THE NATIONAL ARCHIVES

SOLDIER'S ORIGINAL

NO. 1190184

VETERAN: John J. Davis

RANK: Private

SERVICE: Unassigned 6 K. 173 N.Y. Inf

CAN NO.: 1621 BUNDLE NO.: 86

B L Boyd

3—216 a.

~~J B Clark~~ Ex'r.

~~Lockwood~~ No. 1190184

Act of June 27, 1890.

21/123

John J. Davis

P. O. 509 - W. Front St.

Wilmington, New Castle Co. Del.

Service: Mus K 173 N.Y. Inf

ABANDONED.

Enlisted: Sept 6, 1862.

Discharged: Mch 18, 1864.

Application filed: May 1, 1897.

Alleges:

Any other Claim filed: No

Numerical No.

Attorney: M B Stevens & Co

P. O. City

Recognized. Contract.

atty freed

1 Cert. of Dis. Searched for Aug 26, 1897.

MB

76

Certif June 3/97 mwr

ME. ~~June 22/97 Alg. for Ex. JBC~~

June 29/97 Wilmington, Del Bd. for Ex & atty for testy showing whether clt's disabilities are the result of vicious habits. JBC

Sept 3 '97 atty notified that further action is suspended until claimant appears for medical examination

N. H.

VT.

~~Family data circular 3173 sent to soldier~~

MASS. May 6.03 Call on Stevens Co. for clmt's. present P.O. address BLB

R. I.

CONN.

N. Y.

N. J.

DEL.

No.

3–248.

CLAIM NO. 1190184

Examiners are required to keep the unimportant papers in this wrapper.

PAPERS NOT BRIEFED.

I certify that the inclosed papers are of no value in determining the merits of this claim.

....., *Examiner.*

DISCHARGE CERTIFICATES, POWERS OF ATTORNEY, AND CONTRACTS FOR FEES NOT TO BE INCLOSED.

0–8

No. 15.

INQUIRY SLIP.

MILO B. STEVENS & CO.

ATTORNEYS

TO THE

Commissioner of Pensions.

No. 1190184

[Name of Claimant.]

John L. Davis

[Name of Soldier.]

Co. K, 173 Ind. Vol.

[Service of Soldier.]

Inv. Claim. Act Gen. Law.

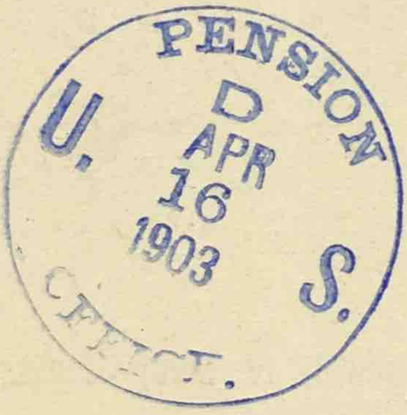
INFORMATION DESIRED.

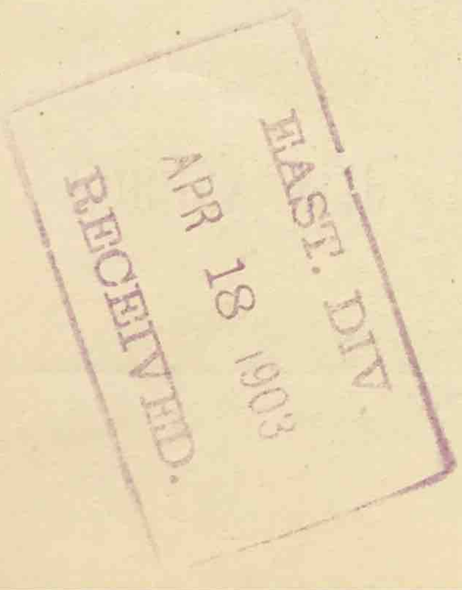
[Make answer, please, to the office of the firm from which this appears to have been received.]

Status,

Milo B. Stevens & Co.

