Page 1,

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase. Pension Claim No. 87,995.

Name of claimant. William J. Carson,

Company E, 15th Reg't U. S. Inf.

Claimant's post-office address. Muncie, Indiana.

Address of Board. Muncie, P. O. Indiana, State.

May 20, 1903. [Date of examination.]

Cause of disability. Chronic diarrhoea and resulting disease of stomach and rectum. Claims constipation as a result.

He receives a pension of Ten dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Contracted Chronic diarrhoea in the army in 1863, & has suffered with its effects ever since.

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

Birthplace, Penna.; age, 62 years; height, 5 ft. 6 1/2 in.; weight, 180 pounds; complexion, fair; color of eyes, blue; color of hair, brown; occupation, Merchant; permanent marks and scars other than those described below, no marks

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

Pulse rate, 88, 95, 120; [Sitting, standing, after exercise] respiration, 18, 20, [illegible]; [Sitting, standing, after exercise] temperature, 99°;

Here give a full description of the disabilities, in accordance with Book of Instructions. A well nourished man, with large, soft muscles, and soft pulse, not vigorous looking. Chronic diarrhoea i[illegible] Tongue dry & fissured, some abdominal tenderness & tympanites over all the abdomen, some apparent dilatation of stomach, lower border extending to within 1 inch of the umbilicus, no enlargement of liver or of Spleen, some inspaction and distention of colon, and history of very obstinate & troublesome habitual constipation. Rectal mucous membrane inflamed, tender, dry, and sections narrowed and loaded with hard, dry, faeces, no ulceration, Two, very tender, internal piles, each 1/2 inch in diameter, Two, combined, tender, internal & external piles, each 3/8 inch in diameter, no fissure, fistula, prolapsus or stricture. He gives history of severe gastric disturbances & of constipation which the personal knowledge of the members of this board verifies.

Facts within the knowledge of the Board, or by member thereof, relative to the cause of any disability found should be stated. 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.

Heart & Lungs: There are no Cardiac murmurs. The apex is found in the 5th intercostal space, 1 inch internal to left nipple line, & Cardiac dulness extends inward from apex to left border of Sternum, at the 6th Chondro Sternal articulation 2 inches. Thence upward, to 4th Chondro Sternal articulation. Thence outward along the 4th left rib, 1 inch. Thence downward, to apex, 2 1/2 inches, no oedema, dyspnoea, or Cyanosis. Pulse soft, regular. Chest measures 40 inches. at rest. 41 1/4 inches. full

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

F. T. Jackson, Pres. C. V. Smith, Sec'y. G. W. H. Kemper, 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 (No. 3—156,) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

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. G. W. Edmins, Dr. B. H. Perce, and Dr. F. G. Kellen were personally present and actually participated in the examination of William J. Carson, the claimant in this case, on 19th day of April, 1905."

(Signature.) B. H. Perce Sec'y

(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 _____, 190 ."

Witnesses to mark. _____ (Signature of Applicant.) _____

MAY

SURGEON'S CERTIFICATE

IN CASE OF William J. Carson

Co. E, 15 Reg't Ill. S. Dept.

APPLICANT FOR Increase

No. 87,995

DATE OF EXAMINATION

April 19, 1905

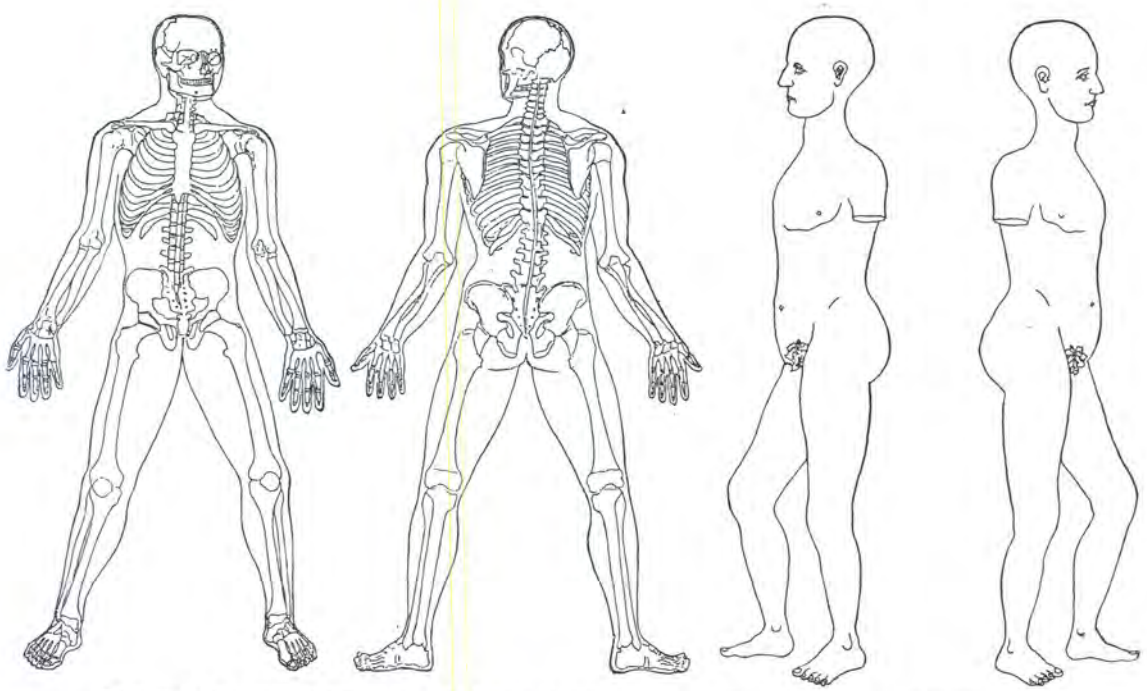
G. W. Edmins, Pres., B. H. Perce, Sec'y, F. G. Kellen, Treas., BOARD.

Post office, Anderson

County, Madison

State, Indiana

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6—552a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

(Paste continuation sheet, if used, here.)

SURGEON'S CERTIFICATE.

Insert character and number of claim. Invalid Pension Claim No. 87,995

Name of claimant. Wm. T. Corsan

Claimant's post-office address. Company G Reg't 15th U.S. Infy 164 W Washington St Muncie Ind.

Address of Board. Anderson P. O. Indiana State. April 19, 1905 [Date of examination.]

Names of disabilities. Chronic diarrhoea and resulting disease of rectum and stomach

He receives a pension of twelve dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Chronic diarrhoea 1863 & 1864. while in Libby Prison. disease of rectum soon after. bowel and trouble with stomach. 10 years after discharge. Not able to do manual labor.

Birthplace, PA; age, 64 years; height, 5. 6 3/4; weight, 170 pounds; complexion, Fair; color of eyes, Blue; color of hair, Grey; occupation, Mechanic; permanent marks and scars other than those described below Wm T Corsan Tattoo on right arm

Strike out surgeons will use the blank, changing "we" to read "I."

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

Pulse rate, 86-100-116 [Sitting, standing, after exercise.]; respiration, 15-15-30 [Sitting, standing, after exercise.]; temperature, normal

Here give a full description the disabilities, in accordance with Board's instructions, and make separate paragraph for each disability. This claimant has a history of chronic diarrhoea since 1863 & 64. at this time frequency is carried. tongue pale, bowels soft, muscles flaccid, skin pale & in some what jaundiced. There is marked tenderness and tympany of stomach. and the eructations of gas and at times bile. His abdomen no fundulations, and hypogastrium transverse and ascending colon dull upon percussion and sigmoid and there is a large mass of feces in ascending and sigmoid at this time. He alleges severe and frequent attacks of constipation, followed always with diarrhoea, and bloody stools, and bowel indigestion. Pain dullness from lower margin of 11th rib to lower margin of 11th rib splenic dullness from 9th to the 10th

Facts within the knowledge of the Board, or any member thereof, relative to the cause of such disability found should be stated. Rectum some what inflamed & tender, hemorrhoids veins enlarged four small internal piles. He alleges paralysis of rectum at times 9/14 with bleeding at stools.

