





3-111g.

# SURGEON'S CERTIFICATE.

For use when additional space is needed to complete or amend report of examination.

Insert character and number of claim.

Name of claimant.

*The* Pension Claim No. *784400*  
*John J. West*  
 [Name of Company] *21, Reg't 6th Reg't*  
*of the 6th Reg't Inf.* [Date of Examination.] *14th June, 189*

### EXAMINATION—Continued.

There are no bile tumors estimated and as much the same without that we are made to examine with specimen in finger was distended by the same quantity of blood as blood given freely, the disease of which appears of intolerance of heat and much had cold and bilious, there is tenderness along the canal region, and he is considered to be in good health the one of points touching him, the also complaining that his sleeping is unrefreshed for one stroke of 1/18. The remedy for rheumatism can find relief on full term in the form of pills there is no enlargement of joints and no impairment of motion except as mentioned in each of the above for the rheumatism 1/18. Cold water, two therm - Specif 7, 1030. Cold water, two Albion - Specif 7, a slight trace of sugar claimant passes large quantities of urine must get up 2 or 3 times nightly. These are the other remarks to record.

*B. S. Shepherd*, Pres. *John B. Baskin*, Sec'y. *W. P. Proffitt*, Treas.

## SURGEON'S CERTIFICATE.

Insert character and number of claim.  
Name of claimant.  
Claimant's post-office address.  
Cause of disability.

Success Pension Claim No. 784,400  
Name of claimant John S. Hart Address of Board { Defiance P. O.  
Company D, 21 Reg't Q 158 [Ink.] Ohio State.  
Steubenville, Ohio [Date of examination.] Jan 2, 1901  
injury to right arm and ankle basis of right elbow, lumbago, neuralgia, any other disability found,

He receives a pension of Five dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disabilities and the manner in which they affect him.

He makes the following statement upon which he bases his claim for Success [Original, increase, restoration, etc.] fact some parts of body. Disrupted and resulting in tolerance of heat 3 years in head received during army service. Similar contractor.

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 72 76 104, respiration, 18 20 24, temperature, 98.2,  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]  
height, 5 feet 10 inches; actual weight, 204 pounds; age, 58 years.  
relax. No kyphosis or dilatation. No oedema; cyanosis, or dyspnoea. Percussion of lungs negative. Small rounded loud resonant in quality; no heard in all portions of both lungs.

Rheumatism of lumbago:—Muscles large and soft. No swelling or deformity. Tendons firm. Shunt and hip joints stiff, tender, crack; knees limited to motion to one third, and hips to right angle with body. Stiffness and tenderness of all other joints, but no limitations of motion. Slight atrophy of gluteal muscles. Tenderness over lumbar muscles; Pains in stooping and sitting.

Spine:—Spine light yellow, clear. Acid reaction. Sp. gr. 1028. No albumen or sugar. No urethral structure. No other evidences of urinary disease.

Neuralgia, Disrupted, intolerance of heat, Pains in head:—No evidences of disease of eyes, except that due to age. No tender spots on back, face, or cervical spine. No evidences of paralysis of motion or sensation. Plain neuralgic pains shift from one part of body to the other. No other disabilities found. No evidences of intimate habits.

We find that the aggregated permanent disability for earning a support by manual labor is due to injury to Right Arm, Ankylosis of Right Elbow, Chronic Rheumatoid, Spine of Cervical, Rheumatism, and Lumbago, and warrants a rate of \$ 10 per month.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Each disability must be rated separately, the act of Congress of March 2, 1884, requiring that the report of such examiners shall specify the nature of the disability which, in their judgment, the applicant is entitled to.

The actual or probable origin of every existing disability must be fully set forth.

Whenever disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Here give a full description of the disabilities in accordance with Book of Instructions.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6-59

D. W. Whitman, Pres. W. E. Lindemann, T. G. Haacker, Treas.

SURGEON'S CERTIFICATE.

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Cause of disability.

Pension Claim No. 784,400

Shrewase  
John S. Shack  
Company D. 21 Reg't U. S. I.  
[Rank.]  
Stepperville, Jefferson Co, Ark

Address of Board }  
Shrewase P. O.  
Ark State.

[Date of examination.]  
Jan 2, 1901

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin of his disability and the manner in which they affect him.

He makes the following statement upon which he bases his claim for Shrewase [Original increase, restoration, etc.]  
Right arm was injured Feb. 14, 1884, (Chronic) dislocation disease of vertebrae and liver contracted during service in army. Neuralgia, rheumatism, and lumbago since 1890. Neuralgia of rheumatic pains at same time; of

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, which should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 72 76 104, respiration, 18 20 24, temperature, 98.2,  
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]  
height, 5 feet 10 inches; actual weight, 204 pounds; age, 58 years.

Here give a full description of the disability, in accordance with Book of Instructions.