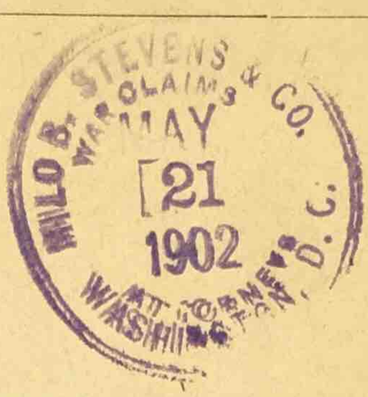
2-3-'03-10M.


PENSION
U. S.
APR
16
1903
OFFICE.


EAST. DIV.
APR 18 1903
RECEIVED.

No. 15.

INQUIRY SLIP.



MILO B. STEVENS & CO.

ATTORNEYS

TO THE

Commissioner of Pensions.

No. 1,190,184

John J. Davies
[Name of Claimant.]

" " "
[Name of Soldier.]

K, 173" Ill. Vols.
[Service of Soldier.]

Sess. Claim. Act June 27/90

INFORMATION DESIRED.

[Make answer, please, to the office of the firm from which this appears to have been received.]

Status please.

Milo B. Stevens & Co.

[2-8-1902—10M]

(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.

(1) Orders for examination are issued in duplicate, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another, should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

(2) If the order to the surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

(3) Orders for examination received by the surgeons should be carefully filed, and at the expiration of three months from their respective dates, if the claimants have not reported, they must be returned, and each order of this character must be indorsed "*Claimant* failed to appear within the specified time."

Whenever a claimant shall have been ordered before a board of examining surgeons, and shall appear for examination, all the members of said board shall participate in said examination; nor will any certificate be accepted from such board which fails to show that all the members of the board participated therein, save only and except that in case the claimant, on appearing, shall find a less number of surgeons than the full board, the examination may proceed with the consent of the claimant expressed in writing on the certificate reciting such fact, and agreeing nevertheless that the examination shall proceed; and in that case such claimant shall be held to have waived the privilege of the statute relative to examination by a full board. (See forms on back of Medical Certificate.)

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 required by paragraph 3 of the instructions quoted above.

6—001

East. Div.
D.C.

Circular Call No. 7.
(3—100.)

Department of the Interior,
BUREAU OF PENSIONS,

Washington, D. C. June 29, 1897

Mr. John J. Davies

late a Musc.

Co K, 173d Regiment N.Y.Vol.Inf.

an applicant for Original

Invalid Pension, No. 1190.184

on account of disability from Piles,
Kidney Cmplaint & Debility
from age.

has been directed to report himself to you.

Very respectfully,

H. CLAY EVANS,
Commissioner.

Dr. Peter Cooper Secy.

Wilmington.

Co. New Castle Del.

CLAIMANT'S POST-OFFICE ADDRESS:

#509 W. Front Street

Wilmington

New Castle, Del

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

McW.

3—505.

BOARD OF REVIEW.

Department of the Interior,

BUREAU OF PENSIONS,

Aug 31, 1897

Inv No. 1,190,174

Claimant,

Soldier, John F. Davis.

Co. K, 173 Reg't N.Y. Inft.

Respectfully returned to the Chief of the Eastern Div.

The claimant should be notified that no further action will be taken in his claim above described until he shall express a willingness to be Medically examined

Enclosed

Rev.

3647b10m7-97 0-3 Reviewer.

3-091.

Call No. 7.

East Division. No. 1190,184

Co. K, 173rd Regt. N.Y. Vol. Infy

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D.C., June 29, 1897.

M. B. STEVENS & CO. CLAIM ATTORNEYS JUL 3 1897 WASHINGTON, D.C.

SIR:

You are hereby directed to report yourself for medical examination to the Board of **Examining Surgeons** Delaware ave, (St. and No.) 502 ~~Equitable Bldg~~ Town Wilmington, County New Castle, State Del within three months from date hereof.

The Board meets at 10 o'clock Every Friday & Wednesday in each month.

Read the indorsement on back of this slip, and return same, with the date of examination indorsed hereon by the secretary of the board making the examination.

Very respectfully,

D. I. MURPHY,
Commissioner.
B. Chief Examiner

Claimant: John J. Davis

P.O.: #509 N. Front Street, Wilmington Del

Attorney: M. B. Stevens & Co

P.O.: Washington, D.C.

