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 ORIGINAL. and number of Pension Claim No. 826067 cinim. [State above whether for original, increase, or restoration.] OLIVER CROMWELL , Rank, PRIVATE Name and rank of claimant. Company F, 4th Reg't MD. VOL. INF. BALTIMORE, MD. State, [Post-office address of the Board.] 1513 W.MULBERRY ST., BALTO.MD. Claimant's post-office address. APRIL 3rd, [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 disa- in the service, viz: Varicose Veins, Disease of Lungs, Head and Heart.

if not, erase the whole line.

as compactly

Ifa pensioner, fill and that he receives a pension of dollars per month.

He makes the following statement upon which he bases his claim for __ORIGINAL Claims to have varicose veins of both legs which cause pain Here give the When standing on the legs for any length of time.

as briefly and Has pains through the lungs with smothering feeling and pal piptation of the heart.

Has pains in the head with ringing in the ears. Has pains across the back with difficulty in stooping. Claims to suffer with diarrhoea all the time, has three or four stools a day.

Upon examination we find the following objective conditions: Pulse rate, ____84 respiration, ____; temperature, _N___; height, ____5 feet ___7 inches; weight, 130 pounds; age, 47 years. General physical condition below par. Somewhatt emaciated and has feeble appearance. Badly nour ished appearance. Muscles are flabby.

Here give a full description of ance with pars.

the disabilities, in accord. Superficial veins of both legs are enlarged, slightly tortuous 5,6,51,52, &c. and knotted as high as the middle of the thigh. No evidence structions for of rupture of the ve ins. Claims to have pain and aching in the limbs when standing for any length of time. Chest: Well developed. Measurements 33 - 35 - 32 inches/

Percussion notes lowered in pitch. Some increase of vocal resonance over right apex. Respiratory sounds are somewhat harsh and exaggerated. Had no cough during the examination. Probably suffers with slight Bronchitis.

No evidence of disease of the Head. Claims to have pains through the head with ringing in the ears and deafness. Fars: Membranes are normal in appearance. Hears the watch on contact in both ears. However, he has no difficulty in understanding conversation in low tone of voice and we do not believe that deafness exists to a pensionable degree.

Heart: Apex to left and downward. Action irregulart with occasional intermission. Valvular sounds good. Has slight hypertrophy but causes no disability.

Complains of pain across the back when stooping but there is no other evidence of rheumatism.

Area of hepatic dulness is sanewhat increased with sensitive ness in hepatic and splenic regions and also slight abdominal tenderness. Skin and conjunctivae clear. Tongue has yellow coating in the middle.

Rectum: Congested and sensitive. No hemorrhoids. He is, in our opinion, entitled to a ___

Rate for EACH

cause of disa- rating for the disability caused by / article for that caused by

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. ©Maryland State Archives, msa_sc5839_1_42-0014