RG 15 SO# 842,881 Randall McCloud, private, Co. D 34th USC Inf. CAN NO: 951 BUNDLE NO: 91

[3—216 a.]

E. J. Fitch,
Ex'r.

No. 842881

Act of June 27, 1890.

Randall McCloud

P. O. Beaufort S.C.

Service: D. 34 U.S.C. Inf

ABANDONED.

Enl. [illegible] 1863.

Discharged: Sep. 1863.

Application filed: Aug 4, 1890.

Alleges:

Any other Claim filed: No 9/11

Numerical No. 271,454

Attorney: R. F. Greaves

P. O. Beaufort S.C.

Recognized. Contract.

Cert. of Dis. Searched for 9/ , 18 .

H.V.G.

ATTY FILED

Notz. 11-18-90 L.D.

MD. ~~Mch 9/91 Als + 10 atty for aut serv + orig of rupture.~~

VA.

W. V. ~~Mar. 11th 91 Ord. med. ex. at Beaufort S.C.~~ Lee

N. C. Mch 19/91 Atty for correct name & service.

S. C.

FLA.

GA.

ALA.

MISS.

LA.

TEX.

KY.

TENN.

MO.

ARK.

D. C.

U.S.C.T.

No.

Beaufort 19th Feb 1891.

To Commissioner of Pensions :

Please furnish the condition of the claim mentioned below and state what evidence, if any, is needed to complete the same.

Very respectfully,

R. F. Greaves
Claimant's Attorney.

No. of Claim 8,442,881

No. of Certificate .....

Randal McCloud
Name of Claimant.

Randal McCloud
Name of Soldier.

Co. D 34th Reg't. N.C.T. Vols.

Nature of Claim .....


PENSION
FEB
24
1891
OFFICE.

Beaufort 20th Feb 1891.

To Commissioner of Pensions :

Please furnish the condition of the claim mentioned below and state what evidence, if any, is needed to complete the same.

Very respectfully,

.....

.....

B. F. Greaves
Claimant's Attorney.

No. of Claim 842,881

No. of Certificate .....

Randal McLeod
Name of Claimant.

Randal McLeod
Name of Soldier.

Co. D 34 Reg't M.S.C.T. Vols.

.....

Nature of Claim Pension

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

To Commissio —

Please fur

tioned belo

needed to co

.....

.....

.....

No. of Cla

No. of Ce

.....

.....

Co.....

.....

Nature of

.....

.....

.....

.....

.....

.....

.....

.....

.....

PENSION OFFICE U S
FEB 24 1891

MAR 10 205124 1891

Write nothing above this line.

(3–060 a.)

MILITARY SERVICE.

NAME OF SOLDIER: Randall McCloud

Co E Div.

Ex'r.

No. 84288 1

Inv

Bureau of Pensions, Mch 9, 1891

SIR:

It is alleged that the above-named man enlisted ——— May, 1863, and served as a Privt in Co. D, 34 Reg't N.C. Mt.

also as a ——— in Co. ———, ——— Reg't ———, and was discharged at Old Fort Beaufort on Sept —, 1863

Plea. e give personal description.

No. of prior claim ———

The War Department will please furnish an official statement in this case, showing date of enrollment and date and mode of termination of service.

Very respectfully,

Jno B Rawn

Commissioner.

THE OFFICER IN CHARGE OF THE
RECORD AND PENSION DIVISION,
WAR DEPARTMENT.

0—4

War Department,

Record and Pension Division,

MAR 10 1891

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that Danl Randall McCloud Has not been found on rolls of Co D 34 N C Mt

mentioned in the preceding indorsement, was enrolled ———, 186—, *and* ———, 186—

PENSION OFFICE MAR 11 1891

BY AUTHORITY OF THE SECRETARY OF WAR:

H Clark Ainsworth.

Captain and Ass't Surgeon, U. S. Army.

Per Gregory

3855 b—50 m

DECLARATION FOR INVALID PENSION.

ACT OF JUNE 27, 1890.

To be Executed Before any Person who is Authorized by Law to Administer Oaths.