Examination made by

Dr. Ogle

Dr. Cooper, and

Dr. Lobdell

members of the Board, this 30 July, 1897

H. Cooper
Secretary.

6-564

The act of Congress approved July 25, 1882, authorizes the Commissioner of Pensions to direct examinations by Boards of Surgeons. When a claimant ordered before a board finds less than a full board present, he may, if he desires, refuse to be examined, and appear later before the full board. Should he be willing to proceed without a full board, the Secretary of the Board shall specify by name on the certificate of examination the members of the board present, and the applicant shall subscribe a certificate on the same paper as follows:

"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."

By such certificate the claimant will be held to have waived the privilege of the statute relative to examination by a full board.

6-564

No. 15.

INQUIRY SLIP.

JUN 3- 1903

MILO B. STEVENS & CO.

ATTORNEYS

TO THE

Commissioner of Pensions.

No. 1190.184

John J. Davis

[Name of Claimant.]

K 173 NY

[Name of Soldier.]

[Service of Soldier.]

Claim. Act

INFORMATION DESIRED.

[Make answer, please, to the office of the firm from which this appears to have been received.]

Papers

Attorneys Room,
JUN 3 1903
Bureau of Pensions.

2-3-'03-10M.

3–173.

Eastern Div.

Claim No. 1190184

John J Davis

Co. K, 173 Reg't N.Y. Inf.

J. H. W., Ex'r.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Sept. 3", 189 7

SIR:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

John J Davis
509 N. Front St.
Wilmington, N.C.

FIRST DEPUTY COMMISSIONER SEP 14 1897

J. L. Davenport
Acting. Commissioner.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.

Answer: Widower. Wife died Sep 15/95 Name. Margaret Miriam Gamble

No. 2. When, where, and by whom were you married? Answer: July 1st 1883. at St Mary's P.E. Church Radnor Pa. by Rev. G. A. Keller

No. 3. What record of marriage exists? Answer: Bride having a Marriage Certificate, the record can be found on Church Registers as above

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer: Alice Finnegan. Deserted me Sept 1878. Indirectly I have heard of her obtaining a divorce in Chicago. & also contracting another marriage

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: Cannot answer positively. Three children by first wife. Robert Edward born Dec 1870. Mary Irene Dec 72. & Charles William the Last died in infancy. By second Wife. Two children both of whom are dead.

The first marriage at St Albans P.E. Church, New York City by the Rev. Charles W. Morrell.

Date of reply, Sept. 13th, 189 7.

John J Davis
(Signature)

3849b10m8-97 0-2

Eastern

(3–145 a.)

ACT OF JUNE 27, 1890.

1190184

INVALID PENSION.

Claimant, John J Davies

P. O., Wilmington

County,

State, Delaware

Rank, Musician

Company, K.

Regiment, 173. N.Y. Vol. Inf.

Rate, $ ______, per month, commencing ______

Disabled by ______

RECOGNIZED ATTORNEY.

Name, Milo B Stevens & Co.

P. O., Washington D.C.

Fee, $ ______ Agent to pay.

Articles filed, ______, 189__

APPROVALS.

Submitted for Rejection, Aug. 25, 1897, W.D. Mead [illegible], Examiner.

Approved for ______

Legal Reviewer.

______, 189__

Approved for ______

Medical Referee.

______, 189__

______ now pensioned under other laws. Last paid to ______, 18__, at $ ______

Pensioned from ______, 18__, at $ ______, for ______

SERVICE SHOWN BY RECORD.

Enlisted Sept. 5", 186__, ______ honorably discharged Mch. 18", 1864

Re-enlisted ______, 18__, ______ honorably discharged ______, 18__

Declaration filed ______, 189__, alleges permanent disability, not due to vicious habits,

from Piles, Kidney Complaint, debility from Age.

0-4

No. M.C. No other service – claimant writes

DECLARATION FOR INVALID PENSION.

Act of June 27, 1890.

This may be executed before any Person Authorized by Law to Administer Oaths for General Purposes. The Certificate of the Clerk of the Court need NOT be attached; but will be procured hereafter if called for.

