	THE NATIONAL ARCHIVES
	SOLDIER'S CERTIFICATE
	1 No. 45733
VETERAN	Heram Tripp
	RANK Private
SERVICE CO.	9.54" Map. vol
CAN No. 64	BUNDLE NO.



ACT OF JULY 14, 1862.

WAR OF 1861.

Vol. 3, page Abrano Tripp Graf Barrington Berteshire Eg muls Private 60 9, 54, mas. Val Discharged June 3, 1865.

Id. July 13/65 at 84 or per sue

R. B.C. COL

Joseph de Banett

Commissioner.

Received, Luce 16., 1865. Elaner Reed 1 das.len Attorney.

er. 45773

hachusetts Private Company Regiment 54" Maps webs Bustin Agency. Rate per month, \$ 1. Sommencing Anne 3, 1865 Certificate dated Anly 17, 1865
and sent to Shas Reed Boston Maps Act of 14 July, 1862. Book & Wel & Prace 111

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OF THE UNITED STATE FOR DISCHARGE. rovale , of Captain /le Offileton Company, (S.) of the Tiff Fourth Regiment of the United States
Mass. US was enlisted by 6. Wriff of the Regiment of at Bosten Mass on the 19 day of hevereber, , 1863, to serve Three years; he was born in Now beine in the State of Horth Cardena, is 21 years of age, 5 feet 3 inches high, Carlo complexion, Cach eyes, Mach hair, and by occupation when enlisted a Marine During the last two months said soldier has been unfit for duty 60 days. He has new dene any hy dut med but was bothe denir fexe Commanding Company I CERTIFY, that I have carefully examined the said Abram Infap, multiof Captain J. L. Appleton's Company, and find him incapable of performing the duties of a soldier because of Lebility. This man suffered from Troughtes all last Winter, and Chronic Dysentery all the previous Was somet at enlistment but was broken clown by excessive fatigue duty on Morris Island. Aft case for pension Disas unfit for Yet. Reserve Corps, Chatles E. Origgs Surgeon. 64 the Mins. Vols. Verge!

The Soldier desires to be addressed at

Town & Barungler County

State Maseachuell

"See Note 1 on the back of this. | t See Note 2 on the back of this.

[A. G. O. No. 100 & 101-First.]

[DUPLIÇATES.]

NOTE 1.

The company commander will here add a statement of all the facis known to him concerning the disease or wound, or cause of disability of the soldier; the time, place, manner, and all the circumstances under which the injury occurred, or disease originated or appeared; the duty, or service, or situation of the soldier at the time the injury was received or disease contracted, stating particularly whether the injury was received or the disease contracted in the line of his duty; and whatever other facts may aid a judgment as to the cause, immediate or remote, of the disability, and the circumstances attending it.

When the facts are not known to the company commander, the certificate of any officer, or affidavit of other person having such knowledge, will be appended—as the surgeon in charge of a hospital, the officer commanding a detachment of recruits, &c., &c.

Note 2.

When a probable case for pension, special care must be taken to state the degree of disability-as 1, 1, &c., &c.; to describe particularly the disability, wound, or disease the extent of which it deprives him of the use of any limb or faculty, or affects his health, strength, activity, constitution, or capacity to labor or earn his subsistence. The surgeon will add, from his knowledge of the facts and circumstances, and from the evidence in the case, his professional opinion of the cause or origin of the disability. In the case of discharges by Medical Inspectors, the last paragraph will state that the "discharge was given by consent of the soldier, after a personal examination, and for disability, the nature, degree, and origin of which are correctly described in the within certificate."

Par. 1260 Regulations, Edit. 1861.

Medical officers, in giving certificates of disability, are to take particular care in all cases that have not been under their charge; and especially in epilepsy, convulsions, chronic rheumatism, deraugement of the urinary organs, oplithalmia, ulcers, or any obscure disease liable to be feigned or purposely produced; and in no case shall such certificate be given until after afficient time and examination to detect any attempt at deception.

DIRECTIONS.

This certificate will be made out in duplicate by the soldier's company commander, or other officer commanding the separate detachment to which he belongs, and sent by him to the surgeon who has charge of the hospital where the soldier is sick The surgeon will then fill out and sign the surgeon's certificate, and forward these papers to the regimental, detachment, or post commander, who will forward them, with his action endorsed thereon, through the proper channel, to his division commander; or, if the troops are not attached to a division, to his corps, department, or other commander or officer to whom the authority to discharge enlisted men may be specially delegated.

