



**27** (This certificate to be filled in and signed by the secretary when full board is present.)  
“I hereby certify that Dr.

Dr. \_\_\_\_\_, Dr. \_\_\_\_\_, and  
examination of \_\_\_\_\_, were personally present and actually participated in the  
of \_\_\_\_\_, 18 \_\_\_\_\_, the claimant in this case, on \_\_\_\_\_ day

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the  
applicant, when a full board is not present.)

“I \_\_\_\_\_, the applicant for (increase or original) pension referred  
to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and  
Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by  
full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_\_.”

(Signature.)

### SURGEON'S CERTIFICATE

IN CASE OF

Co. \_\_\_\_\_ Reg't \_\_\_\_\_

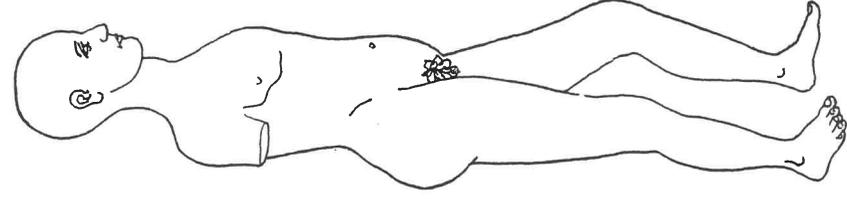
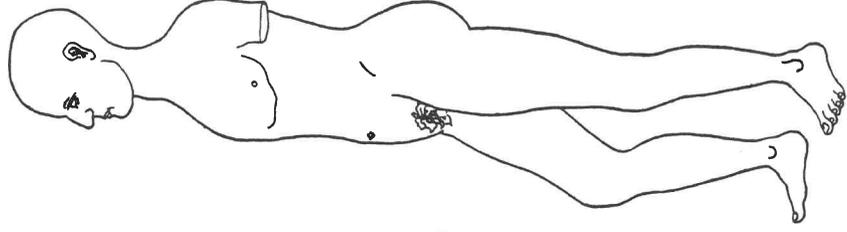
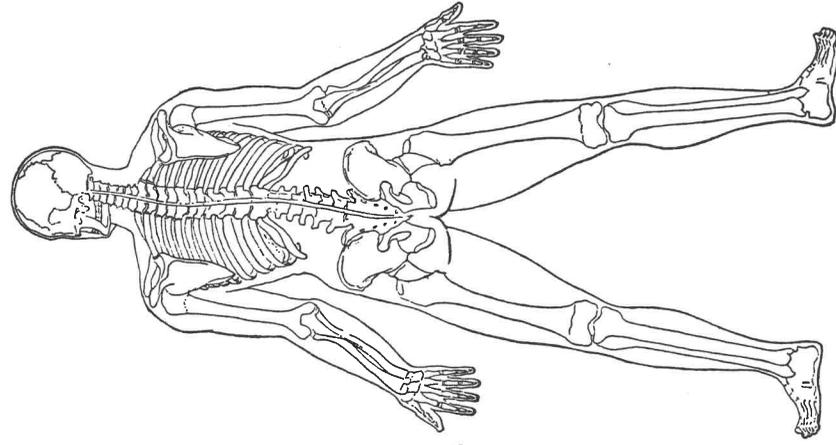
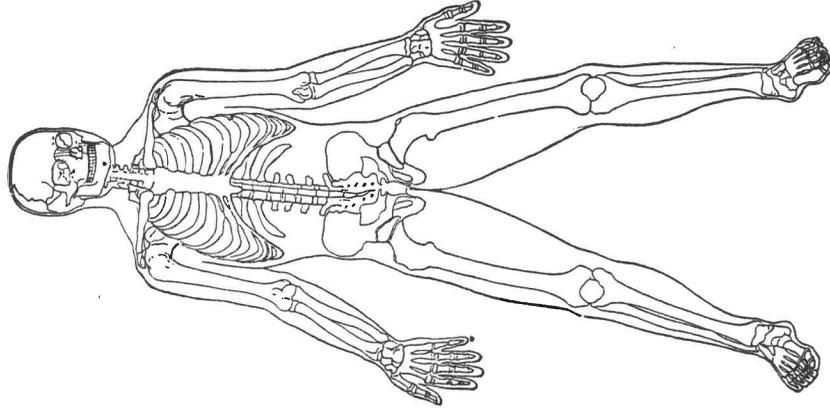
Applicant for \_\_\_\_\_ No. \_\_\_\_\_

DATE OF EXAMINATION: \_\_\_\_\_, 189\_\_\_\_\_

Board: Pres., \_\_\_\_\_ Sec'y, \_\_\_\_\_ Treas., \_\_\_\_\_

Post office, \_\_\_\_\_ County, \_\_\_\_\_ State, \_\_\_\_\_

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing “we” to read “I.” They will erase the words  
“Pres.,” “Sec’y.,” “Treas.,” and “Board” where the words appear, and sign at the foot of the  
certificate, and also on the back of the same.  
PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certifi-  
cate contain a full description of the physical condition of the claimant at the time, which shall  
include all the physical and rational signs and a statement of all the structural changes. [*Ex-  
tract from Section 4, Act of Congress approved July 25, 1882.*]

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. M. M. Carpenter, Dr. A. A. Macchala, and Dr. Ed. King were personally present and actually participated in the examination of Henry Lightfoot, the claimant in this case, on 27 day of July 1898

(Signature.)