State of Delaware County of New Castle ss:

On the date hereinafter mentioned, personally appeared before me, a Notary Public (Title of Magistrate.) within and for the County and State aforesaid John J. Davies (Name of Applicant.), aged 52 years, a resident of the City of Wilmington County of State of Delaware, who, being duly sworn according to law, declares that he is the identical John J. Davies (Name under which service was rendered.) who was *ENROLLED* on the 5 day of Sept., 1862, in K - 7th (1737) N.Y. Vols. (Here state rank, company and regiment, in military service, or vessel, if in the Navy.) in the war of the Rebellion, and served not less than ninety days, and was *HONORABLY DISCHARGED* at New Orleans La., on the 18 day of March, 1864. That he is to a material extent disqualified from earning a support by manual labor, by reason of Piles - Kidney Complaint - debility from age. (Here name all diseases, wounds or injuries from which disabled for manual labor.)

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 served in the Army, Navy or Marine Corps of the United States, otherwise than as above stated, ~~except~~ No prior or subsequent service. (State other service, if any.) That he is not a pensioner, has never before applied. (If a pensioner, so state, giving certificate number; if not a pensioner, so state; if a prior application is pending, so state, giving case number.

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, MILO B. STEVENS & CO., of WASHINGTON, D.C., their successors or legal representatives, his true and lawful attorneys to prosecute his claim under said law, and agrees that they shall be allowed and paid, upon the issuance of a certificate, a fee of ten dollars.

That his POSTOFFICE ADDRESS is 509 N. Front St. - Wilmington, Del.

George W. King

Caleb S. Woodcock

(Two Witnesses who can write, sign here.)

John J. Davies

(Signature of Claimant.)

ATTY FILED

(8-19-95—5m.)

(SEE OTHER SIDE.)

(FROM OTHER SIDE.)

Also personally appeared George W. King residing at Wilmington and Caleb S. Woodrow, residing at Wilmington, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw John J. Davies, the claimant, sign his name (or make his mark) to the foregoing declaration; that from the appearance of said claimant and their acquaintance with him, they have every reason to believe, and do believe, that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

George W. King

Caleb S. Woodrow

(If witnesses sign by mark, two persons who can write must sign here.) (Signature of witness.)

Sworn to and subscribed before me this ..... day of April, A. D. 189 7, and I hereby certify that the contents of the above declaration, etc., 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.

James Monaghan

(Official signature.)

Notary Public

(Official character.)

[L. S.]

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

1. That t ere has been a service of not less than ninety days in the war of the Rebellion.
2. That an honorable discharge fro the service shall have been issued.
3. That a disability, permanent in character, not due to vicious habits, exists; question as to origin, not material.
4. The rates are graded from $6.00 to $12.00, proportioned to the degree of inability to earn a support by manu l labor; pension in no way affected by rank.
5. A pensioner under prior laws may apply under this one; a pensioner under this law may apply under the general law; only one pension, however, can be drawn for the same period.

No claim, Ford

SOLDIER'S APPLICATION.

ACT OF JUNE 27, 1890.

Name John J. Davies

Service Musician 173 N.Y. Inf.

Address .....

RECEIVED. MAY 6 1897. PENSION OFFICE. MAY 7 1897 U.S.

FILED BY

MILO B. STEVENS & CO.

SOLICITORS OF CLAIMS,

WASHINGTON, D. C.

Act, June 27-1890

(3—535.)

Eastern Division.

McDonald D.H., Examiner.
(Write surname first plainly.)

Claim (Class.) No. 1190184

Soldier John Davies

Co. K, 173 Reg't N.Y. Inf.

Submitted Aug. 25", 1897

Reviewer, , 18 .

Re-submitted , 18 .

Reviewer, , 18 .

FROM BOARD OF REVIEW TO

Medical Div.

2d charge

SEP 1 1897

Examiner

2d charge

Sp. Ex. Div.

Misc. charges

Cert. Div.

Bd. of Rev. page

(Use this slip in re-submitting the case.)

6—217

Act, June 27 1890

(3—557.)

FILES SLIP.

Invalid No. 1190184

Widow's No. _____

Certificate No. _____

NAME:

John J. Davies

K. 173, N.Y. Inf.

Submitted to the Board of Review for

Inspection, Aug. 25", *189*7.

McDonald A.A., *Examiner.*

Re-submitted to the Board of Review

_____, *189* .

_____, *Examiner.*

S. E. D. _____

_____, *189* .

6—130.

