

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 Injury Pension Claim No. *588355*

Name and rank of claimant.

John S. Trace, Rank, *Private*

Claimant's post-office address.

Company *Co. 39 Reg't U.S. T. Baltimore Md.* State, *313 S. Caroline St. Balt. Md.* [Post-office address of the Board] *November*, 189*8*. [Date of examination.]

Cause of disability.

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: *Rheumatism - heart disease - piles - and chronic diarrhoea.*

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

and that he receives a pension of *\$ 12.00* dollars per month.

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

He makes the following statement upon which he bases his claim for *Increase*. [Original, increase, restoration, &c.] *That disabilities have increased from disease and age.*

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

Upon examination we find the following objective conditions: Pulse rate, *64*; respiration, *17*; temperature, *98*; height, *5* feet *6* inches; weight, *145* pounds; age, *36* years.

Rheumatism - At present none, muscles, joints and tendons normal.

Heart disease - Pulse sitting 64 - standing 68 - after several rapid strides across room - apex best in 5th intercostal space within mamillary line - pulse regular and equal area and counts normal - with the exception of a slight rasping at mitral valve - heart not materially affected somewhat irritable.

Piles and chronic diarrhoea - We find one small external non vascular tumor $\frac{2}{5}$ inch in diameter - exploration of rectum shows no ulcerative process.

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Claimant carries on a small business as a colored undertaker. It should be added that his ears are to some extent affected - it must be distinct conversation, to be recognized at 6 ft.

No other disability found no other alleged.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a rating for the disability caused by _____ for that caused by _____, and _____ for that caused by _____.

Robert Kasin, Pres. *E. W. Gilliam*, Sec'y. *D. Morris*, Treas.

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