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	duciease Pension Claim No. 620, 544
claim.	State above whether for original, increase, or restoration.
Name and rank of claimant.	Company 7, 2" Reg't U.S. C. O. Suf.   Pallinone, Med State
Claimant's post- office address.	1315 beleaux st. Sept 4 the Bland.]
	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- bility.	in the service, viz: heworrhoids-loss of telle-result of severy
	disof eyns and Kidneys-injury to back-diarrhoua & sheumatic
If a pensioner, fill in the amount; if not, erase the whole line.	and that he receives a pension of dollars per month.  He makes the following statement upon which he bases his claim for lucuase.
	He makes the following statement upon which he bases his claim for for foriginal, increase, restoration, &c.] Piles - loss of trulk - result of seums in survive die
Here give the claimant's statement as briefly and as compactly as possible.	ease of eyes and kidneys-riging to back-diar- shound and sheumalism.
	•
	Upon examination we find the following objective conditions: Pulse rate, $\frac{40}{50}$ ;
	respiration, 1; temperature, 1; height, 5 feet sinches; weight, 50 pounds; age, 56 years. Lew Tohysical condition good.
Here give a full	Henvorhvids- no objection vidence of henvorhord
description of the disabilities, in accordance with Book of	Loss of teeth-result of seury - There is a loss
Instructions.	of molars in both upper gaws also camine.
	The gues are spongy with tendency to bleed. There are no discolvationes or sears upon The
	body Rate 2/16.
	bisease of Eyns- no objection endence of disease
The actual or	of eyne - vision is hormal. bisease of Kidneys- urinary analysis remale
probable origin of every exist- ing disability must be fully	a normal condition of Kidneys,
Whenever a dira- bility is shown, or is believed	luging to back- no objection induce of in-
to be due to or aggravated by vicious habits the opinion of	jung to back other than sheumatic sorr-
be stated. When not due	plug or swilling of muscles. There is slight
this fact must be stated.	stiffness upon stooping & riving - Rate 2/4 biarrhoua. no objection synuphones of diarrhoua.
L'och disability	Diamhoua-no objection synufstones of diamhoua. Phumatic condition
separately, theact of Con-	of right shoulder joint without alsophy or
2, 1895, re-	swilling of musells or sulargament of the
such examin- ing surgeons shall specifi- cally state	joint. There is slight cupitation with em-
the rating which, in their judg- ment, the ap-	paining The motion of flexion. The heart is
titled to."	Torrace 1 care 11
	a Haylon, Pres. It Janell, Sec'y. D. C. Suelaux, Treas.

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