

THE NATIONAL ARCHIVES	
SOLDIER'S ORIGINAL	
NO. 1138093	
VETERAN:	Jackson, Ram water
RANK:	corp-
SERVICE:	6- Ky. lead
CAT. NO. 1444	BUNDLE NO. 48

Reject.  
No disability found  
to exist.

Ev

(3-612.)

# **CALLS FOR EVIDENCE.** **INVALID SERIES.**

Claim filed \_\_\_\_\_

Claim No. 1138093

Claimant \_\_\_\_\_

Rank \_\_\_\_\_ Co. \_\_\_\_\_ Regt. \_\_\_\_\_

1. Date called for \_\_\_\_\_, 18 .

Answer filed \_\_\_\_\_, 18 .

2. Date called for \_\_\_\_\_, 18 .

Answer filed \_\_\_\_\_, 18 .

3. Date called for \_\_\_\_\_, 18 .

Answer filed \_\_\_\_\_, 18 .

4. Date called for \_\_\_\_\_, 18 .

Answer filed \_\_\_\_\_, 18 .

5. Date called for \_\_\_\_\_, 18 .

Answer filed \_\_\_\_\_, 18 .

6. Date called for \_\_\_\_\_, 18 .

Answer filed \_\_\_\_\_, 18 .

\_\_\_\_\_ , 18 .

Answer filed \_\_\_\_\_, 18 .

7. Date called for Jan'y. 17, 18 93

Answer filed 3-23-93, 18 .

(3-078.) { 8. Date called for \_\_\_\_\_, 18 .  
Answer filed \_\_\_\_\_, 18 .  
9. Date called for \_\_\_\_\_, 18 .  
Answer filed \_\_\_\_\_, 18 .

(3-061.) { 10. Date called for \_\_\_\_\_, 18 .  
Answer filed \_\_\_\_\_, 18 .

(3-474.) { 11. Date called for \_\_\_\_\_, 18 .  
Answer filed \_\_\_\_\_, 18 .  
12. Date called for \_\_\_\_\_, 18 .  
Answer filed \_\_\_\_\_, 18 .

(3-079.) { 13. Date called for \_\_\_\_\_, 18 .  
Answer filed \_\_\_\_\_, 18 .

(8-535.)

Co.                      Division.  
Druger Examiner.  
 (Write surname first plainly.)  
Dr. 1138093  
 (Class.) No.  
 Soldier Jackson Rainwater  
Corp. E. 6 Reg't Ky. Can  
 Submitted Apr. 19, 1893  
Hutchinson Reviewer,                     , 18 .  
 Re-submitted                     , 18 .  
                     Reviewer,                     , 18 .

REJECTED

FROM BOARD OF REVIEW TO

Medical Div.                       
 2d charge                       
 Examiner                       
 2d charge                       
 Sp. Ex. Div.                       
 Misc. charges                       
                      
 Cert. Div.                       
 Bd. of Rev. page                     

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

(3-557.)

# FILES SLIP.

Invalid No. 1138093

Widow's No. \_\_\_\_\_

Certificate No. \_\_\_\_\_

NAME:

Jackson Rainwater  
E. C. Ky. Can

Submitted to the Board of Review for

Ref. July 19, 1893

Burger, Examiner.

Re-submitted to the Board of Review

\_\_\_\_\_, 189 .

\_\_\_\_\_, Examiner.

S. E. D. \_\_\_\_\_

\_\_\_\_\_, 189 .

Call No. 7. *Inv.*

*Se.* Division. (3-091.) No. *1138093*

*J. E. M.*

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., *Jan. 17<sup>th</sup>*, 1893.

SIR:

You are hereby directed to report yourself for medical examination to the Board of Examining

Surgeons *C. J. Hill*

(St. and No.) *Caswell's Drug Store*

Town *Vicksburg*

County *Warren*, State *Miss.*

within three months from date hereof.

The Board meets at *10* o'clock

*A. M. every* Wednesday in each month.

Return this slip with the date of the examination indorsed hereon by the Secretary of the Board making the same.

Very respectfully,

*Gerrit B. Raum*  
Commissioner.

