

ARMY OF THE UNITED STATES.



CERTIFICATE OF DISABILITY FOR DISCHARGE.

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

Sgt. **Joseph Pleasmyer** of Captain
 Company, [9], of the 25th Missouri Regiment of United States
 was enlisted by *C. B. Proomer* of
 the *Vol.* Regiment of _____ at *Mo & Iowa*
 on the *30th* day of *September* 1861, to serve *3* years; he was born
 in *Matphalia* in the State of *Prussia*, is *27*
 years of age, *5* feet *11* inches high, *light* complexion, *light* eyes,
light hair, and by occupation when enlisted a *Barber*. During the last two
 months said soldier has been unfit for duty *60* days Here consult directions on Form 12, p. 29, Medical Dep. Gen. Reg.

STATION:

DATE:

Commanding Company.

I CERTIFY, that I have carefully examined the said *Joseph Pleasmyer* of
 Captain _____ Company, and find him incapable of performing the duties of a soldier because of
Here consult par. 1131, p. 210 and directions on Form 12, p. 30, Medical Dep. Gen. Reg.

Pericarditis, Valvular disease of Heart, with general debility from Chronic diarrhoea. Says he has done no duty since Sept. 6th 1862. Has been in this Hosp. since 28th of Nov 1862. Genl. Hosp. Buff. N.Y. No. Dec. 9th 1862

DISCHARGED this *16th* day of *December* 1862 at *Saint Louis*

Henry Alvestedt
Cloud Commanding the Post. *No.*

NOTE 1.—When a probability exists 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—

[DUPLICATES.]