

Examining Surgeon's Certificate

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IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, _____

State: Washington County: St. Mary's
 Post Office: Blair Station 10" S.W., 1874

Applicant's service.

I hereby Certify, That I have carefully examined
John S Barnes, late a Sergt.
Co. A, 19th Reg't, U.S. Colored Troops,
 in the service of the United States, who is an APPLICANT for an
 invalid pension, by reason of alleged disability resulting from Gunsnot
wound of Left Hand

Degree of disability.

In my opinion the said John S. Barnes
 is permanently incapacitated for obtaining his subsistence
 by manual labor from the cause above stated.

Origin.

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

Probable duration.

The disability is permanent

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

Particular description.

Height, 5 ft 8 in; weight, 135; complexion, Black
 Age, 33; pulse, 74; respiration, 18

Gunsnot wound fracturing the 1st and a portion
of the 2d phalanges of thumb of left hand carrying
away portion of Palmar fascia, permanent contraction
of the thumb cicatrix, ulcer below cicatrix discharging
Pus,

My belief the disability is (not equivalent) to the loss of a
hand be rated at Ten dollars \$10 per month,

J. L. H. Bowen M.D.

Examining Surgeon.

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