Chronic Dislocation, Disunion of Vertebrae & Liver! -  
Applicant fairly well nourished. Complications of this  
nature, tongue broad, coated at base, Molar teeth re-  
covered, remainder decayed. Epigastricium & Abdomen  
full, tympanitic, & tender over pulmonary, & hepatic  
dulness nipple line, upper border at 5" rib, extend-  
ing 1 1/2 in below floating ribs. Spleen not enlarged.  
External appearance of vertebrae dusky red. Cervical  
tumor on left aspect 3/4 in in diameter, & one on right  
aspect 1/2 in in diameter, sternorhoidals vessels en-  
larged. Costal membrane thickened & mottled. No  
clipping or ulceration No fissure fistula, or prolapsus.  
Clipping to Right Arm & Only basis of Elbow: - No ap-  
parent deformity of elbow joint. External & internal  
processes of olecranon process in proper relations, one to the  
other. Fore arm can be rotated, but not extended be-  
hind right angle with arm; can be flexed, mid-way  
between right angle and complete flexion. There is an  
irregular scar 1 1/2 by 1 in in size, 2 in. above condyle of  
humerus; depressed, & adjoined to muscle beneath;  
not tender on palpation. Thumbs soft, no calcification,  
at rest: - Cubit measured at rest 29 in.; extension 37 1/2  
in; in full & symmetrical; well covered with ad-  
ipose. Impulse not evident on inspection. Car palpa-  
tion apex impulse limited to inter spaces & Goltsas  
mere tumor. Apex point in 5 inter spaces, 1 in inter-  
vals to nipple line. Cardiac dulness reaches from 8°  
interspaces to 1 in. internal to nipple. Lungs in 4" inter-  
spaces, on to right of sternum. First sounds dull & low-  
lunged, with normal intensity. No accentuation of a-  
ortic or pulmonary sounds. No murmurs. Aortic reg-

Each disability must be rated separately, the act of Congress of March 2, 1893, requiring "that the report of such examining surgeons shall specifically state the rating which in their judgment the applicant is entitled to."

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Dr. Wm. W. H. Shackleton, Pres. H. C. Finckelmann, Sec'y. J. G. Shackleton, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (3-111 g) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.



*Reiners*

**ACT OF MAY 11, 1912.**  
as amended Act March 4-1913,

Cert. No. 1814, 1100

*John P. ...*

Claimant, *John S. Clark* (Start)

P. O., *Smulder*

County, *Madison*

State, *Idaho*

Rank, *Corporal*

Service, *Co. 1st Idaho Inf.*

Rate, \$ *25.* per month, commencing *June 12-1912,*  
*\$30. commencing June 4, 1917.*

*No* ATTORNEY OR STATE REPRESENTATIVE  
(Order April 25, 1907.)

Name, _____	Fee, \$ _____	Approved for _____
P. O., _____	Articles filed _____	\$ <i>40</i> from _____
		from _____
		Act of June 10, 1902
		Agent to pay.
		Rev. _____
		JUN 19 1912

APPROVAL

Submitted for *Adm.*, *March 17, 1913,* *John E. Kennedy* Examiner.

Approved for *Admission* Rate \$ *25* per month; age *72* years.

*Reserve from Act February 6-1907,*

Length of pensionable service: \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days. *Date of birth June 4-1842,*

Deductions in service from any cause: *None* years, \_\_\_\_\_ months, \_\_\_\_\_ days.

on account of \_\_\_\_\_

*April 19, 1913* *W. G. Brantley* *April 25, 1913* *Paul White*  
*Legal Reviewer.* *Re-Reviewer.*

Enlisted *August 26*, 18*61*; honorably discharged *June 13*, 18*65*.

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Enlisted \_\_\_\_\_, 18 \_\_\_\_\_; honorably discharged \_\_\_\_\_, 18 \_\_\_\_\_

Length of pensionable service: \_\_\_\_\_ years, \_\_\_\_\_ months, \_\_\_\_\_ days.

Pensioned at \$ *12.00* per month, under *Rev of February 6, 1907.*

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed *June 12*, 1912

Age shown by evidence *40* years; date of birth alleged *June 4*, 18*42*

Claimant does \_\_\_\_\_ write.

ACT OF MAY 11, 1912.

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Colorado  
County of Morgan } ss.

On this 10th day of June, A. D. one thousand nine hundred and twelve, personally appeared before me, a Notary Public within and for the county and State aforesaid, John S. Hart, who, being duly sworn according to law, declares that he is 70 years of age, and a resident of Engden county of Colorado; and that he is the identical person who was ENROLLED at Willapa, Wash under the name of John S. Hart or about 1861 on the 1st day of August, 1861, as a Private, in Company D, 21st Regiment Ohio Vol. Inf. (Here state rank and company and regiment in the Army; or vessels, if in the Navy.)

