

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 the 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.

Increase

Pension Claim No. <sup>Cut</sup> 564793

Name and rank of claimant.

Nathan Johnson

Rank, Private

Claimant's post-office address.

Company A, 7 Reg't U. S. C. Inf. 702 E. Lombard St.

Baltimore Md

State,

December 18th, 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: Injury to back, Neuralgia of head, general rheumatism and deafness of right ear.

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

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

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

[Original, increase, restoration, &c.]

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

Unable to do any work on account of injury to back. Which was received by heavy lifting while in service.

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

Rest 70  
Standg 80  
Exertion 90

Upon examination we find the following objective conditions: Pulse rate, 98; respiration, 17; temperature, 98; height, 5 feet 11 inches; weight, 190 pounds; age, 36 years. Injury to back. No scar or objective symptom of injury to back visible. There is no atrophy or contraction of muscles. He can bend over and raise up without difficulty, although he complains of pain in doing so. He elevates his arms to the verticle position with ease. He does not now show any symptom of lumbago or sprain. The pain complained of is due to a general muscular soreness of rheumatic origin, rated below. Injury to back, no rating.

Neuralgia of head. Has none at present. No rating.

The actual or probable origin of every existing disability must be fully set forth.

General rheumatism. All joints normal in size and function. Has a general muscular soreness over whole body, most severe in back and left hip and thigh, walks slightly lame with left leg on account of pain in hip.

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.

Muscular rheumatism. Rating 6/18.  
Heart normal in size, position and function. No hypertrophy or dilatation. No dyspnea, cyanosis or oedema.

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."

Deafness.  
Each external and internal auditory apparatus in normal condition. Can hear with each ear ordinary conversation at a greater distance than six feet. No rating.

Except the above, all organs normal. Chest measures. Exp 38. Rest 39. Insp 41.

Urine light amber. S.G. 1018. Acid. No albumen, No sugar. No evidence of vicious habits.

A. A. White, Pres. Geo R. Raham, Sec'y. G. Law Ramsey, 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.

564126-85-161