

## 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.

580311

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

Name and rank of claimant.

ENOCH WATERS

, Rank,

PRIVATE

Company A, 19th Reg't U.S.C.T.

BALTIMORE MD.

State,

[Post-office address of the Board.]

Claimant's post-office address.

#443 HENRIETTA ST. BALTO. MD.

DECEMBER 20th.

, 1890.

[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: Rupture of Left Side: Weak Back and Limbs and Disease of Skin.

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, &amp;c.]

Rupture of left side. Pain and weakness in the back with Rheumatism in both knees. Has itching of skin.

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

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 19; temperature, N; height, 5 feet 7 inches; weight, 167 pounds; age, 49 years. General physical condition is fair.

Left inguinal hernia, indirect, complete.

Tumor is globular three inches in diameter, reducible and can be retained by proper truss. External ring admits ends of three fingers.

Tenderness in the lumbar regions with pain on motion.

General muscular sensitiveness. Crepitation in the knees with pain on motion. Claims that walking is painful.

Heart and Lungs are normal.

No evidence of disease of skin.

No other disability.

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

Rate for EACH cause of disability.

He is, in our opinion, entitled to a Specific rating for the disability caused by Left ing. Hernia for that caused by Chronic Rheumatism and 6/18 for that caused by

A. A. White, Pres. E. S. P. [unclear], Sec'y. Geo R. [unclear], Treas.

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