ADJOURNED MEETING

☞ 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 Pension Claim No. 351195
[State above whether for original, increase, or restoration.]

Name and rank of claimant. WILLIAM H. BELL, Rank, PRIVATE

Company K, 30th Reg't U.S.C.T. | BALTIMORE, MD. State,
[Post-office address of the Board.]

Claimant's post-office address. 1311 MAY ST., BALTO.MD. | FEBRUARY 7th., 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: Asthma, Rheumatism, Disease of Eyes.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of 0 dollars per month.

He makes the following statement upon which he bases his claim for Original
[Original, increase, restoration, &c.]

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

Claims to suffer with attacks of Asthma. Has shortness of breath.
Palpitation of the heart.
Rheumatism: Rheumatism in both shoulders, and in the left knee and ankle.
Claims to have pain in the eyes, with watery discharge.
Impaired vision.

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 18; temperature, N; height, 5 feet 5 inches; weight, 155 pounds; age, 55 years. General physical condition fair.

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

Well nourished. Muscles well developed.
No crepitation, deformity, pain on motion, or other evidence of Rheumatism.
Heart is Normal.
~~Lungs: No dulness on percussion, or increaseof vocal resonance.~~
Inspiratory sounds are harsh, and somewhat exaggerated.
Expiratory sounds are lengthened and faint.
No rales.
Probably suffers with attacks of Asthma, as claimed.
~~No disease of Eyes: Vision normalfor age.~~
No other disability exists.

Rate for EACH cause of disability. He is, in our opinion, entitled to a 6/18 rating for the disability caused by Asthma, ___ for that caused by ___, and ___ for that caused by ___

A. A. White, Pres. E. S. Coulson, Sec'y. Geo R. Lahee, Treas.

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

(632— M.) 6—552