

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

Pension Claim No. 624582

Name and rank of claimant.

Bobby Powers, Rank, Private

Claimant's post-office address.

Company H G, Reg't B Co, Balt. Md. State,

1726 B. Lombard St. Baltimore Md. Post-office address of the Board. November 12, 1895. [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. Stroke - rheumatism - dyspepsia - disease of eyes - and lungs - lameness of left ankle - misery in breast - shortness of breath and piles. and that he receives a pension of \_\_\_\_\_ dollars per month.

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

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.

Claimant states he performs odd jobs averaging \$4.50 per week - general appearance good - physique likewise and board is of the opinion he is able to perform manual labor - hands hard

1st examination

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 20; temperature, 98; height, 5 feet 7 1/2 inches; weight, 150 pounds; age, 55 years.

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

Stroke: - No congestion of conjunctiva - no sense of fullness about the head - has occasional headaches - no evidence of stroke.

Rheumatism: - Joints and tendons normal in size and action - area and action of heart normal.

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

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.

Dyspepsia: - Pressure over stomach reveals no tenderness - tongue clean and moist - no fullness

Disease of eyes: - conjunctiva and adjuncts normal right and left vision 20/20 - can read #4 test type at 12 inches.

Disease of lungs: - The respiratory murmur is clear and distinct over both lungs - no rales - no dyspnea.

Lameness of left ankle: - We can discover no congestion about ankle - not is there any lameness - complains of some little stiffness during damp weather - not material.

Misery in breast and shortness of breath: - We can discover

J. D. Morris, Pres. Bobb Powers, Sec'y. John Boyd, Treas. (over)

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

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