State of South Carolina, County of Beaufort, ss:

On this 30th day of July, A. D. one thousand eight hundred and ninety

personally appeared before me, a Notary Public

within and for the County and State aforesaid, Randall McCloud

aged 57 years, a resident of the town of Beaufort County of

Beaufort, State of South Carolina who, being duly sworn according to law,

declares that he is the identical Randall McCloud who was *enrolled* on the

day of May, 1863, in Co. D. 34th Reg't

Here state rank, company, and regiment in military service, or ves-

W. S. C. F.

sel, if in the Navy

in the service of the United States in the War of the Rebellion, and served at least ninety days, and was

honorably discharged at Old Fort Beaufort, on the

day of Sept., 1863. That he is 3/4 of his time unable to earn a support

by manual labor by reason of Rupture and injury to the right arm

Here name the diseases or injuries from which disabled.

for which disability he was discharged from the

service

That said disabilities are not due to his vicious habits, and are to the best of his knowledge and belief permanent; that he has not applied for pension under application No. .....; ~~that he is a pensioner under Certificate No.~~

If a pensioner, the certificate number only need be given; if not, give the number of the former application, if one was made.

That he makes this declaration for the purpose of being placed on the pension-roll of the United States under the provisions of the Act of June 27, 1890.

He hereby appoints, with full power of substitution and revocation, R. F. GREAVES, of BEAUFORT, S. C., his true and lawful attorney to prosecute his claim, and to receive therefor a fee of ten dollars; that his post-office address is Beaufort

county of Beaufort, State of South Carolina

his
Randall X McCloud
mark

Claimant's signature.

Attest: 1 G. W. Anderson

2 J. W. Payne

Two witnesses who can write sign re,

Also personally appeared Tony Singleton, residing at Beaufort S.C.
and J. W. Saxon ; residing at Beaufort S. C., persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they were present and saw Randall McCloud, the claimant, sign his name (make his mark) to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him for 30 years and 12 years, respectively, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

Tony his mark Singleton
J. W. Saxon
Signatures of witnesses

J. W. Saxon
G. W. Anderson

SWORN TO AND SUBSCRIBED before me this 30th day of July, A. D. 1890 and I hereby certify that the contents of the above declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words ..... erased and the words ..... added, and that I have no interest direct or indirect, in the prosecution of this claim.

GEO. W. ANDERSON NOTARY PUBLIC STATE OF S.C.
[L. S.]

G. W. Anderson
Signature
Notary Public
Official character

NOTES.

The Act of June 27, 1890, requires, in case of a soldier:

(1) An honorable discharge (but the certificate need not be filed unless called for).
(2) A minimum service of ninety days.
(3) A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
(4) The rates under the Act are graded from $6 to $12, proportioned to the degree of disability to earn a support, and are not affected by the rank held.
(5) A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than one pension for the same period.

PENSION OFFICE U.S. AUG 14 1890

2714434

ACT OF JUNE 27, 1890.

SOLDIER'S APPLICATION.

Name Randall McCloud.
Service Co. B, 34 Reg't
U.S.C.I.

ADDRESS:
Beaufort
Beaufort Co
S.C.

FILED BY
R. F. CREAVES
U. S. CLAIM AGENT,
BEAUFORT, S. C.

Printed by the NEW SOUTH PUB. CO., Beaufort, S. C.

Randall McCloud

GENERAL AFFIDAVIT.

State of South Carolina, County of Beaufort, ss:

In the matter of Pension claim of Randall McCloud late private in Co. D. 34th Reg't U.S.C.T.

ON THIS 30th day of July A. D. 1890, personally appeared before me Notary Public in and for the aforesaid County duly authorized to administer oaths, Randall McCloud aged 57 years, a resident of Beaufort in the County of Beaufort and State of South Carolina whose Post Office address is Beaufort, Beaufort Co. S. C.

