

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. 818814

[State above whether for original, increase, or restoration.]

STEPHEN PERKINS

Rank, PRIVATE

Name and rank of claimant.

Company B, 7th Reg't U.S.C.T.

BALTIMORE, MD.

State,

680 SARAH ANN ST., BALTO. MD.

MARCH 6th,

1891

Claimant's post-office address.

[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 in the service, viz: RHEUMATISM

Cause of disability.

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

and that he receives a pension of 0 dollars per month.

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

[Original, increase, restoration, &c.]

Claims to have rheumatism in both hips and legs. Was confined to his bed last summer for forty-two days.

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

Upon examination we find the following objective conditions: Pulse rate, 86; respiration, 18; temperature, N; height, 5 feet 10 inches; weight, 152 pounds; age, 52 years. General physical condition good.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Rheumatism: Crepitation in left shoulder and left knee with much pain on motion. Other joints not affected at the present time. No deformity of the joints.

Evidently suffers with chronic rheumatism. Heart, Lungs and Abdominal organs are normal. No other disability exists.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 8/18 rating for the disability caused by Rheumatism for that caused by _____, and _____ for that caused by _____

A. D. White, Pres. Esoulin, Sec'y. Geo. R. Lohoe, Treas.

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