1890 Veterans Schedule

State: _____

County: _____

City, township: _____

Call Number/URL: _____

Enumeration District: _____

Sheet Number: _____

Enumeration Date: _____

Line number	House no.	Family no.	Names of surviving Soldiers, Sailors, Marines, and widows	Rank	Company	Name of regiment or vessel	Date of Enlistment			Date of Discharge			Length of service			Post office address	Disability incurred
							Day	Month	Year	Day	Month	Year	Years	Months	Days		
	1	2	3	4	5	6	7			8			9			10	11

NOTES: