

Pennsylvania Volunteers.

NAME Whom.	Term of Service	Residence.	REMARKS.
back	1 yr		Must out with Co Aug 29 th 1865.
"	"	" " " " " "	"
"	"	" " " " " "	"
"	"	" " " " " "	"
"	"	" " " " " "	"
"	"	" " " " " "	"
back	1 yr		Deserted July 7 th 1865.
back	1 yr		Must out with Co Aug 29 th 1865.
"	"	" " " " " "	"
"	"		Died at Brigade Hospital Gettysburg Md Aug 6 th 1865.
ame	1 yr		
rehead	3 yr		
pod	"		
back	1 yr		
ave	3 yr		
to	"		
ains	1 yr		
acted	3 yr		
iam	1 yr		
to	3 yr		
engon	"		
led	3 yr		
ashed	"		
ngon	"		
fton	3 yr		
back	1 yr		
mont	"		
kan	"		
back	"		