

Louisville

3-562.

ACCRUED PENSION.

Act of March 2, 1895.

Division.

✓ Certificate No. 16339 Last issue May 10, 1890 ✓

✓ Pensioner, John McKimney ✓ Act July 14, 1862 ✓

✓ Claimant, Caroline McKimney widow ✓ Date of death, April 10, 1890 ✓ 4-10-1900

✓ Morganstown
✓ Butter Co
✓ Kentucky

✓ Certificate is filed. Voucher not filed.
Submitted for adm Oct 11, 1899

J. S. Southern Examiner.

BOARD OF REVIEW.

✓ Approved for Admission Pay to widow as above

W. T. Pierson Reviewer, October 13, 1900
J. M. Mayo Re-Reviewer, Oct. 15, 1900

CERTIFICATE DIVISION.

Accrued Pension Certificate and Order { Issued Oct. 19-1900, 1899
Mailed " 23 ", 1899

Payable to Widow

Original certificate and voucher

notis ✓

S.

Increase INVALID PENSION

Conf. #163,395

Claimant, John McKinney

P.O., Morgantown
County, Butler
State, Ky.

Rank, Private
Company, "I"
Regiment, 11 Ky. Vol. Inf.

Rate, \$ per month, commencing

REJECTED

Disabled by

RECOGNIZED ATTORNEY:

Name, Frank L. Hancock
P.O., Washington, D.C.

Fee \$ 2.00, Agent to pay.
Articles filed, 18

APPROVALS:

Submitted for March 13, 1894

H. E. Weston, Examiner.

Approved for shell wound of left leg and
resulting caries

Approved for shell wound of left leg and
resulting caries (178) no increase

Alleged rheumatism referred to med. Ref.

No special results. Rheumatism not
admitted as result of previous disease.

Sub. 20, 1894, Nelson, Legal Reviewer.

Mar 29, 1894, Medical Referee.

Enlisted September 10, 1861

Discharged December 16, 1864. Last paid to at 17

Pensioned from December 17, 1864, at \$ 4, for shell wound
of left leg.

Original declaration filed March 2, 1878; alleged shell wound of left leg.
Increased to \$12 from October 4, 1880. Reissue to allow
additional disability rejected May 21, 1886. Increase
rejected August 23, 1887. Increase rejected Dec. 9, 1887.
Increased to \$14 from October 31, 1888.
Increased to \$17 from March 12, 1890 for original and
resulting caries. Increase rejected February 23, 1892.

Arrears allowed from, 18, to, 18, at \$

PRESENT CLAIM

Declaration filed December 18, 1893. Claim is increase of original
and resulting rheumatism in wounded leg.
Signed by clerk, N.M.C.



SURGEON'S CERTIFICATE

IN CASE OF

Jno. W. Kinney
Co. *C* 11th Reg't *4th Col. Inf.*

Applicant for *Disch.*

No. *16396*

DATE OF EXAMINATION:

Wednesday Mar 12th, 1890.

J. G. Bennett Pres.,
J. O. Woodhead Sec'y,
J. S. Woodward Treas.,
BOARD.

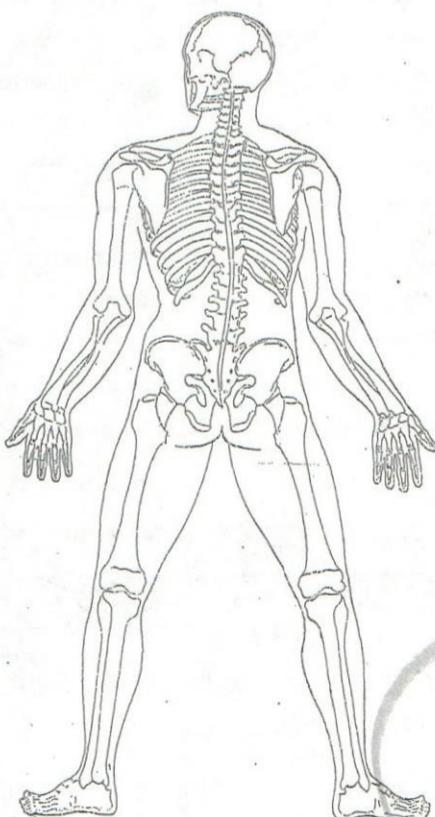
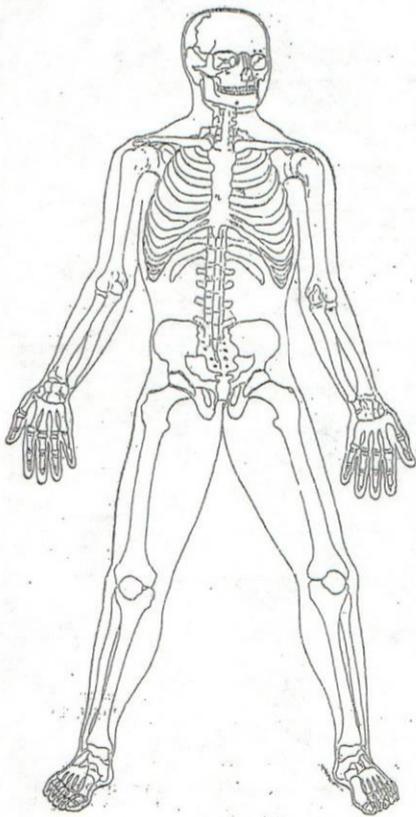
Post office, *Worcester*

