

ARMY OF THE UNITED STATES.
CERTIFICATE
OF DISABILITY FOR DISCHARGE.



Pr. Chester D Strickland of Captain *Hodgkiss*
 Company, (*K*) of the *154* *ny* Regiment of United States
Volunteers was enlisted by _____ of
 the _____ Regiment of _____ at *Perryburg*
 on the *20th* day of *August* 186*2*, to serve *3* years; he was born
 in *Perryburg* in the State of *New York* is *45*
 years of age, *5* feet *10* inches high *Fair* complexion, *Grey* eyes,
Brown hair, and by occupation when enlisted a *Farmer* During the last two
 months said soldier has been unfit for duty _____ days.*

STATION: *Convalescent Camp Va*
 DATE: *Oct 20 1863* *R. P. Crawford*
Capt. & Co.
 Commanding Company.

I CERTIFY that I have carefully examined the said *Pr. Chester D Strickland* of
 Captain *Hodgkiss* Company, and find him incapable of performing the duties of a soldier
 because of *Chronic Diarrhoea of long standing*
Contracted since enlistment Degree of Disability
one half (1/2) unfit for Infantry corps
Simpson B. Hunt
 Surgeon.

DISCHARGED, this *thirty first* day of *October* 186*3*, at *Convalescent*
Camp Va *Samuel M. Wesley*
Lieut. & Co.
 Commanding the Reg^t Camp

The soldier desires to be addressed at
 Town *Dayton* County *Cattaraugus* State *N.Y.*

* See Note 1 on the back of this. * See Note 2 on the back of this.
 [A. G. O. No. 100 & 101—First.] (DUPLICATES.)