(3-111.)

ADJOURNED ME ETING.

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 recisely 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  | inc manic of the absentect, mast be indersed apon t  |  |  |
|---|--|--|--|
| and number of claim.  | ORIGINAL Pen [State above whether for original, increase, or restoration.]   | sion Claim No.   | 983436   |
| Name and rank   | JAMES JORDAN   | , Rank,  | PRIVATE  |
| of claimant.  | Company G., 30th Reg't U.S.C.T.  | BALTIMORE, ?MD   | State,   |
| Claimant's post-<br>office address.   | 1403 PARRISH ALLEY, BALTO.MD.  | [Post-office address of the JUNE 29th [Date of examination | Board.] , 1891 .   |
|   | 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-<br>bility.   | in the service, viz: Rheumatism, Heart Disease, Kidney, Disease, Vertigo.  |  |  |
| If a pensioner, fill in the amount; if not, erase the whole line.           |  |  | _ dollars per month.   |
| whole mie.  | He makes the following statement upon which he bases his claim for ORIGINAL [Original, increase, restoration, &c.]   |  |  |
| Here give the claimant's statement as briefly and as compactly as possible. | Loses about half time from work.  Has sharp pains about the heart.   |  |  |
|   | Occasional attacks of Vertigo.   |  |  |
|   | Claims that right hand was injured by an accident and is use-<br>less.   |  |  |
|   |  |  |  |
|   | Upon examination we find the following obi   | ective conditions. Puls                                    | e rate 84  |
|   | Upon examination we find the following objective conditions: Pulse rate, 84 respiration, 19; temperature, Nn; height, 5 feet 6 inches; weight, 160 pounds; age, 44 years. General physical condition good. |  |  |
|   | Rheumatism: No crepitation or de   |  |  |
| Here give a full description of the disabilities,                           |  |  |  |
| in accordance with Book of Instructions.                                    | Lumbago: Sensitiveness of muscles in the lumbar regions and about the hips with great pain and stiffness when stooping.  |  |  |
|   | Heart and Lungs are normal.  |  |  |
|   | No disease of the kidneys. Uring   |  |  |
|   | No evidence of vertigo or disease<br>The right hand has been crushed.  |  |  |
|   | is covered by sears/ Ring finger and fourth metacarpal bone  |  |  |
|   | have been amputated. The motions of the metacarpo-phalangeal   |  |  |
|   | joints of the other fingers are  |  | A CONTRACTOR OF THE PROPERTY O |
|   | phalangeal joint of the middle fi  |  |  |
|   | There is scar over the first metacarpo-phalangeal joint and motion is much limited. Thumb cannot be closed into the palm.  |  |  |
|   | Use of hand must be considerably impaired.   |  |  |
|   | There has been compound fracture   |  | mur ab out the   |
|   | centre. Position is marked by mass of callus. The scar through which the bone protruded is on the outer aspect of the  |  |  |
|   | thigh about one inch in diameter, depressed, adherent, drag-   |  |  |
|   | ging, and sensitive. There is sl   |  |  |
|   | There is no apparent disability i  |  |  |
|   | claim any.   |  |  |
| No other disability exists.   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  | 1./_   |
|   | ——————————————————————————————————————   | is, in our opinion, entitl                                 | led to a   |
| Rate for EACH cause of disa-  | rating for the disability caused by 17 le  | matisma  | for that caused  |

cause of disability.

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