These certificates, after having received the action of the highest authority to which they are required to be sent, will be returned through the same channel to the regimental, post, or detachment commander, who will, if the discharge is authorized by the endorsement of the proper authority, sign the soldier's discharge, and the last certificate on this paper; see that the soldier is furnished with the proper final statements in duplicate, and forward BOTH of these

Duplicate for Pension Office.

bro the hands of the foldige

CERTIFICATE OF DISABILITY FOR DISCHARGE

IN THE CASE OF



HEADQUARTERS, Dept. of the South, HILTON HEAD, S. C., May 30, 1865.

"To be Discharged,"

By reason of Physical Disability

BY COMMAND OF MAJ.-GEN. Q. A. GILLMORE,

Capt. 35ta U. S. C. T., Act. Asst. Adjt. General.

Received (A. G.

· OFFICE OF THE MEDICAL DIRECTOR,

Department of the South.

HILTON HEAD, S. C., May 27, 1865.

APPROVED

LIEUT. COL. AND MEDICAL DIRECTOR.

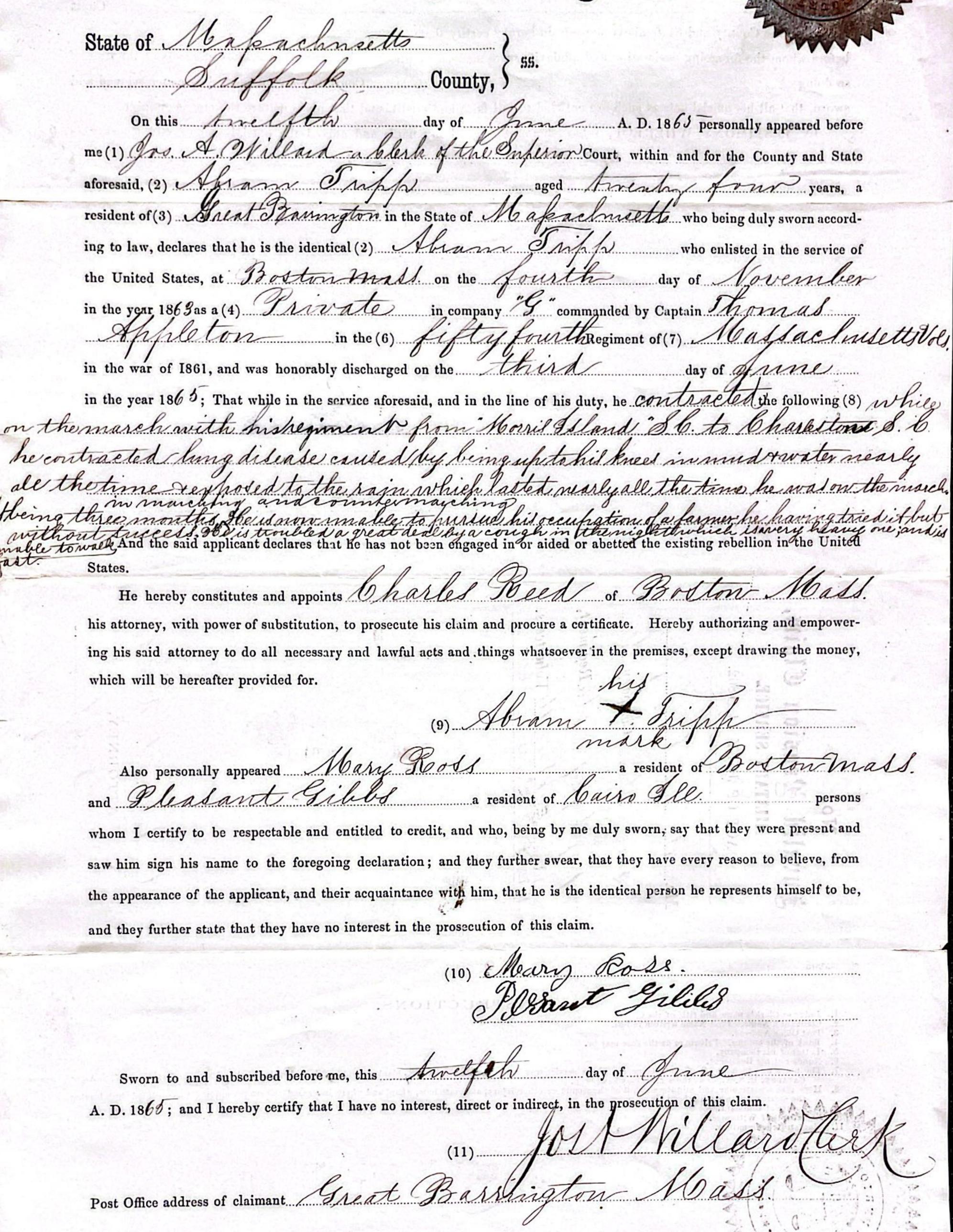
Department of the South

Gramining Surgeon's Certificate.

