

John McKinney Pension Records

Accrued Pension Form May 1890

ACCRUED PENSION.

Act of March 2, 1895.

[illegible stamp] Division.

Certificate No. 163395 Last issue May 10, 1890

Pensioner, John McKinney Act July 14 1862

Date of death, April 10, 1900

Claimant, Caroline C McKinney Widow 4-10-1900

Morgantown

Butler Co

Kentucky

Certificate is filed. Voucher not filed.

Submitted for [illegible] Oct 11, 1900

J W Donohue Examiner.

BOARD OF REVIEW

Approved for Admission Pay to widow as above

W.T. Pierson Reviewer, October 13, 1900

J.W. McCoy ReReviewer [sic] Oct. 15, 1900.

CERTIFICATE DIVISION.

Accrued Pension Certificate and Order Issued Oct. 19 – 1900, [crossed out: 189]

Mailed Oct. 23 – 1900 [crossed out: 189]

Payable to Widow

Original certificate and voucher [blank]

Illegible word]

[illegible word written in left margin]

Invalid Pension December 1893

Increase INVALID PENSION

Ctf. No. 163,395.

Claimant, John McKinney

P.O., Morgantown,

County, Butler,

State, Ky.

Rank, Private,

Company, "C"

Regiment, 11 Ky. Vol. Inf.

Rate, \$[blank], per month, commencing [blank]

REJECTED.

Disabled by [blank]

RECOGNIZED ATTORNEY:

Name, Frank L. Hancock

P.O., Washington, D.C.

Fee \$2, Agent [blank] to pay.

Articles filed [blank], 18[blank].

APPROVALS:

Submitted for March 13, 1894.

Approved for Shell wound of left leg by [illegible] caries

Alleged [illegible] rheumatism referred to Med. Ref.

Mch. [sic] 20. 1894, [illegible name], Legal Reviewer.

H.E. Weston, Examiner.

Approved for Shell wound of left leg and resulting caries (17/18) no increase

No special results. Rheumatism [illegible] not admitted as result of pensioned case.

E I Stern

Mar 29, 1894, [illegible words], Medical Referee.

Enlisted September 10, 1861.

Discharged December 16, 1864 Last paid to [blank], 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 21, 1880. Reissue to allow additional disability rejected May 21, 1886 Increase rejected August 23, 1889 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 [blank], 18[blank], to [blank], 18[blank], at \$[blank]

PRESENT CLAIM.

Declaration filed December 18, 1893. Claims increase of original and resulting rheumatism in wounded leg.

Signs by mark N.M.C.

Surgeon's Certificate Form March 1890

[stamp: US PENSION OFFICE MAR 15 1890]

SURGEON'S CERTIFICATE

IN CASE OF

Jno. McKinney

Co. C, 11th Reg't [sic] Ky Vol. Inf.

Applicant for Inc

No. 163395

DATE OF EXAMINATION

Wednesday Mar 12th, 1890.

[illegible name crossed out] Alex Hurst, Pres.,

Jno. C Morehead, Sec'y,

J N Heaward, Treas.,

BOARD.

Post office, Morgantown

County, Butler

State, Ky

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

[There are 4 images here. The first one is a frontal human skeleton. The second one is a view of the skeleton from the back. The third one shows the left side of the human

body. The left leg just above the ankle has been drawn on and the following is written: marks present [sic] boundary of ulcer [sic] and [illegible] of rupture and ulceration of vein. The last figure shows the right side of the human body and the inside of the left leg just above the ankle has marks on it and the following is written: 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, 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. [State above whether the original, increase, or restoration.] Inc. Pension Claim No. 163395

Name and rank of claimant. John McKinney, Rank, Private Company C, 11th Reg't [sic] Ky Vol Inft [sic] [Post-office address of the Board.] Morgantown Ky State,

Claimant's post-office address Morgantown Ky [Date of examination.] Oct 28th, 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 in the service, viz: [Cause of disability.] Shell wound of left leg and resulting caries and [illegible]. Deafness of left ear and that he receives a pension of [If a pensioner fill in the amount; if not, erase the whole line.] Seventeen (\$17.00) dollars per month.

He makes the following statement upon which he bases his claim for [Original, Increase, restoration, etc.] Inc. [Here give the claimant's statement as briefly and as compactly as possible.] I claim an increase on account of my leg, and [illegible] [illegible] and deafness. I am totally disabled for performance of manual labor.