Claimant: *Jackson Rainwater*

P. O.: *J. C. N. Boyer*

*Vicksburg Miss.*

Attorney: *L. M. Tallmadge*

P. O.: *City*

Examination made by the Board this *8*  
day of *Jan* 189*3*

*G. J. Rice*

(8885-400,000.)

6-564

Secretary

## MILITARY SERVICE.

NAME OF SOLDIER:

Jackson Rainwater

Write nothing above this line.

To Div. Bureau of Pensions,  
 m. A. Ex'r.  
 No. 1138093 July 4, 1893  
 or Im

SIR:

It is alleged that the above-named man enlisted July  
 15, 1862, and served as a priv  
 in Co. E, 6 Reg't Ky. Cav.  
 also as a in Co. Reg't  
 and was discharged at  
 Louisville Ky  
 on July 14, 1865

Remitted Dec. 1864  
 "for 3 years or during the  
 "war. Lt. not same in to  
 "service.

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,  
 Greenbaum

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

Commissioner.

0-4

## War Department,

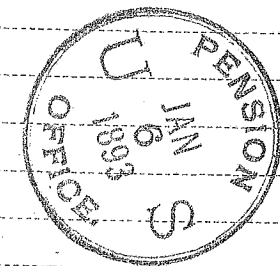
Record and Pension Division,

JAN 5 1893

Respectfully returned to the

COMMISSIONER OF PENSIONS.

The rolls show that Jackson  
 Rainwater  
 mentioned in the preceding indorsement, was enrolled  
 Feb 15, 1862, and M. C. a  
 Corp Feb 14, 1865



BY AUTHORITY OF THE SECRETARY OF WAR:

Permanents  
 Major and Surgeon, U. S. Army.  
 Per m.



*Exr.* [3-216 a.]

No. 11130

7/14/1

Act of June 27, 1890.

Appl - 30-11-92

July 4/93 - *AG*

MP. *Atty. Tallmadge Ex. Bd. at*  
VA. *Vicksburg Miss. Jan. 17/93*  
*Aug 16/93 - Atty. & Court*  
*letters & ref. Porroger*

*Jackson Rainwater*

CO. *C. N. Boyer*

*Vicksburg Miss.*

Service: *Co. E-6 "Hy. Bar."*

Enlisted: \_\_\_\_\_, 18

Discharged: \_\_\_\_\_, 18

Application filed: *Nov. 14, 1892.*

Alleges: \_\_\_\_\_

Any other Claim filed: *No. (M.R.)*

*Nov. 28-92 Marsh*

Numerical No. \_\_\_\_\_

N. C.

S. C.

FLA.

GA.

ALA.

MISS.

LA.

TEX.

KY.

TENN.

Mo.

ARK.

D. C.

U.S.C.T.

Attorney: *P. N. Tallmadge*

P. O. \_\_\_\_\_

City: \_\_\_\_\_

Recognized. \_\_\_\_\_ Contract.

Cert. of Dis. Searched for \_\_\_\_\_, 18

(4476-50,000.)

No.

# Soldier's Declaration for Pension.

UNDER ACT OF CONGRESS, APPROVED JUNE 27, 1890.

To be executed before a clerk of the Court, a Notary Public or other officer authorized to administer oaths for general purposes. If before a Justice of the Peace or other officer who does not use an official seal, it will be necessary to obtain the certificate of the clerk of the County Court as to his official character and genuineness of his signature. If executed before a Notary Public with a seal, no other certificate is required.

State of Mississippi, County of Warren, SS:

ON THIS 9<sup>th</sup> day of Nov, A. D. one thousand eight hundred and ninety Two

personally appeared before me, a Justice of the Peace  
within and for the County and State aforesaid, Jackson Rainwater

aged 47 years, a resident of Vicksburg

County of Warren State of Mississippi, who, being

duly sworn according to law, declares that he is the identical

who was ENROLLED on the 15<sup>th</sup> day of February, 1862 in Co E  
6<sup>th</sup> Regiment Kentucky Cavalry (Here state rank, company

and regiment, in Military service, or vessel, if in the Navy, and if no other service so state.)

and has been in the service of the United States in the war of the rebellion, and served at least  
ninety days, and was HONORABLY DISCHARGED at Louisville Ky on the 14<sup>th</sup>

day of February, 1865 Also served Reenlisted in Dec 1864  
(Name other service.) (as a Veteran?)

for three years or during the war But was not sworn  
in service

That he is totally unable to earn a support by manual labor by reason of Weak Eyes caused  
(Here name the diseases or injuries from which

by sunstroke while in service also totally disabled  
disabled and how incurred.)  
on account of Rheumatism in Both Legs  
and left arm

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

(If a pensioner, the Certificate number only need be given. If former application

made, erase "not" and insert number of claim.)