Claimant also has a history of severe attack of scurvy while a prisoner in 1864. His gums are red and tender upon which all extracted, and there are numerous scars and discolorations of skins which he alleges were caused by ulcers from the scurvy. He walks slightly lame and uses a cane part of the time in locomotion. 4/15

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. Chest measure at rest 41 in full inspiration 42½ in expiration 39 in. no dullness or rales.

Heart apex beat in fourth 5th intercostal space increase of cardiac dullness 1 in to the right. there is evidence of an accumulation of fat in regions of heart pulsations somewhat irregular in rhythm, and feeble in action. no edema or marked cyanosis. considerable dyspnoea after exercise. He alleges passing large quantities of urine daily, pale straw color, sp.g. from 1030. Considerable sugar no albumen. Some dizziness at times and nausea (No rectum) No other diseases found or evidence of same

When rates are recommended solely on subjective evidence the fact must be herefor. he thinks.

Examining Surgeons must never initial printed entries.

J W Robinson, Pres. B. F. Pierce, Sec'y. F. G. Keesling, Treas.

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. S. W. Edwin, Dr. B. H. Perce and Dr. F. G. Kelley were personally present and actually participated in the examination of William J. Carson, the claimant in this case, on 3d day of April, 1907."

(Signature.) B. H. Perce

(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 _____, 190 ."

Witnesses to mark. _____ (Signature of Applicant.) _____

PENSION U. S. APR 8 1907 OFFICE

SURGEON'S CERTIFICATE

IN CASE OF William J. Carson

Co. E, 15 Reg't Mo. Inf.

APPLICANT FOR Increase

No. 87995

DATE OF EXAMINATION: April 3d, 1907

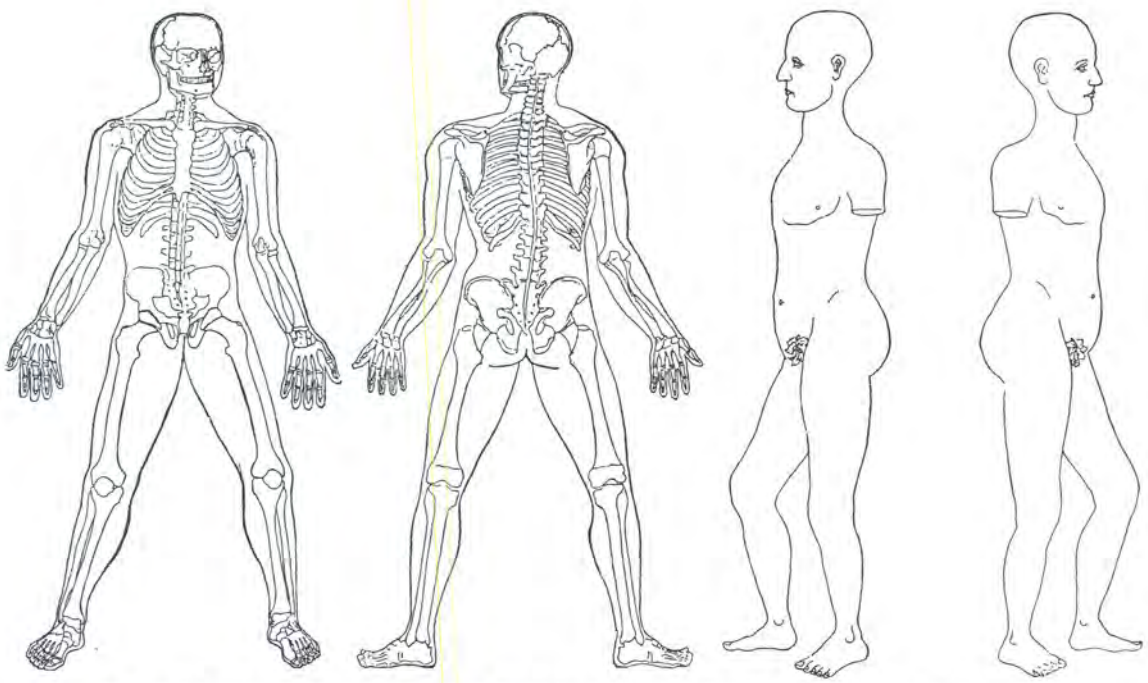
S. W. Edwin, Pres.,
B. H. Perce, Sec'y,
F. G. Kelley, Treas.,
BOARD.

Post office, Anderson

County, Madison

State, Indiana

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6—552a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

(Paste continuation sheet, if used, here.)

SURGEON'S CERTIFICATE.

Insert character and number of claim. Sucrease Pension Claim No. 87.995

Name of claimant. William J. Carson

Company E Reg't 15. U.S. Inf. Address of Board. Anderson P. O. Indiana State.

Claimant's post-office address. 325 W Charles St Muncie Ind. April 3, 1907 [Date of examination.]

Names of disabilities. Chronic diarrhoea disease of Stomach and Rectum.

He receives a pension of Twelve dollars per month.

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

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Chronic diarrhoea at Pemberton prison Richmond Va 1863. Disease of Stomach and Rectum as result have diabetes. as a Result of diseases contracted in Prison in 1863 not able to do any manual labor

Birthplace, Pa; age, 66 Past years; height, 5. 6½; weight, 160 pounds; complexion, Fair; color of eyes, Blue; color of hair, Grey; occupation, Merchant; permanent marks and scars other than those described below, W. J. Carson tattoo on left arm

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

Pulse rate, 92-100-112 [Sitting, standing, after exercise.]; respiration, 18-18-30 [Sitting, standing, after exercise.]; temperature, normal.

Here give a full description of the disabilities, in accordance with Book of instructions, and make separate paragraph for each disability.

This Claimant has a history of Chronic diarrhoea and Scurvy while in prison in 1863. At this time there is marked pallor of skin tongue coated. Stomach large tender and tympanitic. also marked tenderness in umbilical region. There is ptosis of the abdominal viscera and tympany over the whole course of Colon. There is eructation of gas and at times his food. and he alleges severe pain in Splenic flexure at all times. Splenic dullness normal liver somewhat atrophied. hands soft. muscles flacid. Rectum inflamed hemorrhoidal veins enlarged two small external piles. the sphincters are relaxed but no fissures or prolapsus at this time. He alleges effects of scurvy. gums tender and there are numerous scars and discolorations upon both shins and at this time a few small sores and patches or areas of eczema upon anterior aspect of lower limbs. no varicose veins. heart apex beat in 5th intercostal space. no increase in area of dullness. no murmurs. edema or cyanosis. Marked dyspnea after exercise. the pulsations are feeble rapid and very irregular in rhythm. blood pressure low. no doubt condition is functional with possible myocarditis. He alleges great weakness at times and debility; and at times syncope. urin acid light straw colour marked sugar deposit upon test. no albumen considerable deposit of phosphates and mucous. He alleges frequent micturation and copious discharges of urin. starch taste in mouth. he is no doubt a case of diabetes insipidus. Chest measure at rest 40 in full. 41 in expiration 38½ in dullness on rales. no other disease found no evidence of vicious habits. (Pgs. 75 & 76. do not apply) We are sure above rating is correct.

10/1

2/18

5/18

Sings surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.

acts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

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.

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

[signature], Pres. B. H. Pierce, Sec'y. [signature] Treas.

6—552a

An examination must not be 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. _____, Dr. D. C. Knott, and Dr. H. P. Preston, were personally present and actually participated in the examination of William J. Carson, the claimant in this case, on 10th day of June, 190 8.

(Signature.) D. C. Knott Secty,

(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, William J. Carson, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. D. C. Knott and Dr. H. P. Preston, the examining surgeons here present (waiving examination by full board), on this 10th day of June, 190 8."

Witnesses to mark _____

_____

(Signature of Applicant.) William J Carson

SURGEON'S CERTIFICATE

IN CASE OF William J. Carson

Co. E, 18th Reg't U.S. Inf.

