

ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

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

Jacob Wimmer Private of Captain *H. Huyboom*
 Company, (K) of the *154th* Regiment of United States
 Infantry was enlisted by *R. S. Blackman* Recruiting Officer
 the *15th* day of *September* 1862, to serve *3* years; he was born
 in *Canada* in the State of *—* is *Thirty three*
 years of age, *6* feet *—* inches high, *Dark* complexion, *Black* eyes,
Black hair, and by occupation when enlisted a *Farmer*. During the last two
 months said soldier has been unfit for duty *60* days. *(Here consult directions on Form 13, p. 325, Medical Dept. Gen. Reg.)*

*Cause of disability is @ strain of the Diaphragm and stomach which
 caused some parts of the Diaphragm to give way and rendering the stomach
 very weak and languid, so that the smallest quantity of food will cause
 great pain. Said difficulty was caused by stepping the toe deep into
 while on South Street down hill in the night on or about the
 fifth of October at Camp Seward 1862*

STATION: *Camp near Fairfax 18th Div, Wm F. Chapman Comd'g*
 DATE: *December 7th 1862* *Captain Chapman* Commanding Company.

I CERTIFY, that I have carefully examined the said *Jacob Wimmer* of
 Captain *H. Huyboom's* Company, and find him incapable of performing the duties of a soldier
 because of *(Here consult par. 1260, p. 284 and directions on Form 13, p. 325, Med. Dept. Gen. Reg.)* *A strain received
 at camp Seward on or about the time above mentioned
 and believe his difficulty to be as above stated
 which is affecting his health very much and
 in my opinion renders him permanently unfit for
 service in the Army. I have done all that my means
 will allow of without benefiting him for the best of days* *Acting Surgeon.*

DISCHARGED, this *7th* day of *December* 1862, at *Camp near Fairfax*
P. H. Jones Col. *154th U.S. Inf.* 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—

[A. G. O. Nos. 100 & 101.]

(DUPLICATES.)

ARMY OF THE UNITED STATES

CERTIFICATE OF DISABILITY FOR DISCHARGE

to be used in application for discharge on account of disability

of the () of the Company () of the Regiment of the Infantry of the United States

CERTIFICATE OF DISABILITY FOR DISCHARGE

In the case of

Joseph W. Wainwright

13779 Regt of N.Y. Mills

Approved by G. R. ...

Approved by ...

Approved by ...

Approved by ...

Approved by ...

Approved by ...

Received (A. O. Office)

1865