That he has not been in the military or naval service of the United States since the 14<sup>th</sup> day of February 1865

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 T. W. TALLMADGE, of Washington, D. C., his true and lawful attorney to prosecute his claim, and receive a fee of ten dollars.

That his POST OFFICE ADDRESS is Jackson Rainwater Care C. N. Boyer Vicksburg Miss

County of Warren State of Mississippi

Willie Flowers  
C. N. Boyer (Signature of Claimant.)

(Two witnesses who can write sign here.)

Also personally appeared E. N. Boyer, residing at Victory Miss  
and Jacob E. Geller residing at Victory Miss, persons whom I  
certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw  
Jackson Rimmerwater, the claimant, sign his name (or make his mark) to  
the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaint-  
ance with him for Five years and Five 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.

E. N. Boyer  
Jacob E. Geller  
(Signatures of Witnesses.)

Sworn to and subscribed before me this 9th day of November, A. D. 1892

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.

M. L. Linn  
(Signature.)  
Justice of the Peace  
(Official Character.)

[L. S.]

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 mental or physical disability of a permanent character 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 inability 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.
6. Be sure to state if a former claim has been made—all the service either Military or Naval during or since the war, and name ALL disabilities and how incurred or if no other service so state.

SOLDIER'S APPLICATION.

ACT OF JUNE 27, 1890.

Name Jackson Rimmerwater  
Service 6th Ky Cav. Co. Co.

Address Victory Miss  
# care E. N. Boyer

new  
old name

Date of execution, Nov 9th 1892

Filed by

T. W. TALLMADGE,

ATTORNEY,

WASHINGTON, D. C.

no claim on file

(3-248.)

CLAIM No. ....

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.

(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 ankylosis of wrist or ankle, and disabilities should be rated accordingly.
7. When disability is *greater* than that caused by ankylosis 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  $\frac{1}{4}$ .

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."

So. Div.  
F. C. M.

Circular Call No. 7.  
(3-100.)

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Jan. 17<sup>th</sup>, 1893.

Mr. Jackson Rainwater  
late a Capt.

Co. E, 6 Regiment Ky. Cal.  
an applicant for Dis.

Invalid Pension, No. 1138093

on account of disability from weak eyes  
result of Sun Stroke and  
rheumatism.

d. at June 27, 1890.

of Instructions of 1890

has been directed to report himself to you.

Very respectfully,

GREEN B. RAUM,  
Commissioner.

Dr. C. J. Will  
Vicksburg  
Co. Norren Miss

N. B.—Read the inside of this circular before exam-  
ining a claimant.

(3-145 a.)

ACT OF JUNE 27, 1890.

# INVALID PENSION.

1138093

Claimant, Jackson Rainwater  
P. O., W. C. Beyer  
County, Vicksburg  
State, Mississippi  
Rank, Corpl  
Company, E  
Regiment, 6, Ky. Vol. Can  
Rate, \$ \_\_\_\_\_, per month, commencing \_\_\_\_\_

RECEIVED

Disabled by \_\_\_\_\_

## RECOGNIZED ATTORNEY.

Name, T. W. Tallmadge Fee, \$ \_\_\_\_\_ Agent to pay.  
P. O., City Articles filed, \_\_\_\_\_, 189 \_\_\_\_\_

## APPROVALS.

Submitted for Reg. July 19 1893 L. D. Burger Examiner.

Approved for Medical Review No notable  
disability shown under  
act of June 27, 1890.