APPLICANT FOR Increase

No. 879,405

DATE OF EXAMINATION: June 10, 190 8

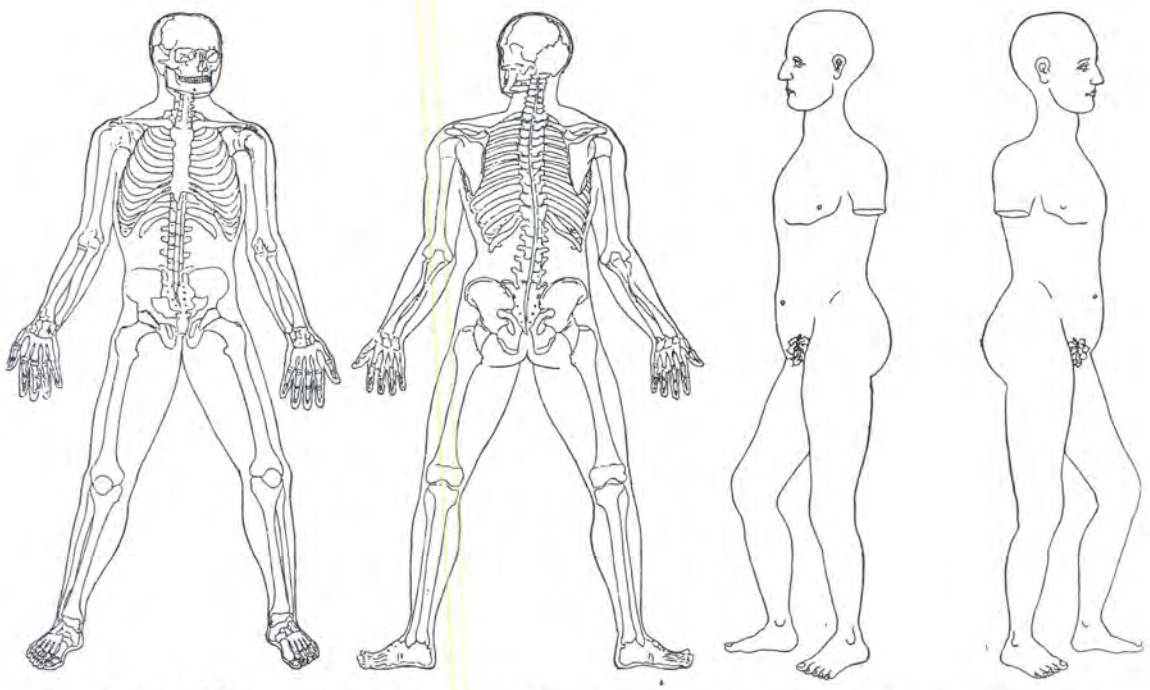
Absent, *Pres.*, } BOARD.
D. C. Knott, *Sec'y*,
H. P. Preston, *Treas.*,

Post office, Plymouth

County, Marshall "

State, Indiana "

Do not use backs of certificates for any purpose other than indicated by printed matter thereon. 6—552 a



The outlines of the human skeleton and figure should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

(Paste continuation sheet, if used, here.)

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 87995

Name of claimant. William J. Carson

Company E. 18th Reg't N.S. Vol.

Claimant's post-office address. Culbertson Ind T

Address of Board. Plymouth P. O. Ind State.

June 10, 1908 [Date of examination.]

Names of disabilities. Chronic Diarrhoea, Disease of stomach, Disease of rectum

He receives a pension of 14 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the origin and cause of his disabilities and the manner in which they affect him. He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Took chronic diarrhoea in Pemberton Prison in 1863. has troubled me ever since. Disease of rectum soon followed. Has had stomach trouble for several years

Birthplace, Pennsylvania; age, 67 years; height, 5 ft 6½ in.; weight, 145 pounds; complexion, fair; color of eyes, blue; color of hair, grey; occupation, Nothing; permanent marks and scars other than those described below, Name tattooed on right fore arm

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

Pulse rate, 70-84-110 [Sitting, standing, after exercise.]; respiration, 15-17-24 [Sitting, standing, after exercise.]; temperature, 98.4°;

Here give a full description of the disabilities, in accordance with Book of Instructions, and make a separate paragraph for each disability. Body fairly nourished, skin normal lungs Emphysematous Chronic Diarrhoea. Thorax 38½-40½-37. Chronic diarrhoea. Lungs normal. Stomach walls very tender Chronic catarrh of stomach Disease of rectum. Prostate enlarged and very tender. Colon tender and tympanites

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Found no indications of disease of kidneys or pancreas. No aneurism. Pupils dilate & contract. Heart. Apex beat 4th space outside nipple line. Area of impulse 2½ inches by inspection. Area of cardiac dullness from second to sixth rib and from middle of sternum to nipple line. Compensatory hypertrophy. No murmurs or thrills. Palpitation on exercise.

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. Urine. S.G. 1030. Acid. No albumen. Sugar Found No other disability found or evidence of vicious habits

When rates are recommended solely on subjective evidence the best reasons must be given therefor. Rate. Disease of digestive organs resulting in Chronic Diabetes Mellitus) 17/18

Rate. Heart 8/18

Marginal entries must never be made.

Single surgeons will use this blank, changing "we" to read "I."

, Pres. D. E. Knott, Sec'y. H. P. Preston, Treas.

6—552a

Continue record of examination here.

organic disease — urinalysis reveals normal urine and no evidence of disease of Bladder nor Kidneys is discoverable — he has a pharyngeal catarrh. — No other disabilities are found.

SURGEON'S CERTIFICATE

IN CASE OF

Thos. J. Carson

Co. E, 15th Reg't U.S. Inf.

Applicant for Increase

No. 87.995

DATE OF EXAMINATION:

April 22nd, 1891.

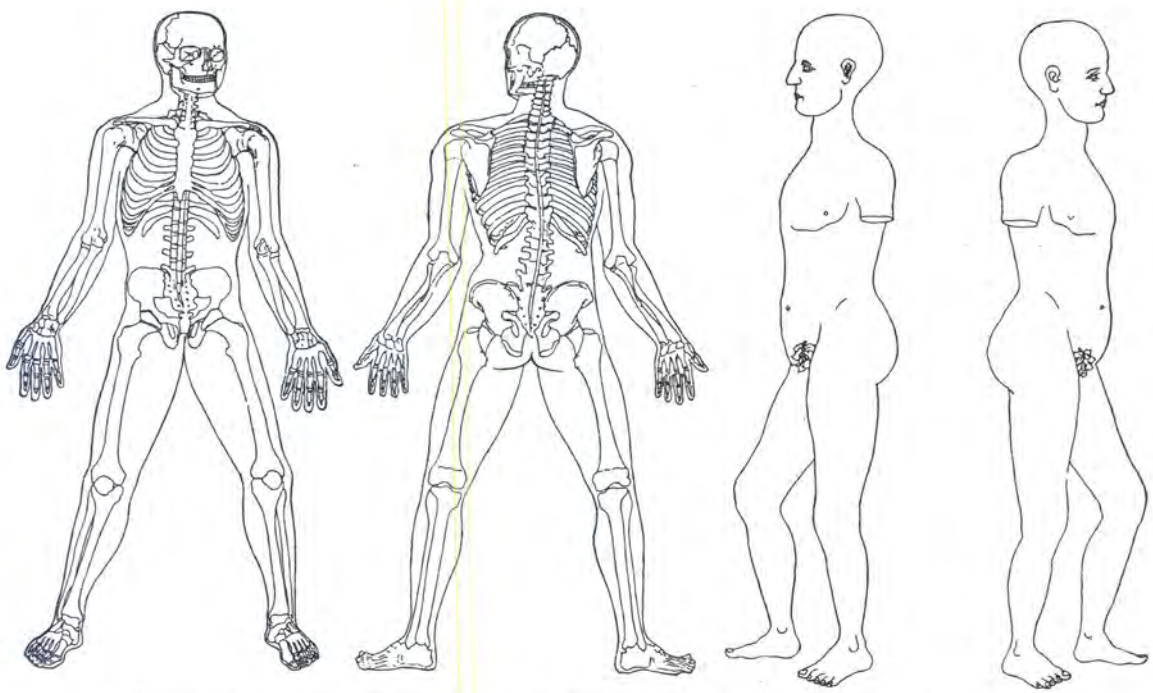
G. W. H. [illegible], Pres.,
J. H. [illegible], Sec'y,
J. J. Bowles, Treas.,
} BOARD.

Post office, Muncie

County, Delaware

State, Indiana

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



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." 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 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.*]

6—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, &c.