Civil war, and was HONORABLY DISCHARGED in the service of the United States, in the (State name of war, Civil or Mexican.) at Camp Chase, Ohio, on the 13th day of June, 1865.  
That he also served \_\_\_\_\_  
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 9 inches; complexion, light; color of eyes, Blue; color of hair, light brown; that his occupation was farmer; that he was born June 4th, 1842.  
near Dundora, Ohio

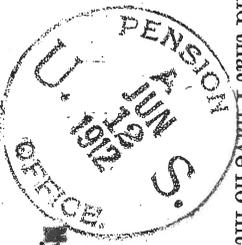
That his several places of residence since leaving the service have been as follows: Panthers, Ohio 1865-1891 - Richville, Ohio-1891-1895 - Auburn, Ind 1895-1898 - Richville Ohio 1898-5/1910 - Engden Colo. 1910-to present time  
(State date of each change as nearly as possible.)

That he is a pensioner under certificate No. 784400  
That he has \_\_\_\_\_ applied for pension under original No. \_\_\_\_\_  
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Engden, county of Morgan, State of Colorado  
Attest: (1) Willa Stahlkamp,  
(2) John S. Hart,  
(Notary's signature in full.)

Subscribed and sworn to before me this 10th day of June, A. D., 1912,  
and I hereby certify that the contents of the above declaration, etc., were fully  
S. A. Gable known and explained to the applicant before swearing, including the  
Chief of Law Division,  
, added;  
, erased,

I, s. per and the words \_\_\_\_\_, and that I have no interest, direct or indirect, in the prosecution of this claim.



John S. Hart  
(Signature)  
Notary Public  
Commission Expires March 21, 1916 (Official character.)

# DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Ohio }  
County of DeFrance } ss.

On this 18 day of February, A. D. one thousand nine hundred and six personally appeared before me, a Notary Public within and for the county and State aforesaid, John J Hart who, being duly sworn according to law, declares that he is 64 years of age, and a resident of Stickerville county of DeFrance State of Ohio; and that he is the identical person who was ENROLLED at Gilboa Ohio under the name of

as a Private, in C. D. 213 1st Regt Ohio Inf 1st Bat on the 26 day of August, 1861, (Here state rank and company and regiment in the Army, or vessels if in the Navy.)

in the service of the United States, in the Civil war, and was HONORABLY DISCHARGED at Chattanooga Tenn (State name of war, Civil or Mexican,) on the 31 day of December, 1863 That he also served in C D 21 1st Regt Ohio Inf 1st Bat during re-enlistment January 1 - 1864 and discharge June 13 - 1865 (Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 feet 9 inches; complexion, Fair; color of eyes, Grey; color of hair, Light; that his occupation was C Farmer; that he was born June 4 1844, at Chatham Co Ohio.

That his several places of residence since leaving the service have been as follows: Near Columbus Ohio Chatham Co Ohio until Jan 31 - 1871 then in DeFrance Co Ohio continuously last Apr 17<sup>th</sup> 1871 and made in Chatham Co (State date of each change, as nearly as possible.)  
That he is a pensioner. That he has heretofore applied for pension Cost No 754400

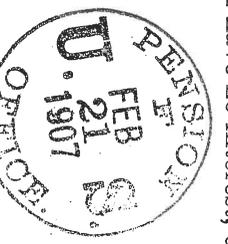
(If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)  
That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of February 6, 1907.  
That his post-office address is Stickerville, county of DeFrance, State of Ohio.

Attest: (1) Stevens Steel (Claimant's signature in full.)  
(2) E. Miller

Also personally appeared Harmon Steel, residing in Stickerville Ohio, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw John J Hart, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant and their acquaintance with him of 27 years and 15 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Harmon Steel  
John J Hart  
E Miller  
(Signatures of witnesses.)

SUBSCRIBED and sworn to before me this 18 day of February, A. D. 1906, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words \_\_\_\_\_, erased, and the words \_\_\_\_\_, added; and that I have no interest, direct or indirect, in the prosecution of this claim.



John Berger (Signature)  
Notary Public (Official character.)

*Wheeler* INVALID PENSION.

Claimant

*Wm J Baird*

Rank *Corporal*

P. O.

*Georgetown*

Company

*B*

County

*De France*

Regiment

*21*

State

*Miss*

Rate, \$

per month, commencing

Pensioned for

inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

Name

*Wm J. Adams*

Fee, \$

*Sept 9-1901*

P. O.

*St. Joe Station, Indiana*

Agent to pay.

APPROVALS.

Submitted for

*Aug. 12*

1901

*George F. Examiner.*

Approved for *buying night room and dining room, and expense claim for and illumination (1861) Amputee disease of back and hip and heart New York Nov 27 1900.*

Approved for *injury to right arm, weakness of neck, chronic diarrhoea and dermatitis*

Aggregate of disabilities shown, permanent in character: \$ 10.00

*no increase*

*Aug 22*

1901

*Rebecca*

Legal Reviewer.

190

Re-Reviewer.

*Aug 23, 1901*

*Medical Reviewer.*

Medical Reviewer.

Enlisted

*Aug. 26*

1861

honorably discharged

*June 13 35*

Enlisted

186

honorably discharged

186

Pensioned at \$

*10*

per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed

*June 29*

1900

alleges *Wheeler*

*from*

*chronic diarrhoea, injury to right arm amputee, kidney and liver disease, piles and heart disease*

Claimant does write.

Certificate not filed.

0-4

*M. C.*