M. Hutchinson Legal Reviewer.  
July 21, 1893

Burice, Wm. H. Burice Medical Referee.  
July 27, 1893

Not now pensioned under other laws. Last paid to \_\_\_\_\_, 18\_\_\_\_, at \$ \_\_\_\_\_

Pensioned from \_\_\_\_\_, 18\_\_\_\_, at \$ \_\_\_\_\_, for \_\_\_\_\_

## SERVICE SHOWN BY RECORD.

Enlisted Feb. 15, 1862 honorably discharged Feb. 14, 1865

Re-enlisted \_\_\_\_\_, 18\_\_\_\_, honorably discharged \_\_\_\_\_, 18\_\_\_\_

Declaration filed Nov. 14, 1892, alleges permanent disability, not due to vicious habits,

from Weak eyes caused by sun stroke  
and rheumatism.

Exrites - no m.c.

(3-111.)

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. 1138093

Name and rank of claimant.

Jackson Ramon

Rank, Corporal

Claimant's post-office address.

Company E, 6 Reg't Ky Cav

Richsburg Miss State,

Richsburg Miss

Feb. 8-10th 1893

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: Weak Eyes Result of Gun Stunke Rheumatism

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

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

pension that he was Gun Stunke Feb 63 and now suffers with dimness of vision and vertigo suffers pain numbness and suppression in the joints of legs and left armener unable to work at all at hard labor.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 19; temperature, 99; height, 5 feet 7 inches; weight, 172 pounds; age, 46 years. Mottling Pathological with superficial iridial structures after eyes. Reads Jaeger 20/20 with glasses and 20/25 with glasses H. 75-2 each eye. Brown and Spi- mal Cord normal. No swelling enlargement tenderness or stiffness of joints no atrophy or contraction of muscles no abnormal heart and lungs normal no disability found to exist no Rating Discharge Manual

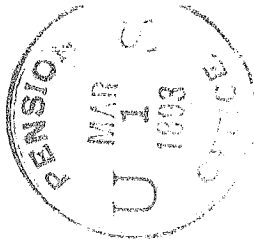
Rate for EACH cause of disability.

He is, in our opinion, entitled to a 1 rating for the disability caused by Weak Eyes, and 1 for that caused by Rheumatism, and for that caused by

E. F. Crowther, Pres. B. M. Sec'y. E. C. Hunt, Treas.

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





# SURGEON'S CERTIFICATE

IN CASE OF

Jackson Rainwater  
Co. E, 6 Reg't Ky Car

Applicant for Original

No. 113804B

DATE OF EXAMINATION:

Apr. 15, 1893

E. J. Grothar, Pres.,  
G. M. M. C. M. C., Sec'y,  
E. C. Hunt, Treas., } BOARD.

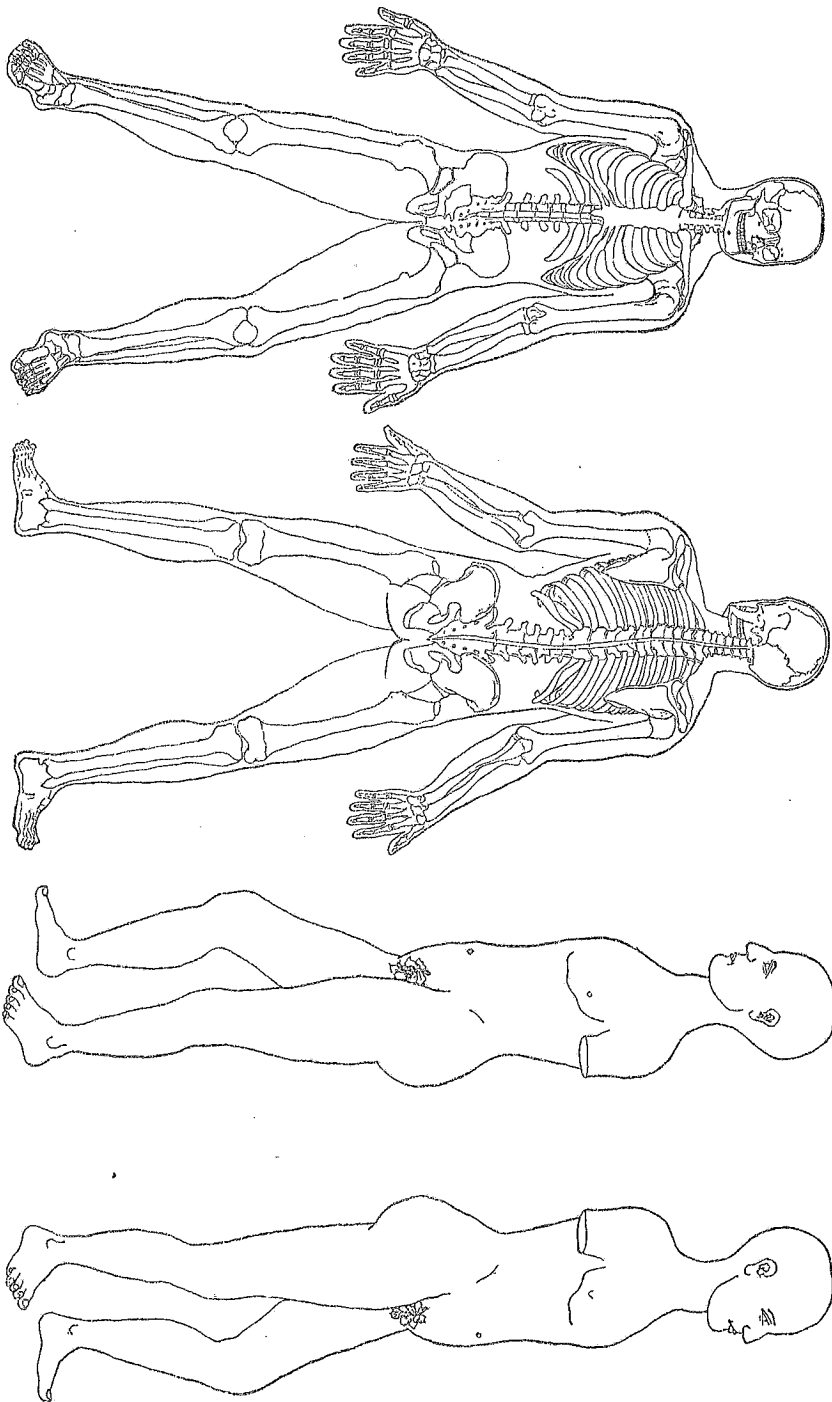
Post office, Wichburg

County, Warren

State, Miss

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

Simmons



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. [Ex-tract from Section 4, Act of Congress approved July 25, 1882.]

Dear Patron:

We regret that the enclosed photocopies are the best we were able to obtain using our normal reproduction process. This is caused primarily by the age and faded conditions of some of the documents from which these copies are made.

**BEST AVAILABLE COPY**



## **Civil War Service Papers and Pension Application of Jackson Rainwater**

### **Page 1**

Soldier's Original No 1138093

Veteran: Jackson Rainwater

Rank: Corporal

Service: E 6 KY Cav

Can No 1444

Bundle No 48

### **Page 2**

Rejected – no disability found to exist

### **Page 3**

Calls for Evidence Invalid Series

Claim No 1138093

Date called for: Jany 19, 1893

Answer filed: 3-23-1893

### **Page 4**

No information

### **Page 5**

So Division

Burger (examiner)

No 1138093

Soldier: Jackson Rainwater

Corp, Co E 6, Regt KY Cav

Submitted for rejection July 19, 1893

Hutchinson (reviewer)

Rejected

### **Page 6**

Invalid No 1138093

Jackson Rainwater

E 6 KY Cav

Submitted to the Board of Review for: rejection July 19, 1893

Burger (examiner)

### **Page 7**

Call No 7

So Division, No 1138093, invalid

You are hereby directed to report yourself for medical examination to the Board of Examining Surgeons C J Hill, (St and No) Caswell's Drug Store, (town) Vicksburg, (county) Warren, (state) Mississippi within 3 months from date hereof.

Green B Raum

Claimant: Jackson Rainwater  
P.O.: c/o C N Boyer, Vicksburg Miss  
Attorney: T W Tallmadge  
P.O.: City  
8 Feb 1893

**Page 8**

Military Service  
Jackson Rainwater  
So Div  
No 1138093  
Jany 4, 1893

It is alleged that the above-named man enlisted Feb 15, 1862 and served as a Private in Co E, 6 Regt, KY Cavalry, and was discharged at Louisville KY, Feby 14, 1865.