Upon examination we find the following objective conditions: Pulse rate, 96; respiration 30; temperature, 99; height, 5 feet 7 inches; weight, 133 pounds; age, 64 years. [Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 5, etc., of Book of Instructions for 1889] Condition vary [sic] bad – Vary [sic] pale anemic and emaciated – hands soft cold and clammy – pulse small and thready – Claimant is just convalescing from an attack of malarial fever – Lesion is the seat of [2 illegible words] –

Shell wound of left leg is marked by an ugly varicose ulcer (see diagram) Ulcer is 9 inches in length and ranges around the leg down on the tendon of Achilles – Whole anterior view of left leg presents an angry, [illegible] appearance – no healthy granulations whatever – the whole surface is discharging an offensive [illegible] matter – The superficial and deep various [illegible] in the ulcer are Enlarged, tortuous, [illegible], and have tendency to rupture and bleed – There is caries of left tibia in middle [illegible] with weakening of bone – Inspection and [illegible] test, reveal Ears and hearing normal.

Except as above, no other disability is found to Exist. He is, in our opinion, entitled to a [Rate for EACH cause of disability.] 18/18 rating for the disability caused by V. ulcer left leg, 0 for that caused by deafness in left ear and [blank] for that caused by [blank]

Alex Hurst, Pres. Jno. C Morehead, Sec'y. G H Milligan, Treas.

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

Surgeon's Certificate October 1888

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, 11th Reg't [sic] Ky Vols [Post-office address of the Board.] Morgantown Ky State,

Claimant's post-office address Morgantown Ky [Date of examination.] Oct 31, 1888.

We hereby certify that in compliance with the requirements of the law [see first footnote below] 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 and that he receives a pension of [If a pensioner fill in the amount; if not, erase the whole line.] Twelve 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 [see second footnote below] [Here give the claimant's statement as briefly and as compactly as possible.] at Murfreesboro recd [sic] my shell wound in 1862

Upon examination we find the following objective conditions: [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. 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, etc., 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.] General condition good no emaciation has Shell wound of left leg large scarr [sic] on front of leg as per chart. left leg 2 inch [illegible] all along very much discolerd [sic] from foot up to knee. has large running sore, in front where scarr [sic] is. Runs pus and specula of bone work out at intervals. – Cant [sic] use leg long at time for manuel [sic] labor. leg swollen and inflamed – no drawn tendons sore very tender – scarr [sic] 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, [blank] 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 [Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.] entitled to a 16/18 rating for the disability caused by Shell wound left leg, [blank] for that caused by [blank], and [blank] caused by [blank]

[footnote: See the back.]

[footnote: Here state whether for original, increase, restoration, or renewal, or for a re-rating.]

Alex Hurst, Pres. JJ [illegible initial] Duncan, Sec'y. J W Howard, Treas.

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

Surgeon's Certificate October 1887

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. 163.395

Name and rank of claimant. John McKinney, Rank, Pri. Company C, 11th Reg't [sic] Ky Vols. [Post-office address of the Board.] Greenville Muhlenberg Co Ky State,

Claimant's post-office address Morgantown Butler Co Ky [Date of examination.] Oct 26, 1887.

We hereby certify that in compliance with the requirements of the law [see first footnote below] 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 that he receives a pension of [If a pensioner fill in the amount; if not, erase the whole line.] 12 dollars per month.

Pulse rate per minute, 54; respiration, 17; temperature, 98.5; height, 5 feet 8 inches; weight, 149 pounds; age 47 years.

He makes the following statement upon which he bases his claim for [see second footnote below] Increase; [Here give the claimant's statement as briefly and as compactly as possible.] The shell wound of left leg is giving him a great deal more trouble than at any previous date

Upon examination we find the following objective conditions: [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. 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 $\frac{1}{4}$, $\frac{1}{2}$, total, etc., 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.] a large bluish surface with ulcers on right ankle; as shown in [illegible] leg Enlarged one inch at ankle and $\frac{1}{2}$ inch at calf. larger around than the left. Saphenae [sic] veins twice the normal size. Discoloration 8X5 inches, Three open ulcers about the size of a half dollar. Heart enlarged, apex [illegible] under nipple, increased are of dulness [sic] sounds normal. Tongue, stomach, bowels, [illegible], [illegible] Kidneys, lungs, glandular, [illegible] and [illegible] system normal. No syphilis.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, [blank] 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 [Rate for each cause of disability.] If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.] 12/18 rating for the disability caused by [illegible] of left leg, [blank] for that caused by [blank], and [blank] for that caused by [blank]

[footnote: See the back.]

[footnote: Here state whether for original, increase, restoration or renewal, or for a re-rating.]

W.E. [illegible], Pres. T.J. Stetson, Sec'y. H N Yort, Treas.

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