

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.

**INCREASE**

[State above whether for original, increase, or restoration.]

Pension Claim No. **94464**

Name and rank of claimant.

**THOMAS J. HARRIS**

, Rank, **PRIVATE**

Company **G**, **39th Reg't U.S.C.T.**

**BAL TIMORE MD.**

State,

[Post-office address of the Board.]

Claimant's post-office address.

**#315 S. DURHAM ST. BALTO.MD.**

**JANUARY 9th.**

, 1891.

[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: **Frozen Feet and Deafness of Left Ear, Partial Deafness of Right Ear, and Right Inguinal Hernia and alleges Rheumatism and Rupture.**

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

and that he receives a pension of **\$4.00.** dollars per month.

He makes the following statement upon which he bases his claim for **INCREASE**

[Original, increase, restoration, &c.]

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

**Had feet frosted while in service. They are very painful and is obliged to wear slippers at times.**

**Partial deafness at times.**

**Rheumatism in back legs and shoulders. Pain about the Heart with shortness of breath when excited.**

**Has double rupture.**

Upon examination we find the following objective conditions: Pulse rate, **68**; respiration, **17**; temperature, **N**; height, **6** feet **—** inches; weight, **201** pounds; age, **43** years. **General physical condition is good.**

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

**Feet are somewhat swollen and sensitive. Has clumsy gait as result. Doubtless suffers much pain in cold weather.**

**Hearing is good. Left, 8-40. Right 40-40.**

**No Hernia.**

**Left Varicocele. Mass is about one inch in diameter and sensitive. Vessels are size of small quills and knotted.**

**No evidence of Rheumatism.**

**Heart and Lungs are normal.**

**No other disability.**

Rate for EACH cause of disability.

He is, in our opinion, entitled to a **4/18** rating for the disability caused by **Frosted Feet** for that caused by **Left Varicocele**, and **Specific** for that caused by

**A. A. White**, Pres. **E. S. Gulyas**, Secy. **Geo R. Baker**, Treas

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