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.

t character and number of claim. Increase [State above whether for original, increase, or restoration.] Pension Claim No. 87,995

Name and rank of claimant. Wm. J. Carson, Rank, Private

Company E, 15th Reg't W. S. Inf. | Muncie, Indiana [Post-office address of the Board.] State,

Claimant's post-Office address. Muncie, Indiana | April 22" [Date of examination.], 1891.

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

Cause of disability. in the service, viz: C. Diarrhea, Dis. of Stomach & Rectum, Rheumatism — Paralysis — Heart disease — Kidney disease — Bladder disease —

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Ten — — — dollars per month.

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. That he has diarrhea & constipation alternately, the latter predominating — that his stomach pains him after eating — that he has pain & burning in the Rectum when he empties his bowels — that his ankles and knees are at times tender and stiffened — that he has burning pain when he empties his bladder & distress in the small of his back — that he has frequent attacks of Palpitation of the Heart —

Upon examination we find the following objective conditions: Pulse rate, 75; respiration, 2—; temperature, 98.5; height, 5 feet 7 inches; weight, 190 pounds; age, 50 years.

ve a full ption of disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889 His eyes are icteric — his skin is dingy — no enlargement of the Liver nor spleen — the Epigastrium is prominent but not tender on pressure — the tongue is considerably coated — the colon is tympanitic throughout its whole course, and the abdomen is very rotund and prominent, because of great accumulation of adipose tissue — the mucous membrane of the Rectum is very much inflamed and highly sensitive and a small ulcer exists on the anterior aspect of the bowel three inches above the sphincter — the joints of the upper extremities functionate perfectly and there is no disparity in the size of the corresponding joints of the lower extremities neither do they seem stiffened, but the right leg between knee and ankle measures at all points one inch greater in circumference than the left — there is no evidence of any disease of the cerebro-spinal system or any kind of paralysis, except he says, the outer side of the left leg feels numb and heavy — the Heart is in situ, rythmical in action and free from

He is, in our opinion, entitled to a 6/18

Rate for EACH cause of disability. rating for the disability caused by Diarrhea, 4/18 for that caused by Rectal Ulceration, and 2/18 for that caused by Pharyngeal Catarrh & O for any thing else

G. W. H. Kemp, Pres. C. A. H. Good, Sec'y. S. J. Bowles, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(632- M.) 6—552

2 2

SURGEON'S CERTIFICATE

(FOR A BOARD)

IN CASE OF

William J. Carson
1st Battalion
Co. E, 15th Reg't U. S. Infty

Application for Increase.

No. 87,995

Date of examination: .....

October 14th 1885.

G. W. H. Kemper, Surg.
Examining Surgeon.

Post office, Muncie.

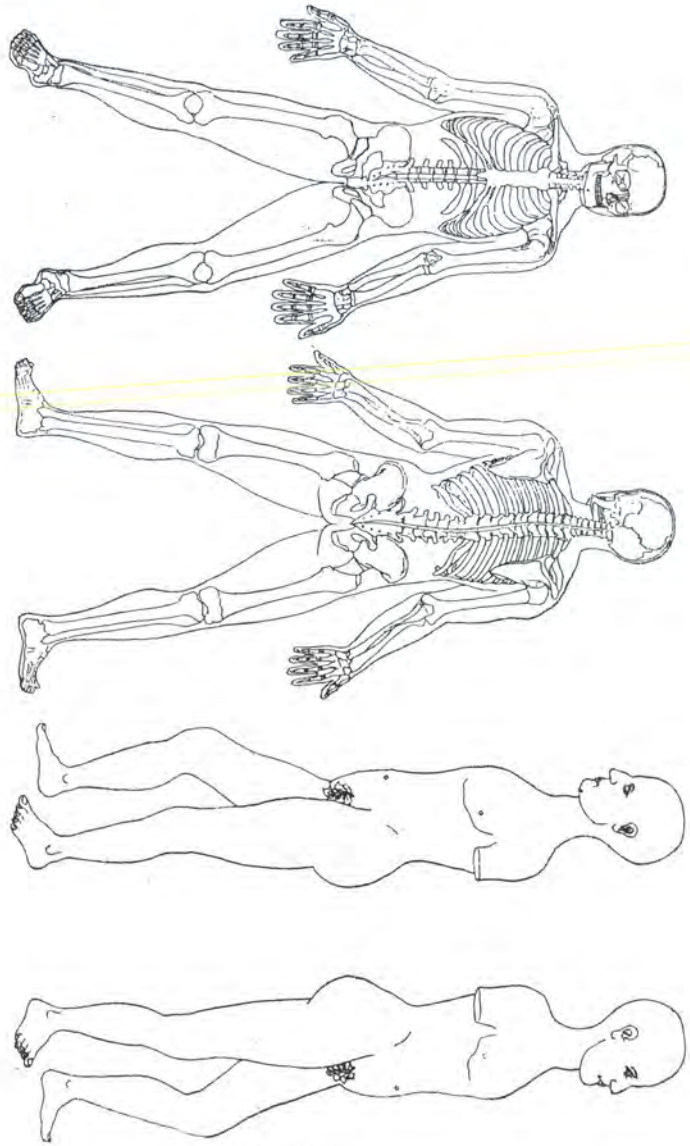
County, Delaware.

State Indiana.

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

PROVIDED FURTHER, That 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.*]

OCT 19



No. 2. (3—110.) No. 2.

INCREASE OF PENSION.

(FOR A BOARD.)

Claim No. 87.995

Name of claimant, William J. Carson.

Rank, Private

Company, E

Regiment, 1st Bat. 16th U. S. Infty

Post-office address, Muncie, Ind.

ADDRESS OF THE BOARD:

Post office, Muncie.

County, Delaware.

State, Indiana.

Date of examination, Oct. 14th, 1885.

WE HEREBY CERTIFY that in compliance with the requirements of the law* we have carefully examined this applicant, who states that he is now paid one-fourth dollars per month on account of Chronic diarrhoea and results

Degree now paid and for what disability.

and that he claims an increased rating for the reason that the dis. has increased,

Reason for claiming increase and degree claimed.

and that he is now disabled to total degree for earning his subsistence by manual labor.

His pulse-rate per minute is 90; his respiration 15; his temperature 98½°; his height is 5 feet and 7 inches; he weighs 200 pounds, and he states that he is 45 years of age.

Touching his disability and his reasons for asking an increase of pension, he makes the following statement: That he has diarrhoea more or less of the time every week, and when diarrhoea is absent has constipation. The stools are frothy and white colored, occasionally green and curdled. By results means pain and soreness through the lower portion of abdomen, ulceration of mouth, numbness of legs, with a drawing sensation, and swelling of right lower extremity.

Here give the claimant's statement of his reasons for claiming an increased rating as fully and as compactly as possible.

SUBJECTIVE SYMPTOMS.

Upon examining this applicant we find the following objective conditions which, in our judgment, do entitle him to an increased rating: The tongue is moderately furred. Abdomen prominent—mostly from adipose tissue, and flat on percussion. Liver and spleen are normal. Rectum is highly congested.

Became very corpulent after he was released from a long prison confinement at Andersonville.

Here give a full description of the conditions by which the claimant is now disabled, and compare his present condition with that which existed when the present rating was allowed.

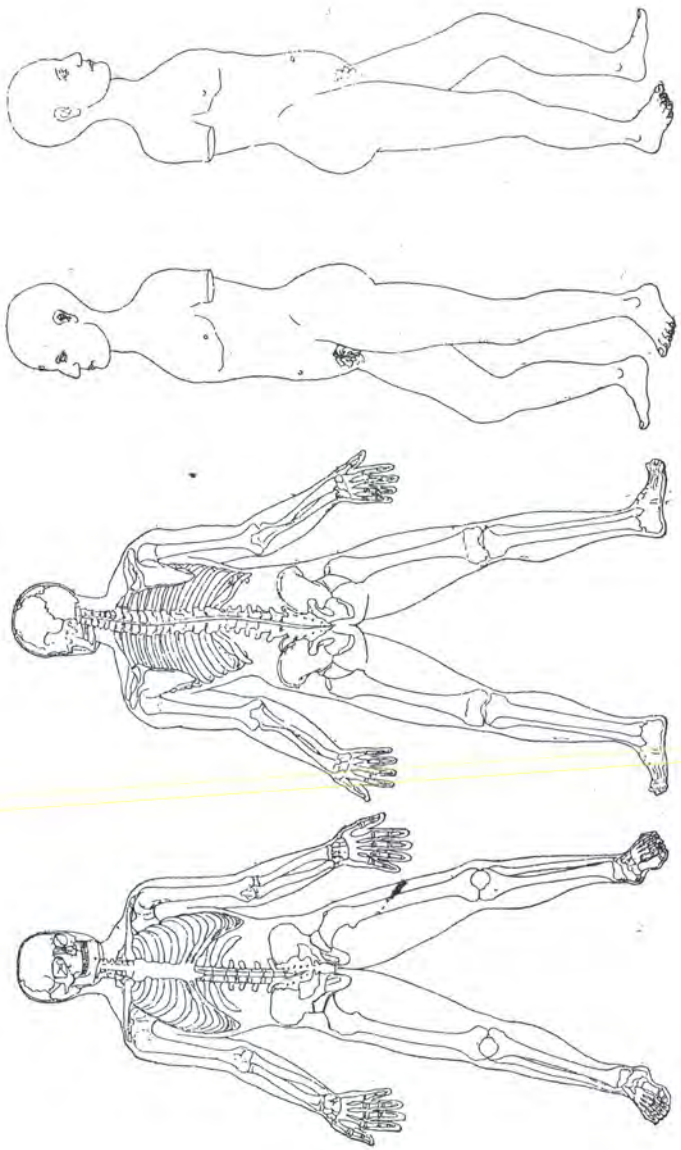
OBJECTIVE SYMPTOMS.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 1/2 rating for the disability caused by Chronic diarrhoea, & results for that caused by ..., and ... caused by ..., the sum of which aggregates one-half.

Rate for each cause of disability, and state the aggregate.

*See the back.

B. F. Adams, Pres.,
G. W. H. Kemper, Sec'y,
E. F. Puckett, Treas.,
} BOARD.



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

EX OCT 24 1888
U SEP 29 1888 OFFICE

SURGEON'S CERTIFICATE.

IN CASE OF

William J. Carson

Co. E, 15" Reg't U. S.

Applicant for Increase

No. 87995

DATE OF EXAMINATION:

Sept 26", 1888.

Wm C Eskew, Pres.,
[illegible], Sec'y, } BOARD.
John Rea, Treas.,

Post office, New Castle

County, Henry

State, Ind

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

Old War & Navy
OCT 16 1888
DIVISION

PROVIDED FURTHER, That 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.*]

(3—111.)

☞ 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. Increase Pension Claim No. 87995

Name and rank of claimant. Wm J. Carson, Rank, Pt

Company E, 15th Reg't U. S. Newcastle State,

Claimant's post office address. Muncie (Post office address of the Board.)

Sept 26th, 1888. (Date of examination.)

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:

Cause of disability. Chronic Diarrhoea and resulting disease of Heart, Rheumatism and disease Kidneys

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Two dollars per month.

Pulse rate per minute, 80; respiration, 22; temperature, 98½; height, 5' feet 6½ inches; weight, 192 pounds; age, 48 years.

He makes the following statement upon which he bases his claim for† Increase.

Here give the claimant's statement as briefly and as compactly as possible. Diarrhoea Comes on irregular times, Now suffers much from Constipation. Much use Emmas & wakes to move bowels. burning pain in rectum; Fluttering of Heart, an Of Heart, Shortness Breath and Nervousness. Rheumatic pains in limbs, joints down Dorsal except right knee joint. At times sore pus. Much gen up. 4 to 6 times a Night. Pain and weakness of back &c.

Upon examination we find the following objective conditions:

Were give a full symptom picture of the case, tracing all pathological and rational signs, but confining it to the present condition of the claimant. Tongue broad, Smooth at edges, irregular coating, Normal Secretion of tongue. Abnormal pulsation in epigastric Stomach Pain from pressure over epigastric Stomach, Spleen, and Iliac regions, Pain from pressure over region Kidneys

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating. Veins elapsed Hemorrhoidal veins Engorged, Rectum very sensitive from pressure on inside Right knee ankle, leg swollen and oedematous, pitting on pressure No Lesion or pain about Shoulders, from passive or motion, or Enlarged joints, Heart irritable and feeble action, & irregular action, } Urine, Strain often, Acid reaction Spec. Gr 1024 - Gas & phosphates in Deposit

Right Knee 16½ Left 15½ } on Treating,

" Ankle 10 " 9 above joint Right Calf 15, Left 14¾

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 6/18 rating for the disability caused by Diarrhoea & results, 4/18 for that caused by Rheumatism, and 4/18 caused by Disease Kidneys

Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the rate given.

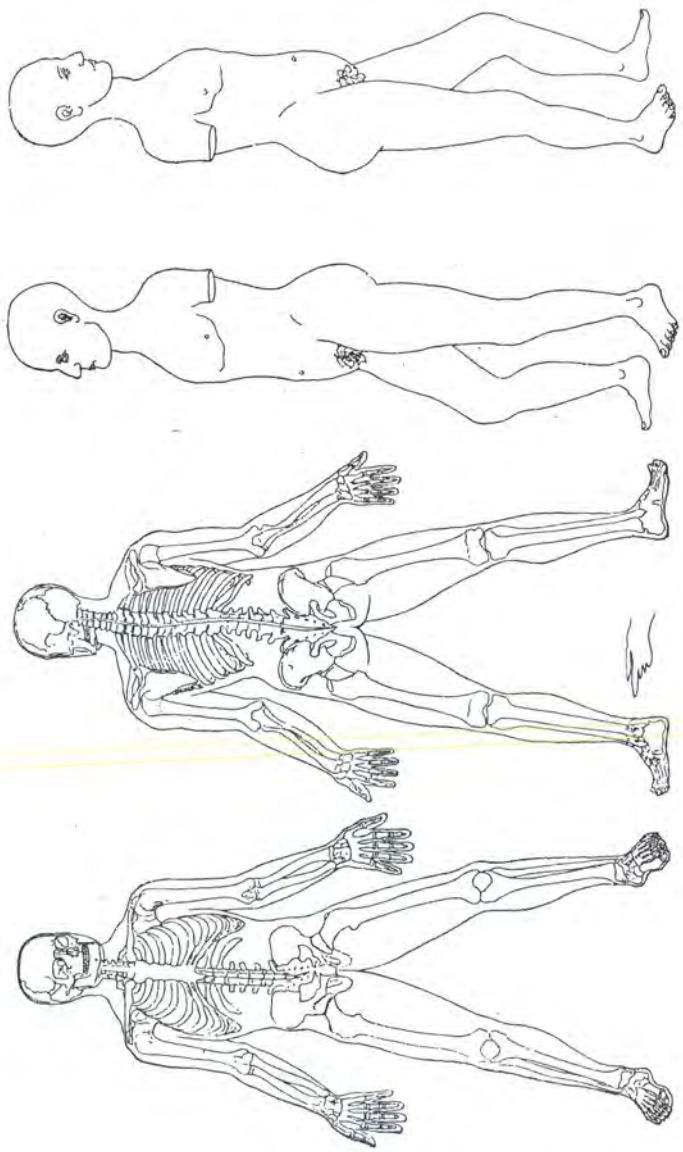
* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

Wm O'Esham, Pres. A. M. Wenke, Sec'y. John Rea, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(12095—100,000.) C—427



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

SURGEON'S CERTIFICATE

IN CASE OF

William J. Carson

Co. E, 15th Reg't U.S. Infty

Applicant for Increase

No. 87,995

DATE OF EXAMINATION:

August 28th, 1889.

G. W. H. Kemper, Pres.,
A. H. Good, Sec'y,
S. J. Boodles, Treas.,
} BOARD.

Post office, Muncie

County, Delaware

State, Indiana

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

PROVIDED FURTHER, That 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.*]

P.W.C.

☞ 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. Increase Pension Claim No. 87,995

Name and rank of claimant. William J. Carson, Rank, Private

Company A, 1st Bat. 15th Reg't W. S. A. | Muncie Indiana State,
(Post office address of the Board.)