(3—060.)

No.

WAR DEPARTMENT,

RECORD AND PENSION DIVISION.

Respectfully returned to the Commissioner of Pensions.

John Davies

Co. K, Reg't 173 N.Y. Vols.

was enrolled Sept. 5, 1862

and discharged Mch. 18, 1864

on S.C. of D.

The name John J. Davies not found on rolls of above Co.

From Enroll, 186, to Disch, 186

he held the rank of Drummer and musen.

and during that period the rolls show him present except as follows:

Oct. 31. 63 absent sick in New Orleans. and same to Feby. 29. 64.

The medical records show him treated as follows: as John Davis Drum Co K, 173 N.Y.V. Dept. 23. 63 Fever: as Musc, &c Dept. 28, 63 to Mar. 18, 64, (no disease), returned to duty. Nothing additional found

PENSION OFFICE U. S. JUN 23 1897

By authority of the Secretary of War:

F. C. Ainsworth

Colonel ~~Major and Surgeon~~, U. S. Army.

Per m.

Date JUN 22 1897

(COMMISSIONER OF PENSIONS.)

Write nothing to the left of this line.

Write nothing above this line.

(3–060.)

Eastern Div.
D.C. Ex'r.
No. 1190.84
John J. Davies
K 173d N.Y.vol.Infy

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., June 22, 1897

RECORD & PENSION OFFICE JUN 22 1897 WAR DEPARTMENT

SIR:

It is alleged that John J. Davies enlisted Septr. 5, 1863

and served as a _____ in Co K, 173d Reg't N.Y.vol. Infy

also as a _____ in Co. ____, _____ Reg't _____

and was discharged at New Orleans, La, March 18, 1865.

It is also alleged that while on duty at _____

on or about _____, 18____, he was disabled by _____

and was treated in hospitals of which the names, locations, and dates of treatment are as follows:

In case of the above-named soldier the War Department is requested to furnish an official statement showing his full military and medical history. Please give the rank he held at the time he is claimed to have incurred the disability alleged, and if records show that he was not in line of duty during that period, let the fact be stated.

Very respectfully,

H. Clay Evans

Commissioner.

The Chief of the
Record and Pension Office,
War Department.

0-2 2347b50m

ARMY OF THE UNITED STATES.

CERTIFICATE OF DISABILITY FOR DISCHARGE.

John Davis, a Drummer of Captain Dills Company, (K.) of the 173d. N.Y.V. Regiment of United States was enlisted by Capt Cochran of the ____ Regiment of ____ at Brooklyn. on the 5th day of September 1862, to serve 3 years; he was born in Nassau ~~in the State of~~ New Providence is 18 years of age, 5 feet 1 inches high, Fair complexion, Blue eyes, Light hair, and by occupation when enlisted a Painter During the last two months said soldier has been unfit for duty 60 days.* ____

STATION: Marine U.S.A. Hospital
DATE: New Orleans March 9th 1864

Jacob Bockee
Surgeon U.S.V. in charge
~~Commanding Company.~~

I CERTIFY, that I have carefully examined the said John Davis of Captain ____ Company, and find him incapable of performing the duties of a soldier because of† Hypertrophy of Heart

Appd
Jacob Bockee
Surgeon U.S.V. in charge

D. A. Bellhouse M.D.
A. A. Surgeon.

DISCHARGED, this ~~Twenty-fifth~~ 18th day of March 1864, at Marine U.S.A General Hospital New Orleans

Jacob Bockee
Surgeon U.S.V. in charge
~~Commanding the Reg't.~~

The *soldier* desires to be *addressed* at
Town New York City *County* ____ *State* N.Y.

* See Note 1 on the back of this. †See Note 2 on the back of this.

[A. G. O. No. 100 & 101—First.] (DUPLICATES.)

NOTE 1.

The company commander will here add a statement of all the *facts* known to him concerning the disease or wound, or cause of disability of the soldier; the time, place, manner, and all the circumstances under which the injury occurred, or disease originated or appeared; the duty, or service, or situation of the soldier at the time the injury was received or disease contracted, stating particularly whether the injury was received or the disease contracted in the line of his duty; and whatever other facts may aid a judgment as to the cause, immediate or remote, of the disability, and the circumstances attending it.

