ADJOURNED MEETING

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. 739932
Name and rank	[State above whether for original, increase, or restoration.] NATHAN JOHNSON	, Rank, PRIVATE
of claimant.	Company D, 7th. Reg't U.S.C.T.	BALTIMORE, MD. State,
Claimant's post- Office address.	610 STIRLING ST., BALTO.MD.	[Post-office address of the Board.] JANUARY 29th., 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 disa- bility.	id mbjeuse wideov Back; Neuralgia and Deafness of right ear.	
If a pensioner, fill in the amount; if not, erase the whole line.	and that he receives a pension of	dollars per month.
		n which he bases his claim for Original
Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889		ry to back by lifting heavy weights ers with pain and stiffness as re-
	Claims to have Neuralgia of right ear.	the head, and slight deafness of
	Upon examination we find the following objective conditions: Pulse rate,; respiration,; temperature, _N; height,5feet11inches; weight,7	
	pounds; age, 40 years. General physical condition good.	
	No objective evidence of injury to back. Sensitiveness of muscles in both lumbar regions, with pain on	
	motion and stooping. Evidently suffers with lumbago, and probbably originated from sprained back.	
	Heart, Lungs and Abdominal Organs Normal.	
	Claims to suffer with neural there is no evidence.	gic pains through the head, but
	Right ear: Membrane normal in appearance.	
	Hearing 1/40. Suffers with roaring in the ear. Evidently slight catarrhal trouble of middle ear. Left ear, hearing good.	
	Claims to suffer with pain a	nd soreness of feet, the result of
	frost-bite, but there is no No other disability exists.	objective evidence.
	- NO OUNCE GENERAL .	
		. He is, in our opinion, entitled to a 6/18
Rate for EACH cause of disability.		my to tack The for that caused
	by, and	for that caused by
	d/d///	
	VIMUE, Pres. CANT	Mynsecy Leo Rhabertreas.

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

M.) 6-552

SC4126-85-6