Claimant's post office address. Muncie Indiana | August 28, 1889.
(Date of examination.)

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:

Cause of disability. Ch diarrhoea and Chint, alleges resulting disease of rectum, stomach, kidneys, heart & rheumatism & partial paralysis of limbs.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of — Six — dollars per month.

Pulse rate per minute, 90; respiration, 18; temperature, 98.6°; height, 5 feet 6 3/4 inches; weight, 190 pounds; age, 48 years.

He makes the following statement upon which he bases his claim for† Increase Pen.

Here give the claimant's statement as briefly and as compactly as possible. States that he has diarrhoea alternating with constipation once in week—That the stools are watery, sometimes green-colored, bloody & painful—That he cannot, when nature calls, whether the bladder or bowels are to be evacuated—That when he has diarrhoea there is a continuous bearing down—That his stomach is sore and full—That he has at times to urinate 15 to 20 times daily—That his heart is intermittent in action—That he has rheumatism in left limbs—That the left foot and hand are partially paralyzed.

Upon examination we find the following objective conditions: The skin is slightly cloudy—The tongue is furred anteriorly & coated posteriorly—The heart sounds are normal & neither the first or second sounds are accompanied with adventitious murmurs—The apex beat is just within the nipple-line in the skin between fifth and sixth ribs—The stomach is very tender;—The epigastric region is quite prominent and markedly tympanitic—The abdomen is exceedingly prominent and not tympanitic—The mucous membrane of rectum is much congested and the anterior surface is ulcerated—There are no piles—There is no emaciation, and the general nutrition is good. On either side of spinal column just above the crest of ilium is marked tenderness on pressure—Pain is complained of from lateral bending of the body—The motions of hip joints are not impaired, and there is no loss of tissue.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating. On lateral aspect of left leg and foot is marked anesthesia. There are numerous small varicosities around ankle and on front of foot, of left side.

Urine is amber colored; reaction acid, specific gravity, 1030; no albumen nor sugar are found by Ht. & Feilings Test. Nothing else pathological is present.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a 6/18 rating for the disability caused by Ch. Diarrhoea, 4/8 for that caused by Disease of Rectum, and 0 caused by disease of stomach and 0 for other alledged ailments.

Rate for each cause of disability. If prolonged by vicious habits, the word not should be [illegible] and the [illegible] or the [illegible] given.

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

G. W. H. Kemper, Pres. F. H. Good, Sec'y. T. J. Bowles, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(15762—100,000.) 6—427

Examining Surgeon's Certificate.

"Ordered"

Bellefontaine, O. May 17, 1867.

I hereby certify, That I have carefully examined William J. Carson, late a private in Co (E) 15 Regt U. S. Infantry in the service of the United States, who was discharged at Fort Adams R.I., on the 2 day of Sept., 1864, and is an applicant for an invalid pension, by reason of alleged disability resulting from Chronic Diarrhoea

Applicant's service.

In my opinion the said William J. Carson is One fourth incapacitated for obtaining his subsistence by manual labor from the cause above stated.

Degree of disability.

Judging from his present condition, and from the evidence before me, it is my belief that the said disability Originated in the service aforesaid in the line of duty.

Origin.

The disability is not permanent

Probable duration.

A more particular description of the applicant's condition is subjoined:

Particular description.

Applicant until recently has suffered much from chronic Diarrhoea. At present the diarrhoea has almost ceased; but his bowels is still tender and muscular labor causes the diarrhoea to return. He can now perform light labor and moderate exercise without suffering much inconvenience.

William D. Scarff

Examining Surgeon.

4 SURGEON'S CERTIFICATE 4

OF

PERIODICAL EXAMINATION

IN CASE OF

William J Carson.

Co. E, 15 Reg't, U.S. Inft.

No. 87,995.

DATE OF EXAMINATION,

Sep. 22. 1873.

G. W. A. Kemper, M. D.
Examining Surgeon.

Muncie,
Ind.

4 SURGEON'S CERTIFICATE 4

OF

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

State: Indiana County: Delaware

Post Office: Muncie Sep. 22, 1873.

I hereby Certify, That I have carefully examined

Pensioner's service. William J. Carson, who was a Private

in the war of 1861

Be particular to give Certificate No. and was granted an Invalid Pension under Certificate No. 87,995.

Agency where to be paid. to be paid now at the Agency in Columbus

by reason of alleged disability resulting from Chronic Diarhoea, which he states to have been received in the line of duty while he was in the military service of the United States.

State whether disability continues; and, if so, its present degree. In my opinion the said Pensioner's disability, from the cause aforesaid, continues at one fourth = two dollars. 2

A more particular description of the Pensioner's condition is subjoined:

Particular description. Height, 5 6; weight, 180; complexion, light.

Age, 33; respiration, 19; pulse, 78

This man has been under my personal observation for five months, and during that time has had repeated attacks of diarhoea. Any exposure, or imprudence in eating, results in an attack, requiring medical treatment to control it.

G. W. H. Kemper M. D.

Examining Surgeon.

4 DUPLICATE. 4

SURGEON'S CERTIFICATE

OF

PERIODICAL EXAMINATION

IN CASE OF

William J. Carson,

Co E, 15th Reg't, U. S. Inft.

No. 87,995.

DATE OF EXAMINATION,

Sep 10, 1875.

G. W. H. Kemper, M. D.,
Examining Surgeon.
Francis,
Ind.

PENSION
OCT 87
DEPARTMENT OF
PENSION AGENCY
SEP
14
1875
COLUMBUS, OHIO

4 DUPLICATE. 4

SURGEON'S CERTIFICATE

OF

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

State: Indiana County: Delaware

Post Office: Muncie Sep 10, 1875.

Pensioner's service.

I hereby certify, That I have carefully examined William J Carson, who was a private in the war of 1861 and was

Be particular to give Certificate No.

granted an Invalid Pension under Certificate No. 87 995, to be paid now

Agency where to be paid.

at the Agency in Columbus Ohio, by reason of alleged disability resulting from chronic diarrhoea which he states to have been received in the line of duty while he was in the military service of the United States.

State whether disability continues; and, if so, its present degree.

In my opinion the said Pensioner's disability, from the cause aforesaid, continues at one-fourth-to two dollars 2

A more particular description of the Pensioner's condition is subjoined:

Particular description.

Height, 5 7; weight, 180; complexion, dark; age 35 respiration, 19; pulse, 80.

This man claims that the attacks occur almost weekly, and that he is compelled to keep remedies on hand to restrain his bowels. In fact I know of my own personal knowledge that he often is compelled to seek medical relief. He says the stools are usually thin, watery and frothy. His general appearance is healthy. The bowels are full and tympanitic and not tender on pressure. Tongue is furred, color white. Papillae natural.

G. W. H. Kemper M. D.

Examining Surgeon.

4 **DUPLICATE.** 4

SURGEON'S CERTIFICATE

OF

PERIODICAL EXAMINATION

IN CASE OF

William J. Larson

Co E, 18th Reg't, U.S. Infty.

No. 87,995

DATE OF EXAMINATION

Sept. 29. 1877

G. W. H. Kemper M. D.

Examining Surgeon.