aged years, a resident of

in the County of and State of

whose Post Office address is

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

That while in the line of duty at Old Fort (Beaufort

[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]

getting wood for the Company cook, he fell from a tree off of which he was cutting a limb. His foot slipped and he fell a distance of about twenty feet to the ground, across a log, striking on his right arm pressed to his right side. The arm was knocked out of place at the elbow, but was soon replaced. The arm, however, was so sprained that the little finger of the right hand was drawn up considerably and the muscles of the arm are so weakened that he can do but very little lifting with it — he can't lift anything heavy with it. He also suffers a great deal with weakness in the small of the back and around the loins. That he is ruptured and is compelled to wear a truss constantly. By the fall he was injured internally, and he often passes blood. That he was placed in the hospital (regimental) under the treatment of Dr. Hawks, where he remained about two months, at the expiration of which time he was honorably discharge from the service on account of the said disabilities. That as keeper of the Abbe House, he now does light work, and that he is not able to do any other kind.

further declare that no interest in said case and not concerned in its prosecution.

Macon B. Allen Jr.
Edward C Read
(If signed by mark, two persons who can write sign here.)

Randall his X mark McCloud
(Signature of Affiants.)

STATE OF South Carolina, COUNTY OF Beaufort, ss.

Sworn to and subscribed before me this day by the above-named affiant, and I certify that I read said affidavit to said affiant, including the words .... erased, and the words .... added and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

[L. S.]

G. W. Anderson
(Official Signature.)

Notary Public
(Official Character.)

GEO. W. ANDERSON. NOTARY PUBLIC STATE OF SO. CA.

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 ...., 18 ....

....

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

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 hereon, and not on a separate slip of paper.

ADDITIONAL EVIDENCE.

U.S. PENSION OFFICE AUG 4 1890

CLAIM OF

Randall McCloud
Private in Co. K. 34th Regt
U.S.C.T.

AFFIDAVIT OF

Randall McCloud

Filed by

R. H. Graves
Claim Agent
Beaufort S.C.

Printed and for sale by J. H. SOULE, Washington, D. C.

NEIGHBORS' AFFIDAVIT.

Act of June 27, 1890.

For the testimony of EMPLOYERS or NEAR NEIGHBORS of soldier (other than relatives); showing his present physical disability, as required under the provisions of the Act of June 27, 1890.

State of South Carolina County of Beaufort ss:

In the matter of the application of Randall McCloud

ON THIS 2nd day of December, A. D. 1890; personally appeared before me, a Notary Public in and for the aforesaid County duly authorized to administer oaths Tony Singleton aged 55 years, a resident of Beaufort in the County of Beaufort and State of South Carolina whose Post Office address is Beaufort S.C. and aged years, a resident of in the County of and State of whose Post Office address is

well known to me fo be respectable and entitled to credit, and who being duly sworn, declare in relation to the aforesaid case as follows; That I have been well and personally acquainted with Randall McCloud for 30 years, and respectively, and that when I was able to work I was a farmer I live about one mile from the claimant, and see him very day, and converse with him as often as I see I think. Claimant is and has been suffering from a severe pain in right arm ever since he left the army, but here of late he suffers more than ever. The arm is so affected that at times he can scarcely take up any thing with right hand, our business brings us together daily and I know all about claimants suffering respecting his arm. Claimant fell out of a tree while in the service and on duty to get wood for the cook of his company, my Regt. had, by the side of claimants when the accident happened. I was in 33" Regt. and claimant in 34th. claimants complaint was not brought on by his vicious habits he is a good moral man. I have no interest in the prosecution of this claim.

his
Tony X Singleton
mark

Witness
D. R. Reed
W. B. Rivers

Instructions——read carefully.

The witnesses must state:

1st. Their respective ages and occupation; the length of time they have known the soldier and how long during that period they have employed worked with or for him, or lived in the same neighborhood with him and how near him.

2nd. If they have employed or worked with him they should state where it was and at what business; or if they know him as neighbors only they should state about what distance from him they live; how frequently they see him and converse with him, and how intimate they are with him, and from what disease or disability he is suffering with at present, and whether at any time he is obliged to stop work by reason of his alleged disabilities. In this connection, if the witnesses have been his employers, or have worked with him or for him, they should state about what proportion of a sound, able-bodied man's work he is able to do—whether ONE-FOURTH, ONE-THIRD, ONE-HALF, TWO-THIRDS, THREE-QUARTERS, or as the case may be: what his actual earnings are, and whether or not the wages paid him are less in amount, and how much less on account of his inability to labor: than is paid to others physically sound, and doing the same kind of work. They should also state how they are able to say what his disabilities are, and describe fully and clearly the symptoms as they appear to them in his case; in fact, describe his physical condition fully, and show whether or not he is suffering from a mental or physical disability of a permanent character, not the result of his own vicious habits and the extent which he is incapacitated from the performance of manual labor, or the degree he has been unable to earn a support since the filing of his claim.