When the *facts* are not known to the company commander, the certificate of any officer, or affidavit of other person having such knowledge, will be appended—as the surgeon in charge of a hospital, the officer commanding a detachment of recruits, &c., &c.

NOTE 2.

When a *probable* case for *pension, special care* must be taken to state the *degree* of disability—as ½, ⅓, &c., &c.; to describe particularly the disability, wound, or disease; the extent to which it deprives him of the use of any limb or faculty, or affects his health, strength, activity, constitution, or capacity to labor or earn his subsistence. The surgeon will add, from his knowledge of the facts and circumstances, and from the evidence in the case, his professional opinion of the cause or origin of the disability. In the case of discharges by Medical Inspectors, the last paragraph will state that the "discharge was given by consent of the soldier, after a personal examination, and for disability, the nature, degree, and origin of which are correctly described in the within certificate."

Par. 1260 Regulations, Edit. 1861.

Medical officers, in giving certificates of disability, are to take particular care in all cases that have not been under their charge; and especially in epilepsy, convulsions, chronic rheumatism, derangement of the urinary organs, ophthalmia, ulcers, or any obscure disease liable to be feined or purposely produced; and in no case shall such certificate be given until after sufficient time and examination to detect any attempt at deception.

DIRECTIONS.

This certificate will be made out in *duplicate* by the soldier's company commander, or other officer commanding the separate detachment to which he belongs and sent by him to the surgeon who has charge of the hospital where the soldier is sick. The surgeon will then fill out and sign the surgeon's certificate, and forward these papers to the regimental, detachment, or post commander, who will forward them, with his action endorsed thereon, through the proper channel, to his division commander; or, if the troops are not attached to a division, to his corps, department, or other commander or officer to whom the authority to discharge enlisted men may be specially delegated.

These certificates, after having received the action of the highest authority to which they are required to be sent, will be returned through the same channel to the regimental, post, or detachment, commander, who will, if the discharge is authorized by the endorsement of the proper authority, sign the soldier's discharge, and the last certificate on this paper; see that the soldier is furnished with the proper final statements in duplicate, and forward BOTH of these certificates *direct* to the Adjutant General United States Army, at Washington, D. C.; they will not under any circumstances be given into the hands of the soldier.

CERTIFICATE OF DISABILITY FOR DISCHARGE

IN THE CASE OF

John Davis

a Drummer Co. K

173rd Reg't of N.Y. Vols.

Marine Hospital

Desgnated for Discharge

G. A. Heath

Med Inspector U.S.A.

Hd Qrs Dept of the Gulf
New Orleans March 10th 1864

Hereby discharged

By command of

Maj. Gen. Banks

Clark

A. A. A. G.

Adjutant General's Office,

Apr 5 1864.

Duplicate for the Pension Office

Chas. Sack

Asst. Adjt. Genl

Received (A. G. Office) _____, 186 .

☞ 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. Orig Pension Claim No. 1,190,184.
[State above whether for original, increase, or restoration.]

Name and rank of claimant. John J. Davies, Rank, Musician

Company K, 13 Reg't N. G. Inf. Wilmington Del. State,
[Post-office address of the Board.]

Claimant's post-office address. Wilmington, Del. Phillips 30, 1897.
[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: Piles, Kidney complaint, Debility from age.

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 Orig
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. Have bleeding Piles, Pain in small of Back, urinate often, get up at night, Kidneys trouble, am deaf.

Upon examination we find the following objective conditions: Pulse rate, 76; respiration, 22; temperature, 98.4; height, 6 feet 6 inches; weight, 124 pounds; age, 52 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. Applicant refuses any inspection or examination. Wants his word taken for it.

No disability found.
No rating.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Howard Def, Pres. Peter Cooper, Sec'y. Alex Con-ber, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.

6—552

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

"I hereby certify that Dr. Ogle, Dr. Lowber, and Dr. Cooper, were personally present and actually participated in the examination of John J Davis, the claimant in this case, on 30 day of July, 1897."

(*Signature.*) Peter Cooper

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

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

(*Signature.*) ______

SURGEON'S CERTIFICATE

IN CASE OF

John J. Davies.

Co. K, 173 Reg't N.Y. Inf.