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and

Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_\_\_\_."

(Signature.)



### SURGEON'S CERTIFICATE

IN CASE OF

Henry Lightfoot  
Co. K, 21<sup>st</sup> Regt. Ohio Vol. Infy

APPLICANT FOR Pension

No. 231,183

DATE OF EXAMINATION:

July 27<sup>th</sup> 1898

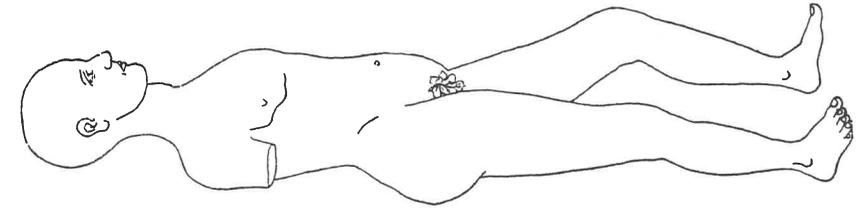
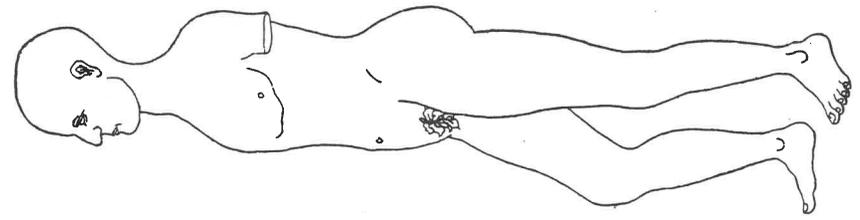
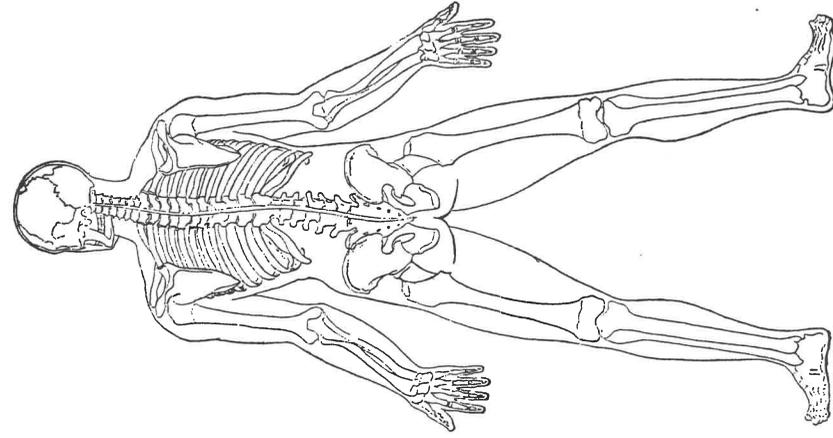
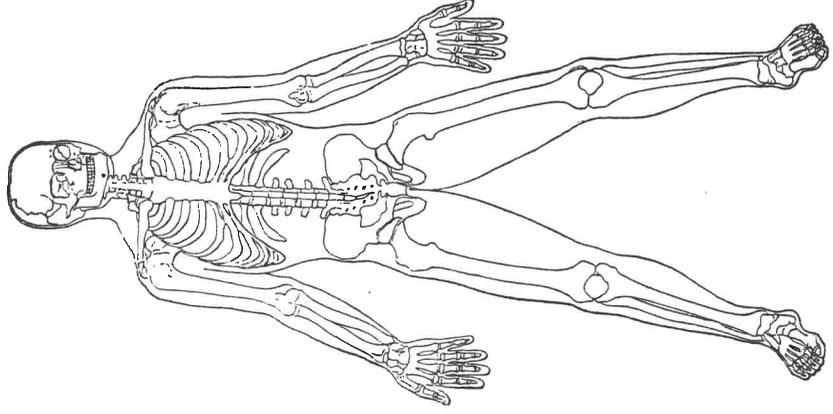
BOARD: M. M. Carpenter, Pres.,  
A. A. Macchala, Sec'y.,  
Ed. King, Treas.,

Post office, Franklin

County, Haverhill

State, \_\_\_\_\_

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y.," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

## 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 claim-  
ant.

*Amc* Pension Claim No. *231,183*  
*Henry Lightfoot* Friday Ohio  
 Pres. Company R. 2, Reg. Ohio Vol. 1 July 27<sup>th</sup>, 1898  
 [Date of examination.]

