

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

Pension Claim No. *761.909*

Name and rank of claimant.

*John Smothers*

Rank, *Private*

Claimant's post-office address.

Company *49<sup>th</sup> Reg't U.S.C. Inf.*  
*1312 Jefferson at Balto*

*Baltimore, Md* State,

*Dec 15<sup>th</sup>* 189*3*

[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: *Vertigo - dis. of back, gravel, urinary affection, throat dis- injury to right foot, rheumatism, dyspepsia, affect. of eyes and kidney disease*

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

and that he receives a pension of \_\_\_\_\_ 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 *original*  
[Original, increase, restoration, &c.]  
*Have Vertigo and have fallen on street - disease of back which occurred in service in 1864 due to a fall - suffer with gravel - have throat trouble - injury to right foot by accident at Brownsville, Texas in 1865; have rheumatism around and across the back - suffer with indigestion have bad eyesight*

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

Upon examination we find the following objective conditions: Pulse rate, *78*; respiration, *22*; temperature, *22*; height, *5* feet *8* inches; weight, *156* pounds; age, *49* years. *Gen physical condition good.*  
*Vertigo - no objective symptoms of vertigo*  
*disease of back - Tenderness on pressure with pain on flexion over lumbar muscles, no atrophy or swelling*  
*Gravel - no objective symptoms of gravel*  
*Urinary affection - no disease of urinary organs; the urine is normal.*  
*Throat disease - There is slight nasopharyngeal catarrh without discharge and chronic hypertrophy of tonsils*  
*Injury to right foot - no objective evidence of injury to right foot -*  
*Rheumatism - no objective evidence of rheumatism other than stated above - heart is normal.*  
*Dyspepsia - no objective evidence of dyspepsia*  
*Affection of eyes - no disease of lid - pupils normal and respond to light & shade*  
*Vision - both eyes  $\frac{20}{40}$  - right eye  $\frac{20}{60}$  - left eye  $\frac{20}{20}$*   
*Kidney disease - Kidneys normal*

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.

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 \_\_\_\_\_

*A. J. Saxton*, Pres. *A. J. Smith*, Sec'y. *J. C. Ireland*, Treas.

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