Sworn to and subscribed before me this 9" day of December 1890 I have no interest in the prosecution of this claim for pension

A S Bascomb
Official Signature.

A. S. BASCOMB, NOTARY PUBLIC, BEAUFORT COUNTY, SOUTH CAROLINA

U.S. PENSION OFFICE JAN 5 1891

NEIGHBOR'S AFFIDAVIT.

Act of June 27, 1890.

CLAIM OF Randall McCloud

Nature of Claim ....

Soldier ....

Co "D", 34" Reg't ....

Vols.

No. 842,881

Filed by

R. F. Greaves,

U. S. Claim Agent,

BEAUFORT, S. C.

Printed by New South Pub. Co., Beaufort S. C.

PHYSICIAN'S AFFIDAVIT.

PROOF OF PHYSICAL DISABILITY.------Act of June 27, 1890.

TAKE NOTICE.—The affidavit should be, if possible, in the handwriting of the affiant; the marginl 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 set forth, and the dates of treatment should be specifically given.

State of South Carolina County of Beaufort ss:

In the Pension Claim No. 842,881

of Randall McCloud late of
Co. D, 34th U. S. C. Inf.
Company and regiment or service, if in the army; or vessel and rank, if in the navy.

Personally appeared before me, a Notary Public in and for the aforesaid County and State. Allan Stuart M.D. a citizen of Beaufort whose Post Office address is Beaufort S.C. well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case as follows:

That he is a Practicing Physician, and that he has been acquainted with said soldier for about Ten (10) 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.

NOTES.

The Physician's Affidavit must show the following facts:

1s. A complete diagnosis of the disabilities upon which the claim for pension is based, and the period during which he treated him.

2d. That the soldier is suffering at present from a mental or physical disability of a permanent character not the result of his own vicious habits which incapacitates him for the performance of manual labor in such a degree as to render him unable to earn a support. The degree or extent he has been disabled since the filing of his application should be plainly stated.

Double Inguinal Hernia for which he has worn a truss ever since I knew him.

Allan Stuart M.D.

STATE OF SO. CA. NOTARY PUBLIC GEO. W. ANDERSON

PHYSICIAN'S EVIDENCE.

Act of June 27. 1890.

CLAIM OF

Randall McCloud

Nature of Claim .....

.....

Soldier .....

Co D, 34 *Reg't*

M. S. C. Inf. *Vols.*

No. 842 881

Filed by

R. F. Greaves,

U. S. Claim Agent.

BEAUFORT, S. C.

Printed by New South Pub. Co., Beaufort S. C.

PENSIONS OFFICE JAN 5 1891

Sworn to and subscribed before me this 26 day of November 1890

no interest in the prosecution of this claim for

Official Signature.

I have

So. Di., ... Div.

E. J. F.

(3—077.)

INVALID.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Mch 2, 189 1

SIR:

In every claim to Invalid Pension it is necessary that the following information should be furnished by the claimant, if it does not appear in his declaration:

Call No. 1. He should state under oath the nature and locality of the wound or injury, or the name or nature of the disease for which pension is claimed.

Call No. 2. He should state under oath *when* and *where* the alleged wound or injury was received, or the disease contracted, and the *circumstances* of the origin of each.

Call No. 3. He should state under oath whether he has been in the military or naval service since September, 1863, and give the name and number of each company and regiment to which he belonged while in the service.

Call No. 4. He should state without oath the names or numbers and the localities of *all hospitals* (whether regimental, brigade, division, corps, post, or general hospital) in which he was treated while in the service, giving, as nearly as possible, the dates of treatment in each. If he was not treated in the service he should state that fact.