County, *Worcester*

State, *Ms.*

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

W



*marks lowest boundary of ulcers
& points of rupture & ulceration of veins*



*marks the enlarged condition
of the affected leg.*

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.]

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.

Insert character and number of claim.

Increase

Pension Claim No. 163,395

(State above whether for original, increase, or restoration.)

Name and rank of claimant.

John McKeown

Rank, Private

Claimant's post-office address.

Company, 11th Reg't Md Inf, Morgantown Ky, State, Ky

[Postoffice address of the Board.]

Oct 28 1891 [Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully

Cause of disability.

examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Shell wounds of left leg and resulting caries & resulting deafness of left ear

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

and that he receives a pension of Seventy (\$70.00) dollars per month.

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.

I claim an increase on account of my leg, and ear loss and deafness. I am totally disabled for performance of manual labor.

Here give a full description of the disabilities, in accordance with para. 5, 6, 61, 62, &c., of Book of Instructions for 1889

Upon examination we find the following objective conditions: Pulse rate, 96; respirations, 30; temperature, 99; height, 5 feet 7 inches; weight, 133 pounds; age, 57 years.

Condition very bad - Very pale anemic & emaciated - hands soft cold and clammy - pulses small and thready - Claimant is just convalescing from an attack of malarial fever - Liver is the seat of entire germia - Shell wound of left leg, marked by an ugly varicose ulcer (see diagram) Ulcer is 4 inches in length and reaches around the leg down to the tendon of Achilles - Whole anterior view of left leg presents an angry red and white appearance - no healthy granulations whatever - The whole surface is discharging an offensive sanguinous matter - The superficial and deep nervous trunks in the ulcer are enlarged, tortuous, sensitive and have tendency to rupture and bleed - There is caries of left tibia, in middle third with weakening of bone - Inspection and Circulation test, reveals ears & hearing normal.

Except as above, no other disability is found to exist. He is, in our opinion, entitled to a rating for the disability caused by U. ulcer left leg. and for that caused by deafness in left ear.

Rate for EACH cause of disability.

Alex. Hunt, Pres. Geo. Woodhead, Sec'y. G. H. Milligan, Treas.

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

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. *163395*
Name and rank of claimant. *John McKinney*, Rank, *Private*
Company *C, 11 Reg't Ky vols* | *Morgantown Ky.* State,
Claimant's post office address. *Morgantown Ky.* (Post office address of the Board.)
Oct 31, 188*8*. (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.

Shell wound of left leg and results

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

and that he receives a pension of *One* dollars per month.

Pulse rate per minute, *70*; respiration, *18*; temperature, *98.2*; height, *5* feet *7* inches; weight, *143* pounds; age, *48* years.

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

at Murfreesboro rec'd my shell wound in 1862

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

Upon examination we find the following objective conditions: *General*

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

Condition good no excruciation has shell wound of left leg large scarr on front of leg. as per report.

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 a 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.

left leg 2 inch longest all along very much discolored from foot up to knee. has large running sore in front where scarr is. Pus and spicula of bone work out at intervals - can't use leg long at time for manual labor - leg swollen. Pain inflamed - no drawn tendons son very tendrn - scarr not dragging or adhesive -

Except as above all organs normal.

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

10/8

rating for the disability caused by *Shell wound left leg.* for that caused

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

by _____, and _____ caused by _____

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

H. J. Bennett, Pres. *J. P. McLean*, Sec'y. *J. W. Howard*, Treas.

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