## EXAMINATION—Continued.

and descending Colon tender and distended  
 rectal mucous membrane inflamed. *Chronic diarrhea* <sup>5/18</sup>

Heart apex impalpable, not evident on  
 inspection or palpation but is propagated  
 to epigastrium. Rhythm regular action full  
 sounds faint. M. murmurs. Dull area *1 inch*  
*from one inch to right of median line 5 inches*  
*to left and 1 inch 2:4 to 5 inches* relaxation  
 and hypertrophy, great dyspnea increased by  
 little exercise. No oedema. Veins of thorax engorged  
 and dilated. *Pulchra 72-88-104. Dilatation hypertrophy* <sup>4/18</sup>  
*lungs. Chest symmetrical. Vocal primitive*  
*diminished, slight dullness over upper anterior*  
*part of chest. Vesicular murmur diminished*  
*bronchial rales over upper part of chest*  
*with history of pneumonia for part three*  
*years. Alcoholic bronchitis* <sup>6/18</sup>

Eyes. No macular, hypertensive pleasyque  
*metastasis hypertensive retinopia or syphilitic*  
*cornea hyperaemia and papilloedema*  
*readily to light and shade. Cataract of both*  
*eyes. (double) Vision 20/80 R 1/20 L 6/20* <sup>5/18</sup>  
 Ears. Can hear ordinary conversation at  
 six feet with either ear. No perceptible deafness.

Urine. Amber Acid 1022. No sugar or albumen.  
 Except as above all organs normal

Formed by excubation. Hands soft and  
 muscles flabby. No evidence of labor.

No evidence of venous stasis.

*W. W. Moore*, Pres. *W. W. Moore*, Sec'y. *G. Perkins*, Treas.  
 E-552

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.

Luc (State above whether for original, increase, or reinstatement)  
Henry Lightfoot Pension Claim No. 231.183 Rank Priv.

Name and rank of claimant.

Company K, 21<sup>st</sup> Reg't Ohio Vol. Inf. 310 1/2 Main St. Godfrey State,  
Findlay Ohio (Post-office address of the Board)  
Ohio July 27, 1898. (Date of examination.)

Claimant's post-office address.

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: catarrh of head and disease

Cause of disability.

of rectum.

If pensioner fill in the amount; if not, erase the whole line.

Twelve dollars per month.

He makes the following statement upon which he bases his claim for Luc

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

chronic disability from hemorrhoids, and debility incident to age which precludes him from the performance of any manual labor

Upon examination we find the following objective conditions:

respiration, 26; temperature, 99<sup>2</sup>; height, 5 feet 4 1/2 inches; weight, 130 pounds; age, 72 years. Mass-pharyngeal catarrh. Mucous membrane of nostrils and posterior nares

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

and pharynx inflamed and hypertrophied tonsils not enlarged and epiglottis tuberculous bases of larynx of left nostrils and frontal headache. Mass-pharyngeal catarrh and nasal polypus 6/18 Disease of liver trace of hepatic increase and extends from 8 inches to left of median line in front to within 2 1/2 inches of spine and 5 inches medial to right mammary line. Skin color = Hypertrophy of liver 4/18

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

Whenever a 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.

Disease of rectum. Mucous membrane inflamed and bleeding but not ulcerated hemorrhoidal vessels enlarged. External and internal tumors. Rim of proctaped rectum surrounded by small piles about 3/4 of an inch long by 1/3 in diameter. Four internal piles about 1 inch long by 1/2 in diameter. Very sensitive. No fissure stricture or fistula. Rectum proctaped about an inch. Piles and proctapans of rectum 9/18

Each disability must be rated separately, the date of Congress

March 2, 1868, requiring that the report of each case be in the following form: "I have been afflicted with the following disability since the date specified, which in my judgment, the applicant is entitled to."

M. W. Washburn, Pres. W. W. Washburn, Sec'y. G. D. Washburn, Treas.

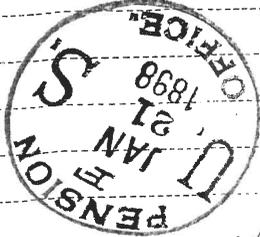
N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

Record and Pension Office,  
WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

The rolls show that *John G. Keaton*



named in the above inquiry. *Wm* present

during the period mentioned except as follows:

*June 5 "1864. Sick leave  
Mar 26 "1864*

The station of the

during said period was as follows:

*Mt. Pleasant, Pa.  
1st Lt. 30/64. Major, 30/64  
2nd Lt. 30/64. Major, 30/64*

By authority of the Secretary of War:

Colonel U. S. Army, Chief of Office.

*J. G. Adams*

JAN 20 1898

Washington, D. C., 189

Per *Wm*

The CHIEF OF THE  
RECORD AND PENSION OFFICE,  
WAR DEPARTMENT.

Commissioner.

*Very respectfully,  
C. H. Brown*

and the station at that time of the *Command*

*St. 21 " Ohio 30/64*

of *John G. Keaton*  
office as to the presence or absence on or about *St. 21 " Ohio 30/64*

please furnish a report from the records of your

For use in the above-entitled claim for pension

Sir:

Washington, D. C. *Jan 18 1898*

BUREAU OF PENSIONS,

Department of the Interior,

*St. 21 " Ohio 30/64*

*Henry Ingraham*

St. No. 231183

Ex't.

Div.

*Ind*

JAN 20 1898  
RECORD & PENSION OFFICE  
1548646  
WAR DEPARTMENT

0799 X 0440 32