Call No. 5. His post-office address (and in cities the street and number of his residence) should be stated without oath.

In the Claim No. 842881, *of Mr.* Randall McCloud *the information indicated by Call No.* 2 & 3, *has not been furnished and should be supplied,* under Call 2 answer only as to rupture.

N. B.—Please have number of Claim and name and service of soldier put on back of evidence filed, and also say in reply to Call No. 2 & 3.

Very respectfully,

P. D. Greaves

Beaufort S. C.

Grenville B. Raum

Commissioner.

0 4

3658 b—50 m

MAR
1891
OFFICE.

GENERAL AFFIDAVIT.

State of South Carolina , **County of** Beaufort , **ss:**

In the matter of pension for Randall McCloud late a private in Co "D" 34 Reg U.S.C.T. No. 842.881

ON THIS 18" day of March A. D. 1891; personally appeared before me a Notary Public in and for the aforesaid County duly authorized to administer oaths, Randall McCloud aged 57 years, a resident of Beaufort in the County of Beaufort and State of South Carolina well known to me to be reputable and entitled to credit, and who, being duly sworn, declared in relation to aforesaid case as follows:

That on or about the 6" day of September

[NOTE.—Affiants should state how they gain a knowledge of the facts to which they testify.]

A.D. 1863 while in the line of duty, getting wood for the cook of the company aforesaid at Old Ford in the State and County aforesaid he fell from a tree and injured his right arm his back and his loins. He was so disabled by the result of said fall, that he was sent to the regimental hospital, and there he was treated for said injury. for some thing like two months. after which time he was discharged from the U.S. service on account of the inability brought on from the aforesaid injury. Some time in March of the following year; he commence to suffer from severe pains in the "Private" which resulted in a case of serious "Rupture". His right arm and back pain him to such an extent that he is of very little use to himself. He continues to suffer from weak back.

His Post Office address is Beaufort S.C.

further declare that no interest in said case and not concerned in its prosecution.

Thomas R. Field
George C. Green
[If Affiants sign by mark, two persons who can write sign here.]

Randall his X mark McCloud
[Signature of Affiants.]

That the within described complaints increase on him so that at times he is of no use to himself. I have not been in the military or naval service since Sept 1863.

STATE OF South Carolina, COUNTY OF Beaufort, ss:

Sworn to and subscribed before me this day by the above-named affiant , and I certify that I read said affidavit to said affiant , including the words ..... erased, and the words ..... added and acquainted him with its contents before he executed the same. I further certify that I am in nowise interested in said case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person.

A. S. Bascomb
(Official Signature.)

Notary Public
(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 ....., 18 ....

.....

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

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal, certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

N.

ADDITIONAL EVIDENCE.

CLAIM OF

Amanda McClelland

AFFIDAVIT OF

Amanda McClelland

one and to call #2

3.

RECEIVED U. S. MAR 12 1891 G. L. O.

Filed by

C. H. Columbus
Beaufort S.C.
Atty for Claimant.

Printed and for sale by J. H. SOULÉ, Washington, D. 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, &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.

Original Pension Claim No. 542884

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Randall McCloud, Rank, Private.

Company D, 34 Reg't U S C Inf | Beaufort S C State,

Claimant's post-office address.

Beaufort S C | [Post-office address of the Board.]

March 23d, 1891.

[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

Cause of disability.

in the service, viz: Rupture and injury to right arm

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

and that he receives a pension of _____ dollars per month.

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

[Original, increase, restoration, &c.]

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

That he was injured while in the service the rupture appearing after his discharge

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 18; temperature, Normal; height, 5 feet 8 inches; weight, 155 pounds; age, 57 years. Has is suffering with double inguinal hernia of the oblique variety, the right side is much the largest the tumor being 7" in length to bottom of scrotum by 2 inches in diameter at abdominal ring and much more in scrotum. The left side passes thro' the abdominal ring (this is impulse on coughing) but has not descended into the scrotum, they are reducable the mass a double one. The right elbow joint is enlarged being much greater in circumference than the other. He states that he was dislocated the joint is slightly thickened, the articulating surface of the ulna is very prominent, there is very little stiffness or interference with the motion of the joint, He complains of pain in joint especially when grasping anything or attempting to lift. I think from the appearance of joint it was a lateral dislocation of joint. No other disabilities are found to exist. I see no reason to suspect Vicarious habits. I judge the loss of power equal to 1/4

