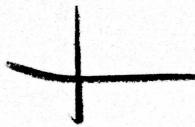


Copy from the War Office, Sept 1882

FORM 20.

FORM OF A MEDICAL CERTIFICATE.



Col. P. H. Jones, of the 154th Regiment
of New York Vol., having applied for a certificate
on which to ground an application for leave of absence, I do hereby
certify that I have carefully examined this officer, and find that
he is suffering from a Gun shot wound
of right hip received in action May
2nd 1863 at Chancellorsville Va.

And that, in consequence thereof, he is, in my opinion, unfit for duty.
I further declare my belief that he will not be able to resume his
duties in a less period than thirt (30) days without risk
of permanent disability.

Dated at Washington D. C. this 19th day of
May, 1863.

Wm. Moss.

Surgeon, U. S. A.