

ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

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

Charles Reitzenstein, of Captain *Bernard Schwartz's* Company, (*H.*) of the *Sixth* Regiment of United States, was enlisted by Captain *Bernard Schwartz*, of the *Sixth* Regiment of *N.Y.S.M.*, at *City of New York*, on the *nineteenth* day of *April*, 1861, to serve *three months*; he was born in *Germany* in the State of *Prussia*, is *thirty* years of age, *five* feet *four and a half* inches high, *fair* complexion, *grey* eyes, *black* hair, and by occupation when enlisted a *Seagr Maker*. During the last two months said soldier has been unfit for duty *days*. (Here consult directions on Form 12, p. 269, Medical Dept. Gen. Reg.)

STATION:

Fort Madison Maryland.

DATE:

May 25/61

Bernard Schwartz
Capt. Commanding Company.

I CERTIFY, that I have carefully examined the said *Charles Reitzenstein* of Captain *Schwartz's* Company, and find him incapable of performing the duties of a soldier because of *Rheumatism*. (Here consult par. 1131, p. 215, and directions on Form 12, p. 269, Med. Dept. Gen. Reg.)

Disability now
Permanent
Surgeon.

DISCHARGED this

Twenty fifth day of *May*, 1861, at *Annapolis*
J. C. Churchill Col 6 Reg
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—