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

_____. He is, in our opinion, entitled to a 1/8

Rate for EACH cause of disability.

rating for the disability caused by Double Inguinal Hernia, 5/8 for that caused by Injury to Arm, and _____ for that caused by _____

_____, Pres. Arthur Sloan, Sec'y. Molesworth, Treas.

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

Continue record of examination here.

SURGEON'S CERTIFICATE

IN CASE OF

Randall McCloud

Co. D, 34 Reg't Mich Cav

Applicant for Original

No. 542881

DATE OF EXAMINATION:

March 23 1891.

A. O. Mortenson, Pres.,

_____, Sec'y,

_____, Treas.,

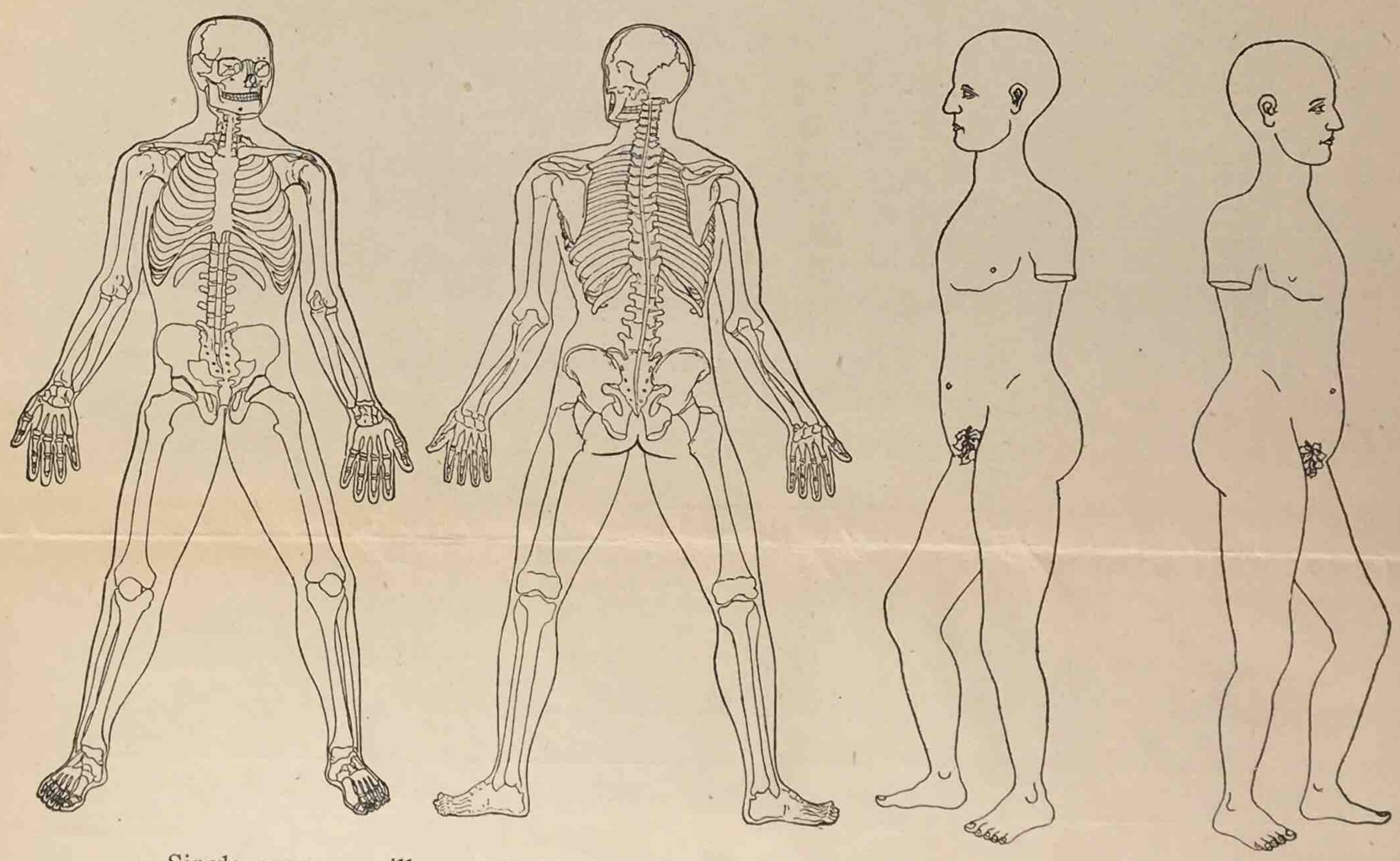
Examining Board.

