

Tallahassee Fla. U. S. Army <sup>Post</sup> General Hospital,

October 23<sup>rd</sup>, 1865.

Commanding Officer, K Company,

2<sup>d</sup> Regiment U. S. Col. Inftry.

I have to inform you  
that Charles Tharaton of your Company died in this  
Hospital on febris intermitens congestiva of

I enclose his Descriptive List, with Pay and Clothing Account,  
and Inventory of his effects.

Very respectfully, yours, &c.,

H. C. Heberich

Surgeon U. S. Col. Inftry

In charge of General Hospital

Inventory of the effects of *Charles Tharnton*  
 Company *K*, *2<sup>d</sup>* Regiment *U. S. Col. Inftry.*  
 who died in the *U. S. Army* *Part* *General Hospital* at  
*Tallahassee Fla. October 23<sup>rd</sup>, 1865.*

CAPS .....		BLANKETS .....	
DRESS COATS .....		KNAPSACKS .....	
OVERCOATS .....	<i>1</i>	CANTEENS .....	
JACKETS .....		HAVERSACKS .....	
TROUSERS .....		MUSKETS .....	
SHIRTS .....		BAYONETS .....	
DRAWERS .....		CARTRIDGE BOX .....	
BOOTS, pairs .....		BELT .....	
SHOES, pairs .....	<i>1</i>	MONEY .....	
STOCKINGS .....			

INVENTORY

OF THE EFFECTS OF

*Charles Tharnton*

Late of Company *K*, *2<sup>d</sup>* Regiment

*U. S. Col. Inftry.*, who died

at *Tallahassee Fla.* *Part* *General*

Hospital *October 23<sup>rd</sup>*,

1865.

RECORD OF DEATH AND INTERMENT.

Name and number of person interred.	<i>Charles Thornton</i>	<i>N<sup>o</sup> 11</i>
Number and locality of the grave . . .	<i>N<sup>o</sup> 11 Presbyterian Cemetery</i>	
Hospital number of the deceased . . .	<i>N<sup>o</sup> 238</i>	
Regiment, rank, and company . . .	<i>Private Co. K, 2<sup>d</sup> U. S. Cal. Inftry.</i>	
Residence before enlistment . . .	<i>Jefferson Co. Virginia</i>	
Conjugal condition, (and if married, } the residence of the widow). . . }	<i>single</i>	
Cause of death . . . . . }	<i>febris intermitens congestiva</i>	
Age of the deceased . . . . . }	<i>24 years</i>	
Nativity . . . . . }	<i>American</i>	
References and remarks . . . . . }		
Date of death and burial . . . . .	<i>October 23<sup>rd</sup> &amp; 24<sup>th</sup></i>	<i>1865</i>

[A duplicate of this Record has been forwarded to the Sexton, and another remains at this Hospital.]

To

*Commanding Officer Co. K, 2<sup>d</sup> U. S. Cal. Inftry.*

SIR:

It becomes my duty to inform you that the person above described died at this Hospital as herein stated; and that it is desired his remains should be interred with the usual military honors.

Respectfully,

*H. E. Huberich* Surgeon *99th U. S. C.*  
Surgeon U. S. Army.

MILITARY HOSPITAL,

*Tallahassee Fla. in charge*

This copy of Record is to be transmitted to the Adjutant General at Washington immediately after the place of burial and the number of the grave have been ascertained and registered. The above notification is to remain attached.

COPY OF RECORD

RECORD OF DISEASE AND TREATMENT

FOR THE

ADJUTANT GENERAL U. S. ARMY.

Name and number of person treated  
Number and locality of the case  
Hospital number of the case  
Regiment, rank and company  
Hospital history  
General condition and a brief  
the residence of the patient  
Cause of death

Age of the deceased

Native

References and remarks

Date of death and burial

[A duplicate of this record has been forwarded to the State and number residing in the Hospital.]

To

SIR:

It is my duty to inform you that the person above described died at this Hospital on the

date; and that his name should be inserted with the usual military honors.

Respectfully,

Surgeon U. S. Army

Military Hospital

This copy of record is for the use of the Adjutant General and is not to be used for any other purpose. It is to be retained in the file of the patient and the number of the case is to be retained in the file of the hospital.

VOLUNTEER DESCRIPTIVE LIST and Account of Pay and Clothing of *Charles Chandon, private Co H 2nd U.S.C.*

No.	NAMES	RANK	DESCRIPTION				WHERE BORN		OCCUPATION	ENROLLED OR ENLISTED			MUSTERED IN			LAST PAID		BOUNTY	CLOTHING ACCOUNT	
			Years of	Eyes	Hair	Complexion	State or Kingdom	Town or county		When	Where	By whom	When	Where	By whom	By paymaster	To what time		Date of last settlement	Total money value of clothing drawn since last settlement
1	Charles Chandon	Priv	24	Blu	Blk	Blk	5	10	Virginia Jefferson	Laborer	Substitute for Wm. Dickson	Sept 12	Washington	Co. H 2nd U.S.C.	3 years	May 28/64	Oct 28/64		Aug 31st 61 \$89.91	

REMARKS.

The soldier owes the United States \$24.43 for clothing  
 \$10.35 for Ordnance  
 " " 1 Knapsack \$3.10 1 Canteen 65.

The soldier has never received any bounty

NOTES.

- The amount of any arrears of pay for which the soldier may be entitled to be paid shall be stated in this list, and also the time he has served for which he is entitled to be paid.
- In the column headed "Description" must be entered the volunteer's name and rank, and the date of his enlistment, and also the date of his discharge, and the date of his settlement.
- In the column headed "Where Born" must be entered the name of the State or Kingdom, and the name of the Town or County.
- In the column headed "Occupation" must be entered the name of the occupation.
- In the column headed "Enrolled or Enlisted" must be entered the date, the place, and the name of the person by whom the soldier was enrolled or enlisted.
- In the column headed "Mustered In" must be entered the date, the place, and the name of the person by whom the soldier was mustered in.
- In the column headed "Last Paid" must be entered the date, the place, and the name of the person by whom the soldier was last paid.
- In the column headed "Bounty" must be entered the amount of the bounty.
- In the column headed "Clothing Account" must be entered the total money value of the clothing drawn since the last settlement.

I CERTIFY that the above is a correct transcript from the Records of Co H 2nd U.S.C.

STATION: *Pallabhusan*  
 DATE: *Dec 23 1865*

*E. R. Moon*  
*Capt 2nd U.S.C.*

Commanding the Company.