

(8-111)

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. *original* Pension Claim No. *300,882*
 Name and rank of claimant. *Alfred Mapp*, Rank, *Private*
 Company *B, 9th Reg't U. S. C. I.* *Balto, Md.* State,
 Claimant's post office address. *1442 Eastern Ave, Balto, Md.* (Post office address of the Board.)
February 2nd, 1887 (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. *L. S. W. of right shoulder and contused wound of right ankle.*

If a pensioner, fill in the amount; if not, erase the whole line.
 and that he receives a pension of *00* dollars per month.
 Pulse rate per minute, *72*; respiration, *17*; temperature, *98 1/2*; height, *5*
 feet, *7 1/2* inches; weight, *210* pounds; age, *42* years.

He makes the following statement upon which he bases his claim for † *original*
because he incurred the above while in the service.

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

Upon examination we find the following objective conditions: *General appearance healthy. Thoracic & abdominal viscera sound. There is scar, size of nickel, non depressed, non sensitive, non adherent, circular in shape, situated on posterior aspect of shoulder joint, right, over shaft of humerus about middle of upper 1/2 of bone. See diagram. There is no scar on right foot or ankle, and no other external evidence of injury to this locality. All motions of right ankle normal. Man says he did not claim on this as he has no trouble in right ankle.*

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.

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, 3/4, 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.

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 *1/8 Total*

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 *L. S. W. of right shoulder*, for that caused by *Contused wound of right ankle*, and caused by

* See the back.
 † Here state whether for original, increase, restoration, or renewal, or for a re-rating.

13 J. H. Keffman, Pres. *W. B. Raymond*, Sec'y. *S. K. Muccio*, Treas.

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