

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. *Inc* Pension Claim No. *346,556*

Name and rank of claimant. *Robt. Riley*, Rank, *P.*

Company *B, 7* Reg't *W.S. Vol. C.T.* *Batts.* State,

Claimant's post office address. *Centerville Tenn Anne G.W.* *Mar 21st*, 188*8*.
(Post office address of the Board.) (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. *Rheumatism.*

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of *2* dollars per month.

Pulse rate per minute, *68*; respiration, *17*; temperature, *98 1/2*; height, *5* feet *7* inches; weight, *166* pounds; age, *50* years.

He makes the following statement upon which he bases his claim for *Inc.*
That he is worse.

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

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. Upon examination we find the following objective conditions: *General ap. appearance healthy. Heart sounds on auscultation + cardiac area and apex both normal on percussion + palpation. Lungs + abdominal viscera sound.*

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 1/2, 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. *Joint muscles, no tendons firm with objective evidence of rheumatism except possibly the soft parts in lumbar region - then may be slight atrophy here + we believe the man suffers from lumbago as his motions are slow + appear to give pain when made to lean far forward.*

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. He is, in our opinion, entitled to a *3/5*

Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given. rating for the disability caused by *Rheumatism*, for that caused by _____, and _____ caused by _____

* See the back. * Here state whether for original, increase, restoration, or renewal, or for a re-rating. *J. H. Hoffman*, Pres. *Scott Reynolds*, Sec'y. *S. K. Munnick*, Treas.

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