

Certificate of Discharge from Hospital

From Hospital No. 37 At Waukesha, Wis

_____ May 1, 1924. _____, 192

This is to Certify, That _____ Ottenfeld _____ Max
(Surname) 18 Inf. 1st Div (First) _____ (Middle)

Class of beneficiary: USVB _____ Pvt. Hdqrs. Co. 411 995 1705
(Military Rank) (C-Number) (Register No.)

Was discharged from this hospital _____ May 1, 1924. _____, 192

Reason for discharge:

Treatment completed: _____ Yes _____ No _____

Left against advice of Medical Officer in Charge: _____ Yes _____ No _____

Discharged for disciplinary reasons: _____ Yes _____ No _____

Condition on discharge: Maximum improvement from hospitalization at present time

Date of admission to hospital: _____ Dec. 27, 1923 _____

DESCRIPTION	
Nativity	<u>Illinois</u>
Date of birth	<u>10-3-99</u> Age <u>24</u>
Color	<u>White</u>
Complexion	<u>Fair</u>
Height	<u>5' 7 1/2"</u>
Eyes	<u>Brown</u>
Hair	<u>Light brown</u>

REMARKS: _____

Max Ottenfeld

(Signature of Patient)

Paul A. Hatton

Registrar

Registrar