

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. **1,101,342**
 [State above whether for original, increase, or restoration.]
 Name and rank of claimant. **GEORGE PRESTON.**, Rank, **PRIVATE**
 Company **F, 30th. Reg't U.S.C.VO. INF.**, **BALTIMORE, MD.** State,
 [Post-office address of the Board.]
 Claimant's post-office address. **ELLCOTT CITY. MD.** **JUNE 29th.** **1892.**
 [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: **Rheumatism: Frosted Feet and Hands,**

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of **NO.** dollars per month.

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 completely as possible.

Claims to suffer with Rheumatism in both hips which prevents bending except with great pain. Unable to do much work on this account. Right foot was frosted while in the service and lost a portion of great toe. Walking is painful and in Winter is scarcely able to get about. Received injury of left hand at the Mine Explosion in front of Petersburg but does not know from what cause. He was much dazed and when getting out of ditch found that his hand was badly lacerated. Use of hand much limited.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Upon examination we find the following objective conditions: Pulse rate, **72**; respiration, **18**; temperature, **N**; height, **5** feet **7** inches; weight, **140** pounds; age, **60** years. General physical condition is fair.

Rheumatism. There is much sensitiveness of muscles about the pelvis, most marked about the hips and over the buttocks. Stooping apparently causes great pain and all movements of body are stiffened. Gait is slow and deliberate as if from fear of pain. Has difficulty in picking objects from floor. No crepitation or deformity in joints, pain on manipulation, limitation of motion or other evidence of Rheumatism.

We recommend rating of four-eighteenths for muscular Rheumatism. Heart, Lungs and abdominal organs are normal. Right foot. There has evidently been severe frost-bite. Distal phalanx of great toe has been removed. Extremity of stump is covered by irregular, horn-like skin and extremity of phalanx projects through the center., Parts are sensitive. The extremity of second toe is covered by hard irregular skin and has drawn appearance. Nail greatly hypertrophied. In walking he has distinct limp, due to deformity of great toe and sensitiveness.. No evidence of frost-bite of hands or left foot. We recommend rating of two-eighteenths, Left hand: There has evidently been extensive laceration of soft tissues of thumb and index finger, which probably was result of gunshot wound, although there is no evidence to this effect. There is a ragged irregular scar extending along inner aspect of distal phalanx of thumb, and also at root of nail. Scars are adherent to bone and are sensitive. Matrix of nail was injured and nail has become greatly hypertrophied, one inch long, curved over extremity of thumb and

Rate for EACH cause of disability.

He is, in our opinion, entitled to a **4/18** rating for the disability caused by **muscle Rheumatism** and **2/18** for that caused by **frost-bite R. Foot - 6/18 - by left hand thro.**

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A. B. White, Pres. **E. H. ...**, Sec'y. **Geo R. ...**, Pres.

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