

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 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. *24*

Name and rank of claimant. *Geo. Johnson*, Rank, *Priv.*

Company *A. 7 Reg't U.S.C.*, State, *Dorm*

Claimant's post office address. *Easton, Talbot Co. Md.* (Post office address of the Board)

Pension Claim No. *81512*

Nov. 3, 188*6*. (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:

Cause of disability. *G. M. Left Arm*

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

and that he receives a pension of *Twenty four* dollars per month.

Pulse rate per minute, *120*; respiration, *24*; temperature, *98 2/3*; height, *6* feet *6 1/2* inches; weight, *130* pounds; age, *47* years.

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

He makes the following statement upon which he bases his claim for *Allyes to*
have had disability which to
gather with the U.S.W. of the arm. totally
disqualified him for manual labor
The arm is the same as last examined
he has since pain in the left
arm is totally useless

Here give a full synopsis picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as $\frac{1}{2}$, $\frac{1}{3}$, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions: *He received*
shot of left arm below the
shoulder joint, producing Compound,
fracture of the humerus,
and the surgical performed,
resection of the upper third
of the bone the cicatrix is healed,
the muscles atrophied & the arm
useless, cannot use it even for eating,
he has chronic bronchitis
The heart is very feeble and the pulse
abnormally frequent the heart dilated,
his man is totally disqualified
for the performance
of any kind of labor

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits.

Rate for each cause of disability. *2nd grade*

If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

rating for the disability caused by *G. M. Left Arm & Asthma*, for that caused by *and*, and caused by

* See the back.
 † Here state whether for original, increase, restoration, or renewal, or for re-rating.

A. Creadock Pres. *J. P. Jones* Sec'y. *J. P. Jones* Treas.