
to enlistment - Has not performed any duty for
four months.

Wm B Wynne
14th Pa Cavalry Surgeon.

DISCHARGED, this *Eighth* day of *Eighth* 186*2*, at *Harpers*
Ferry Va *Wm H Tibbles*
 Commanding the Post.

NOTE 1.—When a probable case for pension, special care must be taken to state the degree of disability.
 NOTE 2.—The place where the soldier desires to be addressed may be here added.

Town— County— State—

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