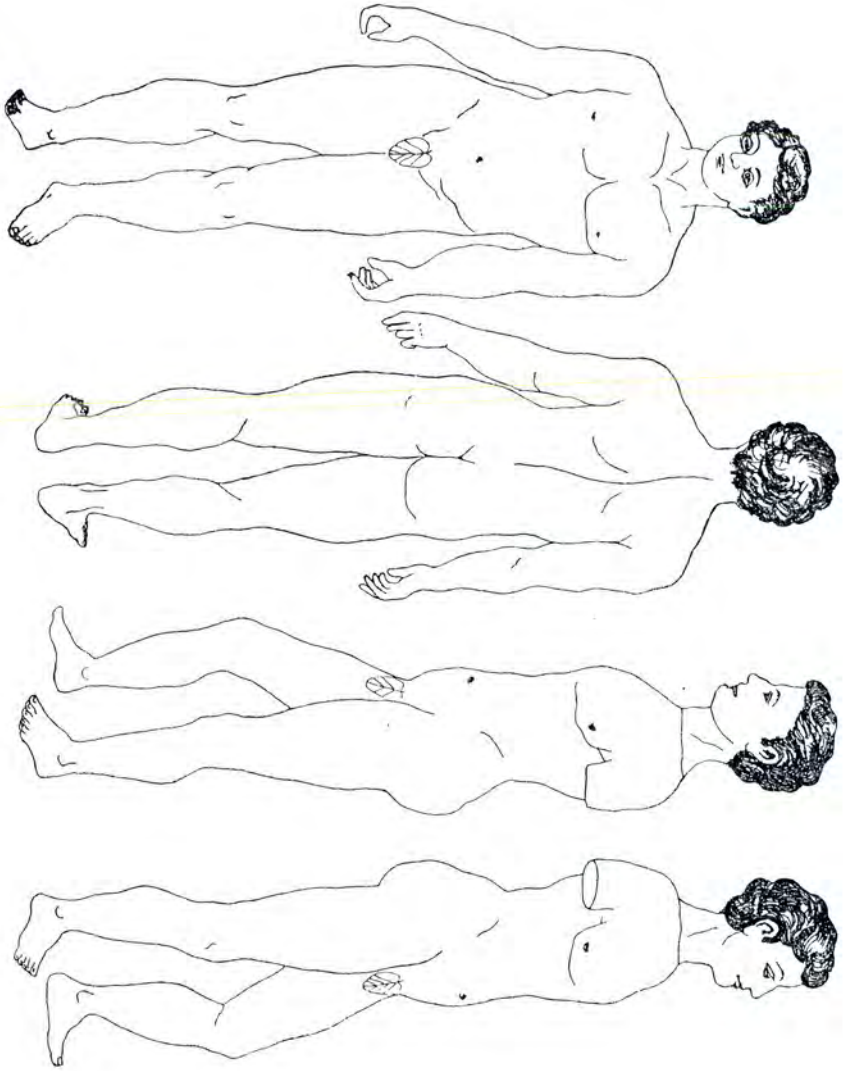
Post Office, Muncie.

County, Delaware

State, Indiana

P. S.—Write Post Office address plain and in full.

PENSION BUREAU
OCT 29 1877
DEPARTMENT OF THE INTERIOR



FRED. KIMBALL OCT 1874 U.S. PENSION AGENT

DUPLICATE.

4

SURGEON'S CERTIFICATE

OF

Biennial, Annual, or Semi-annual Examination, on which the Pensioner draws his Pension.

State: Indiana County: Delaware

Post Office: Muncie Sept 29, 1877.

Pensioner's service.

I hereby certify, That I have carefully examined William J. Carson, who was a private in the war of the Rebellion and was granted an Invalid Pension under Certificate No. 87.995, to be paid now at the Agency in Indianapolis, by reason of alleged disability resulting from Chronic diarrhoea which he states to have been received in the line of duty while he was in the military service of the United States.

Be particular to give Certificate No.

Agency where to be paid.

State whether disability continues; and, if so, its present degree.

In my opinion the said Pensioner's disability, from the cause aforesaid, continues at one-fourth= two dollars per month

A more particular description of the Pensioner's condition is subjoined:

Particular description.

Height, 5-6; weight, 180; complexion, fair; age, 37; respiration, 19; pulse, 88

The entire tongue is furred of a brown color The papillae are enlarged and reddened The abdomen is full and tympanitic- tender on pressure He says the attacks occur as often as once a month and unless he exercises care would be more frequent The stools are usually liquid and small sometimes bloody and mucous,

G. W. H. Kemper M. D.

Examining Surgeon.

[illegible] in Camden Co. Ga. has been [illegible] since 1863, with Chronic Diarrhoea, contracted in Pemberton Prison, Very bad at the time, and has suffered with it ever since, and since I have been giving him treatment the Diarrhoea or disease of rectum, has been one of the troubles that I have had to combat, Now in the disease of the Rectum, of which the Diarrhoea is simply a result, there is purulent matter and other matter secreted, this is very readily absorbed into the blood, As the kidneys are most active excretive effects in that they are called, in eliminating morbous matter from the blood, and In like manner, that is from this condition of Chronic Diarrhoea, Also other organs and other diseases, the heart becomes, from this condition of Blood, hence from Chronic Diarrhoea of the kidneys and heart respectively directly from which may be readily seen that the Rheumatism results.

He further declares that he has been a practitioner of medicine for twelve years, and that he has no interest, either direct or indirect, in the prosecution of this claim.

I, Seth G. Hastings, M.D.
(Affiant's Signature. Give rank and service, if in the army.)

affirmed— Sworn to and subscribed before me this 17th day of September A. D. 188 8

and I hereby certify that the affiant is a practicing physician in good professional standing; that the contents of the above declaration, &c., were fully made known to him before swearing, including the words years, erased, and the words months added; and that I have no interest, direct or indirect, in the prosecution of this claim.

Geo. F. McCulloch
(Official Signature.)

Clerk C. C.
(Official Character.)

[L. S.]

I, ... Clerk of the County Court in and for aforesaid County and State, do certify that ....., Esq., who has signed his name to the foregoing declaration and affidavit was at the time of so doing ..... in and for said County and State, duly commissioned and sworn; that all his official acts are entitled to full faith and credit, and that his signature thereunto is genuine.

Witness my hand and seal of office, this ..... day of ....., 188...

[L. S.] Clerk of the .....

PENSION OFFICE. OCT - 9 1888

NOTE.—This should be sworn to before a CLERK OF COURT, NOTARY PUBLIC or JUSTICE OF THE PEACE. If before a JUSTICE or NOTARY, then CLERK OF COUNTY COURT must add his certificate of character thereon, and not on a separate slip of paper.

MEDICAL EVIDENCE.

AFFIDAVIT OF

CLAIM OF

Wm Baum Co. Ga.

No. [illegible]

for

OCT - 9 1888

Filed by

Atty. at Law

Washington, D. C.

PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; the marginal instructions must be carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Indiana, County of Delaware, ss:

In the Pension Claim No. Increase 64-87,995.

of William J. Carson, late of Private "E" Co. 1st Battl. 15" U.S. Inf.

(Company and regiment of service, if in the army; or vessel and rank if in the navy.)

Personally came before me, a Clerk of Circuit Court in and for the aforesaid County and State Seth G. Hastings, Muncie, Ind

whose Post Office address is Muncie, Indiana

well known to me to be reputable and entitled to credit, and who, being duly sworn, declares in relation to aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about 18 months ~~years~~, and that

(Here embody all the facts known to the affiant in accordance with the marginal instructions. No erasures or interlineations will be permitted unless the magistrate certifies in his jurat that they were made before executing the paper.

This is to certify that William J. Carson, came to me in April, 1887, for medical treatment for his chronic disabilities, and I have been his attending physician ever since that time; and I have today made a careful examination of his condition: Pulse irregular; sometimes frequent; then slow; frequently an omission of a pulsation. He often has attacks of sharp, shooting pains in region of heart, causing great dyspnoea. He has tenderness and pain in the back across the kidneys. Indeed, the urinary tract generally is much diseased; The Rectum is inflamed, very sensitive. He has a Burning, griping or clawing sensation in the Right Inguinal Region, [illegible] by either a desire for stool, or Micturition, and the distress is relieved by passing one or the other (that is, a passage from the Bowels, or by passing one or the other, (that is, a passage necessary at the time, — [illegible]) according to which is are irregular; often having passages from his bo[illegible] by constipation, with hard, painful [illegible] of Diarrhoea, [illegible] He suffers much with a distressing [illegible] the Occipital region; and pain in the Nape [illegible] in [illegible] There is considerable dropsical swelling in the [illegible] leg, especially in the knee and below the knee, the swelling is increased by exercise on the feet, causing an aching pain. There is a paralytic condition of the Left foot and [illegible] There is no sensation (to the pricking of a needle) in the upper part of great toe, and along that nerve in the upper part of the foot, and in front part of ankle and leg, suffers much with Rheum. I am safe in saying that he is incapacitated for manual labor at least three-fourths; that is, he is not able to perform more than one fourth as much labor as he could, if not [illegible] disease.