Applicant for Orig

No. 1,190,184.

DATE OF EXAMINATION:

July 30, 1897

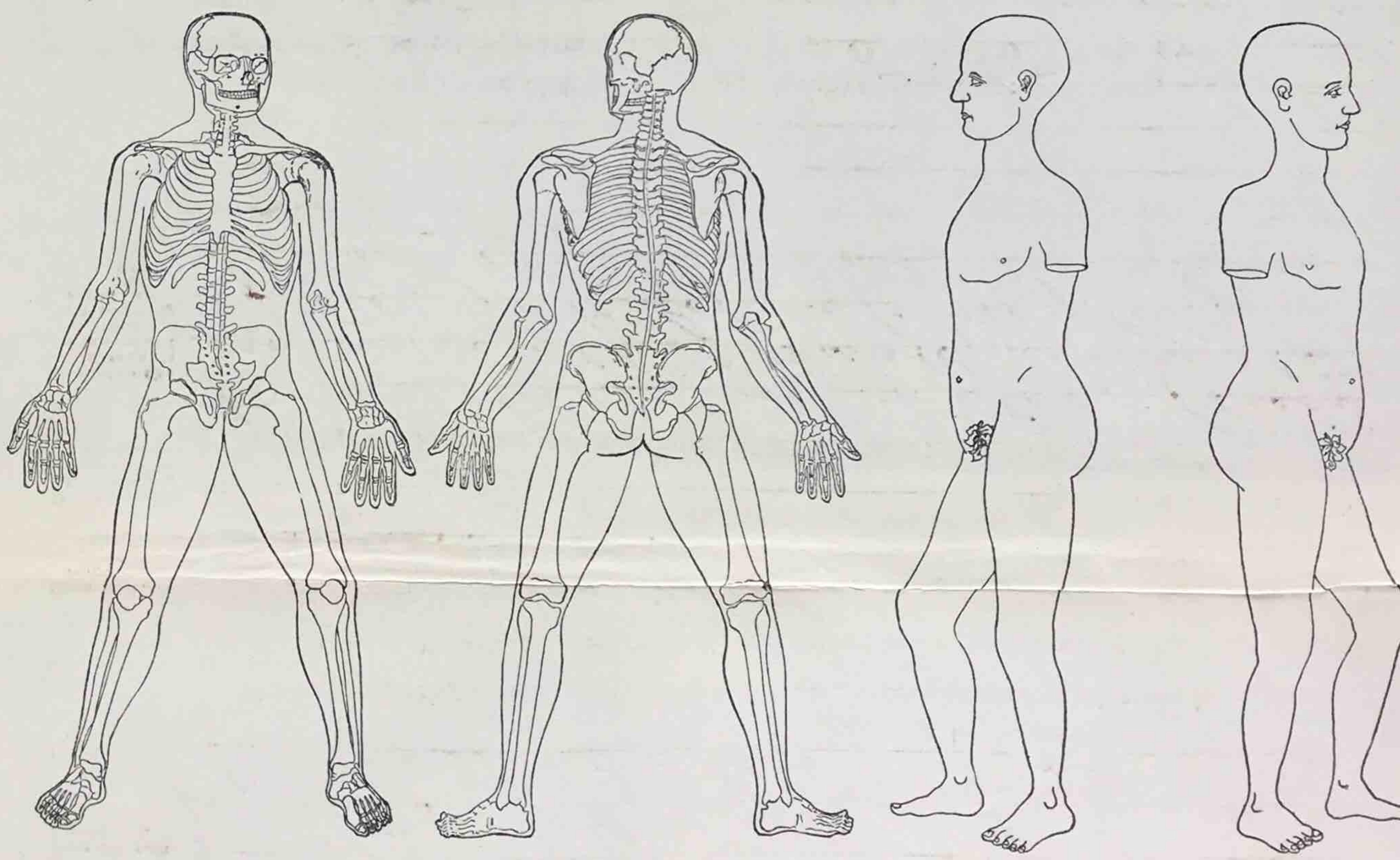
Howard Ogle, *Pres.*,
Peter Cooper, *Sec'y*, BOARD.
Alex Lowber, *Treas.*,

Post office, Wilmington

County, New Castle

State, Delaware

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.*]

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