Post office, Beaufort

County, 4

State, SC

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

Beaufort S.C. Mar. 16" .... 189..

To Commissioner of Pensions :

Please furnish the condition of the claim mentioned below and state what evidence, if any, is needed to complete the same.

Very respectfully,

.....

.....

.....

Claimant's Attorney.

No. of Claim 842.881

No. of Certificate .....

Randall McFarland

Name of Claimant.

Randall McFarland

Name of Soldier.

Co. "D" "34" Reg't Col. S.C. Vols.

.....

Nature of Claim Pension

I hereby respectfully make application for examination before the medical examiner at Beaufort S.C.

(EXAMINING SURGEON'S VOUCHER.)

(3—100.)

TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

A particular description of the disability as it now exists, and a separate rating where more than one cause is found, must be given; and it must be clearly set forth in what form or manner, and from what probable causes, an increased disability, if any, has resulted.

You will use the following distinctive terms to designate the degrees of disability, viz:

1. Claimants so disabled as to "require the regular presence, aid, and attendance of another person," are entitled to a *First Grade* rating.

2. Those so disabled as to be unfitted for "the performance of any manual labor," to *Second Grade.*

3. Those who suffer a disability "equivalent" to the loss of a hand or foot, to *Third Grade.*

4. The surgeon should certify to the fact, only, in each of the following disabilities: The loss of a hand or foot; of both hands or feet; of sight of both eyes; of one eye, the sight of the other having been previously lost; of arm *at* or above elbow; of leg *at* or above knee; of leg by amputation at hip joint; of arm by amputation at shoulder joint; of hearing of both ears so that subject is compelled to use artificial aid.

5. When claimant is totally and permanently disabled in both a hand and a foot, the surgeon should certify to the fact, and explain *why* it is he is so disabled.

6. When disability falls below above-named grades, the ground of comparison should be anchylosis of wrist or ankle, and disabilities should be rated accordingly.

7. When disability is *greater* than that caused by anchylosis of wrist or ankle joint, and *less* than that caused by loss of hand or foot, the latter disability is taken as a basis of comparison.

8. The *Third* is the only grade subject to fractional divisions.

9. The lowest degree of disability pensionable is ¼.

The surgeon may inform the claimant of the result of the examination, as to whether or not in his judgment there is any pensionable disability, BUT IN NO CASE SHOULD HE COMMUNICATE HIS OPINION TOUCHING THE DEGREE OF DISABILITY—THAT IS TO SAY, THE SURGEON MUST NOT STATE HIS RATING TO THE CLAIMANT.

NOTICE.—This Circular *must be returned to this Bureau with your certificate of examination*, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as follows: "Claimant failed to appear within the specified time."

6—001

So. Div; E.A.E.

Circular Call No. 7.
(3—100.)

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Mch 11, 1891.

Mr. Randall McCloud

late a Pvt

Co. D, 34 *Regiment* Mass Inf.

an applicant for Invy

Invalid Pension, No. 842881

on account of disability from Injury to r arm. (?)

Act. of June 27, 1890. Comply fully with paragraph 6 of Instructions of 1890.

has been directed to report himself to you.

Very respectfully,

GREEN B. RAUM,
Commissioner.

Dr. Arthur P. Prioleau
Beaufort

Co. " L. C

N. B.—Read the inside of this circular before examining a claimant.

L. C. C

(3683—200,000.)

6—001