

(3-III.)

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

Pension Claim No.

488472

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

Name and rank of claimant.

THOMAS H. DASHIELL

, Rank,

PRIVATE

Company G, 19th Reg't U.S.C.T.

BALTIMORE, MD.

State,

[Post-office address of the Board.]

Claimant's post-office address.

147 CLINTON ST., BALTIMORE, MD.

JULY 24th

, 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: Shell wound of left leg, Nearly total Loss of Eyesight, Rheumatism, and Heart Disease, Bayonet wound of Left leg, Affection of back and sides, Vertigo, Results of Typhoid. and that he receives a pension of \$6.00 dollars per month.

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

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.

Claims to have received shell wound of left leg and has much pain on motion as result.

Vision is failing and obliged to wear glasses.

Suffers with rheumatic pains running from the back down the left leg. Also received a bayonet wound of left leg

Received injury of back and left side by being trampled upon Has vertigo at times.

Suffered with scurvy while in the service.

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

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 18; temperature, N; height, 5 feet 7 inches; weight, 145 pounds; age, 61 years. General physical condition below par.

Characteristic appearance of senile debility. Fairly well nourished but tissues are flabby.

Scar, claimed to be result of shell wound, on anterior aspect of left leg, just outside of tubercle of tibia, non-adherent, non-sensitive.

Claims to suffer with pain in the leg as result.

No scar or other objective evidence of bayonet wound of left leg.

There is no objective evidence of injury to back or left side. Complains of sensitiveness of muscles over the left side and about the left hip and across the lumbar region with pain when stooping and lifting and on lateral motion of the body, and also when walking. This is evidently due to rheumatism, which may have resulted from injury as claimed.

No crepitation or deformity of the joints. Has pain on manipulation in left knee and hip.

Heart: Apex to left and downward about two inches below the nipple. Impulse diffused over large space. Action is regular with occasional intermission. Also some epigastric impulse. No valvular lesion. There is evidently slight enlargement of the heart, but not sufficient to constitute a disability.

Scurvy: No scars of ulceration on the body.

Gums are in fair condition. Has lost all the teeth from the lower jaw except two molars, which are very loose. In the upper jaw has lost all but one bicuspid and second and third molars on the right and on the left all but incisor, canine,

He is, in our opinion, entitled to a 2/18

Rate for EACH cause of disability.

rating for the disability caused by Shell Wound of Left Leg 8/18 for that caused by Rheumatism 2/18 for that caused by Scurvy 12/18. Senile Debility

A. H. White, Pres. E. S. [Signature], Sec'y. Geo. R. [Signature] Treas.

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