NOTES.

The Physician's Affidavit must show the following facts:

1st. Whether or not he knew the soldier prior to enlistment; the length of time he has known him how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor: and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.

2d. If he treated claimant while in the service either as his regimental surgeon or while claimant was home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.

3d. If he has treated soldier since discharge he should so state, giving the date of his first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of the prescriptions.

4th. The extent or degree to which claimant has been unable to perform manual labor during each year from discharge to the present time

9

imprudence and unfaithfulness to his country & his duty as a Soldier he was not at the Battle of Chickamauga when his company was annihilated I am sorry to ~~state~~ say that it is impossible for me to state that the claim is No 58.199

E. M. B. Simoney
Late Capt 15th Infy
N.J.A

Knoxville Tenn
Aug 13 '65

Respectfully returned
W. P. Lafon Co
"E" 2d Batt 15th
Infy contracted
Syphilis at Fort
Adams R. I. a
short time before
his Compy left
that Port for the
field & in consequence
he was unable to
do duty with his
Company while
stationed at Cowan
Tenn. by his own

You do in this matter,
Respectfully
N. Wasson

Hd. Qrs. 15th Infty.
Fort Adams R.I.
Augt. 23d 1865.

Respectfully forwarded to Commissioner of Pensions. for file with the claim 58.199. - The endorsement within is correct.

O. L. Shepherd
Col. 15th Infty
Comdg.

M. WARREN, CLAIM AGENT, BELLEFONTAINE, OHIO.

Collects Bounty, Pay and Pensions, as Quick as it can be done, and Remits all Money soon as collected or notifies the party if living near.

Bellefontaine, O., Jn 186

Mt E. McBaron Timony
15th W.S. Infty.

Sir; Will you please send to Hon. Joseph H. Barrett Commissioner of Pensions, Washington D. a certificate of the fact that Wm J. Larson contracted his disease Chronic Diarrhea in the Service of the United States specifying as near as possible the time & Place - which he says was Cowans Station Tenn Aug. 1863.

Please state that the Claim is No 58.199.

Please write to me also and let me know what

Cert. No. 87,995 = Wm. J. Carson

Pensioned Dec. 24/67 from

Sept. 2/64 at $12 for Chr. Diarrhoea

Examined May 18/67, Sept. 22/73,

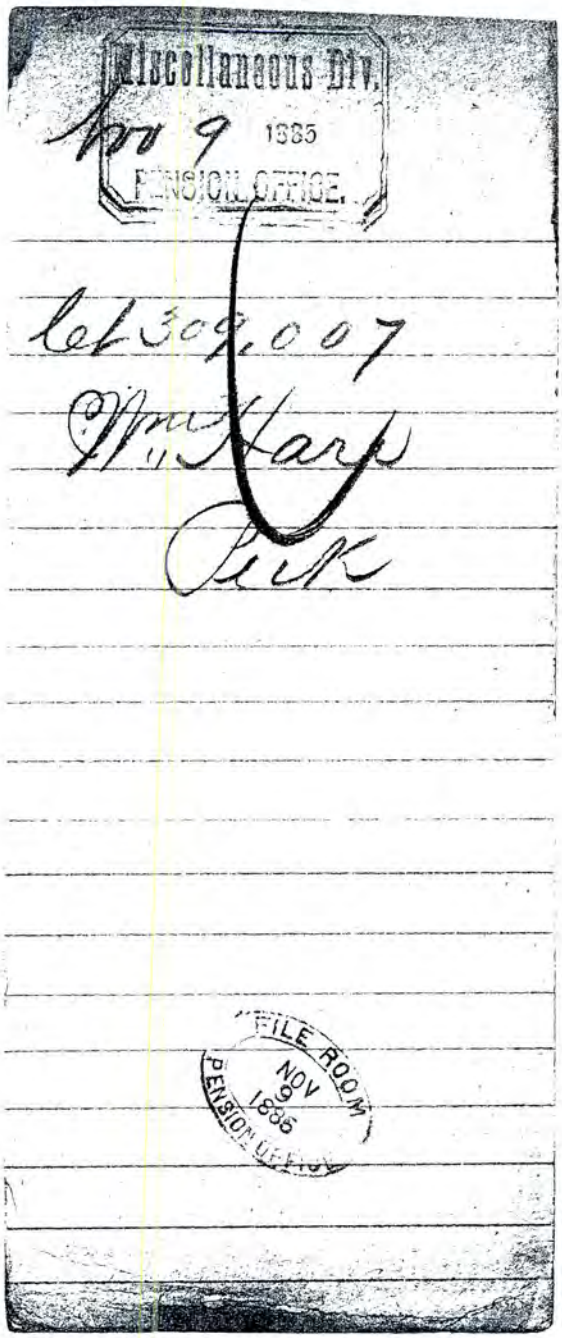
Sept. 10/75, Sept. 29/77 and Oct. 14/85

An examination not deemed

necessary. Sek.

Dec. 31/85

Dec 11 2/86.


Miscellaneous Div.
NOV 9 1885
PENSION OFFICE.
Ltr 302,007
Wm Harp
Clk
FILE ROOM
NOV 9
1886
PENSION OFFICE

did or not, I have not your communication at hand to direct me further, nor any copy I have. I will be pleased to have your further direction & advise as to the condition of the case & what further is to be done.

Most Respectfully

M. Warren

M. WARREN, CLAIM AGENT, BELLEFONTAINE, OHIO.

Collects Bounty, Pay and Pensions, as Quick as it can be done, and Remits all Money soon as collected or notifies the party if living near.

Bellefontaine, O., June 26 1865

Hon. J. H. Bassett,
Pension Commissioner
Sir!

In Claim of Wm J. Carson No 98,199 - I forwarded your letter of Feby 25, 1865 to Lieut Chas. Wykoff & Adjutant Saml. Honey of the 15th W.S. Infty at Fort Adams, R.I. & requested them to forward to you Certificates in accordance therewith as claimant said they could do so, I have not heard from the claim since, I do not know as they ever complied with the request. But whether they

M. WARREN,
CLAIM AGENT,
Bellefontaine, Ohio.

Bellefontaine, O., May 3. 1867.

Hon. Jas. H. Barrett
Commissioner of Pensions
Sir. On the 3d of January 1865 I forwarded to your Office the Papers and discharge of Wm. J. Carson late of Co. "E" 15th Regt. W. Inf. Y. for Pension. Since then I have sent to your Office Proofs the best that can be had and have had an immense amount of correspondence with you in the claim. On the 31. of May 1866 I sent you several Affidavits in the case and have not heard from you since. Will you please let me know the condition of the claim

and Sir
Your Obt. Servt
M. Warren
Atty

LJB

Fort Adams. R.I.
Sept 7. 1864.

F. A. Carson. Esq.

Sir;

I advise you to re-enlist in your old Regiment as soon as possible after visiting your relations & friends.

On re-enlisting you will be made a Sergeant of one of the broken up companies, and kept on duty Recruiting as a member of the Permanent Party, and if you should prefer, you would be sent to some Recruiting Station.

As a Sergt you would stand more chance in this line of promotion, than you would as a Principal Musician: And in a year's time you could prepare yourself for the examination necessary for promotion.

Respectfully
O. L. Shepherd
Lieut 15th Inf
Comdg.

the Kidnies and Bladder, at times Pass a great deal of Mucus with water and at other times. Puss or Corruption in Small Portion, but Can be seen. I have to Get up to make water from 5 to 20 times of an night to whim ~~make~~ ~~water~~ making water have Great Paine. ~~then I~~ when my worst Suffering with Bowels occur my legs Punish me very Severely then when iritation in Bowels Subsides I donot Suffer with my legs So haddlay yet at all times I have not the rite

Statement of Results

The effects Resulting thus far are about this. deseased Mucis membrane all through bowels extending to the Stomach throat and in-to the mouth. Mucus Blisters raise in the throat & mouth. Much Soreness in the Bowels and Rectum Stools are either very hard with much Suffering or else Verry thin and frothey of Light Collar - at other times dark Greenish in Collar the disarangement of the Mucin Membrane Seams of Late years to have extended into

OFFICE OF THE SECRETARY OF STATE
ILLINOIS
PENSION