

(3 111.)

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 Wapke

Rank, Capt

Claimant's post office address.

Company B, 9th Reg't U.S.C.V.

Washington D.C.

State,

1423 Hammond Alley

Sept 11

(Post office address of the Board.)

, 1888.

(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.

Shall wound of right shoulder and ankle

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

and that he receives a pension of _____ dollars per month.

Pulse rate per minute, 84; respiration, 18; temperature, 98.5; height, 5 feet 10 inches; weight, 190 pounds; age, 39 years.

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

Original

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

Suffers pain in wounded shoulder, especially severe in wet or cold weather and interferes with use of arm - Does not claim any thing for ankle as it no longer troubles him.

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:

The right shoulder joint is dislocated, maximum of acromioclavicular process with depression of acromion, atrophy of muscles of shoulder, one inch atrophy of right arm and 1/2 inch atrophy of right forearm. Can not fully abduct the arm or rotate outward the forearm, movements forward and backward restricted, can carry hand to face and across to left shoulder, but cannot carry hand to back of head without assistance; loss of strength and use of hand. No cicatrix on ankle, no thickening and no impairment of use, no atrophy and no disability.

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 1/10, 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

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 Dislocation of right shoulder for that caused

by _____, and _____ caused by Shall-wound of shoulder

* See the back.

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

Pres. _____ Sec'y _____ Treas. _____

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