Reenlisted Dec 1864 for 3 years during the war but not [unclear] in the service.

Green B Raum

**Page 9**

Act of June 27, 1890  
Jackson Rainwater  
c/o C N Boyer, Vicksburg Miss  
Service: Corp E 6: KY Cav  
Application filed: 14 Nov 1892

**Page 10**

Soldier's Declaration for Pension  
under act of Congress, approved June 27, 1890

State of Mississippi, County of Warren on this 9th day of Nov A.D. 1892, personally appeared before me, a justice of the peace, within and for the County and State aforesaid, Jackson Rainwater, aged 47 years, a resident of Vicksburg, County of Warren, State of Mississippi, who being duly sworn according to law, declares that he is the identical [person] who was enrolled

on the 15th day of February 1862 in Co E 6th Regiment Kentucky Cavalry, and has been in the service of the United States in the war of rebellion, and served at least 90 days and was honorably discharged at Louisville KY on the 14th day of February 1865. Reenlisted in Dec 1864 for three years or during the war, but as a veteran, was not sworn in service.

That he is totally unable to earn a support by manual labor by reason of weak eyes caused by sunstroke while in service. Also totally disabled on account of rheumatism in both legs and left arm.

He is not a [current] pensioner.

That he has not been in the military or naval service of the United States since the 14 day of February 1865.

That his post office address is Jackson Rainwater, care C N Boyer, Vicksburg Miss.

County of Warren, State of Mississippi

**Page 11**

Also personally appeared C N Boyer, residing at Vicksburg, and Jacob E Teller, residing at Vicksburg, persons whom I certify to be respectable and entitled to credit, and who, being duly sworn by me, say they were present and saw Jackson rainwate, the claimant, sign his name to the foregoing declaration; that they have every reason to believe from the a[[earance of said claimant and their acquaintance with him for five years, that he is the identical person he represents himself to be; and that they have no interest in prosecution of this claim.

C N Boyer  
Jacob E Teller

—

Soldier's Application  
Act of June 27, 1890

Name: Jackson Rainwater  
Service: 6th KY Cav Co E  
Address: Vicksburg Miss c/o C N Boyer

Nov 9, 1893

**Page 12-13**

Boilerplate

**Page 14**

Department of the Interior  
Bureau of Pensions

Washington DC Jan 17, 1893

Mr Jackson Rainwater

late a Corporal

Co E 6 Regiment KY Cav

an applicant for original

Invalid Pension, No 1138093

on account of disability from weak eyes result of sunstroke and rheumatism

**Page 15**

Invalid Pension

Claimant: Jackson Rainwater

PO: Vicksburg, Miss

Rank: Corporal

Co: E

Regiment: 6 KY Vol Cal

Recognized attorney: T W Tallmadge, of city

Approvals

Submitted for rejection July 19, 1893

L Burger, examiner

Approved for: Rejection. No notable disability shown under the act of June 27, 1890

Service Shown by Record

Enlisted: Feby 15, 1862

Honorably discharged: Feb 14, 1865

Declaration filed: Nov 14, 1892

Alleges permanent disability from: weak eyes caused by sunstroke and rheumatism

**Page 16**

Pension claim no: 1138093

Claimant: Jackson Rainwater

Rank: Corporal

PO: Vicksburg, Miss, Feb 15, 1893

Disability: weak eyes result of sun stroke rheumatism

He makes the following statement upon which he bases from claim for: original pension that he has sunstroke and [unclear] dimness of vision and vertigo; suffers from numbness and stiffness in the joints of legs and left arm; not able to work at all at hard labor.

Upon examination we find the following conditions:

Pulse rate 72

Respiration 19

Temperature: 99

Height: 5'9"

Weight: 112 lbs

Age: 46

*Description almost unreadable*

**Page 17**

Surgeon's Certificate in case of

Jackson Rainwater

Co E 6 Regt KY Cav

Applicant for original

No 1138093

Date of Examination

Feb 15 1893

PO: Vicksburg Miss