	Jame 12, 1865.
	Thereby Certify, That I have carefully examined
Applicant's service.	Abram Sipp late a Private in Co. 54 Hegy Mass Vols
	in the service of the United States, who was discharged at Andrews Parish, on the 3d day of Tune,
	1265
	1800, and is an applicant for an invalid pension, by reason of
	1862, and is an applicant for an invalid pension, by reason of alleged disability resulting from Disease of Heart of Mark of my opinion the said Abram Sipp
	In my opinion the said Mann Supp
Degree of disability.	is Me half incapacitated for obtaining his subsistence by
	manual labor from the cause above stated
	Judging from his present condition, and from the evidence
Orlgin.	before me, it is my belief that the said disability - CN-as Caused
	in the service aforesaid in the line of duty
Probable duration.	The disability is furmanent.
	A more particular description of the applicant's condition
Active 2s	is subjoined:
Particular description.	the has highestrophy of the heart. The fullsations being lond fast & strong. Count exercise which mishail pain in heart and is thenty incapacitated for
	the pulsations being lond fail & Thous.
	Count exercise much michael bain Cin
	heast and is therety incapacitated for
	hard work.
	1000
	heast and is therety in capacitated for hard work. J. J. Sprague MD Examining Surgeon. Batton Mass
	Examining Surgeon.
	Boston, Mass,

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Claim kor Anvalid Pension.



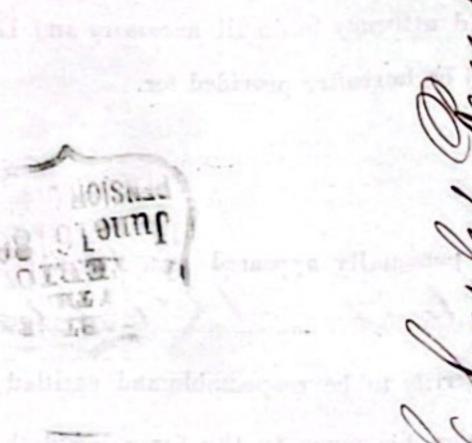
State of	County, } 55.	
I,		Court
in and for the County and State above	named, do hereby certify that	
before whom the foregoing declaration	and affidavits were made, and who has thereunto signed his name, w	vas at the time of
so doing	Court as above named, duly c	commissioned and
sworn, that all his official acts as such	are entitled to full faith and credit, and that his signature thereto is	s genuine.
IN TESTIMONY WHEREOF,	, I have hereunto signed my name and affixed the official seal of	said Court, this
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		and the same of th

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Regiment, olunteers. Anvalid Pension Claim 1862. MILITARY SERVICE. 14, ACT OF JULY

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INSTRUCTIONS.

- Judge or Clerk's name and title of the Court. Claimant's Name. First Name written in full.
- Post Office Address.
- Rank of the Soldier. Private or as the case may be.
 Letter of his Company.
 Number of his Regiment.
- 7. The State to which the Regiment belonged. If the service was in the Regular army, this blank should be filled with the word and letters, INFANTRY U. S. A., or as the service may have been.

 8. Here give a particular and minute account of the wound or other injury, and state how, when, and where it occured; where the applicant has resided since leaving the service, and what has been his occupation.
- 9. Signature of Claimant.
- Signatures of Witnesses.
 Magistrate's Signature.

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WAR OF 1861. ACT JULY 14, 1862. Brief in case of Abrain Tripp a private of Company ", 54 Regiment May vol Enlisted Nov 14th, 1863, Dischurged June 3 CLAIM FOR AN INVALID PENSION. Declaration and Identification in due Form. PROOF EXHIBITED. Coft Thomas L. appleton 54 Was vol says He has not down any duty line march 1865 Has always per formed his duty well but was broke down by Expressive fatigue workon Missis Islaland 8. Chat. E. Prings Surge in 54 map over In The Cultificate of disability for his discharge Days Dobitity. This war Suffered from Brinchitis was lived at Enlistement but was broken down by Excusive fatign He has hypothophy of the heart the pulsation being loud fast + Strong. Coursel Exercise much without pain in heart risthing encapacitated for hard work Degree of disability one half Aprile Ramietin regime Admitted fully 13 1865, to a Pension of & 2100 per month, commencing enere deblig following Boston map R.B. Crippen Name and Residence of Agen!

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