

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 *Amput*

Pension Claim No.

49335

Name and rank of claimant.

Henry Kell

Rank,

Private

Company

4 Reg't

U.S.C.I.

Baltimore Md

State,

Claimant's post-office address.

424 Lewis St. Balto. Md.

Post-office address of the Board.

March 8

1892

[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: *Gun S. W. left hand and results*

Cause of disability.

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

and that he receives a pension of

12

dollars per month.

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

Increase

[Original, increase, restoration, &c.]

G. S. W. of left hand and results deep bottom Sept. 29 - 1864

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

Upon examination we find the following objective conditions: Pulse rate, *78*; respiration, *19*; temperature, *98.6*; height, *6* feet *1* inches; weight, *170* pounds; age, *49* years.

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

G. S. W. left hand (shell wound) of left hand - at middle of dorsum of left hand a cicatrix 1 inch by 3/4 inch in diameter is observed. a straight vertical incision 1 1/2 inches long is observed extending from cicatrix to middle joint of ring finger the middle Meta-carpal bone has been fractured at its middle exfoliation of bone resulting, the proximal joint of ring finger was involved. resulting an excision of about 1/4 inch of proximal. Phalanx of same - union with deformity flexor tendons of ring and middle finger contracted 25 per cent unable to close all fingers to palm within an inch and a half grip power impaired 25 per cent prehensile power impaired 15 per cent Palm of hand toil hardened

Twelve-eighths
No other disability found no other alleged.
The Board finds no reason for increase

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 _____

Left Jones, Pres. *C. H. Thomas*, Sec'y. *G. Lane Tansie*, Treas.

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

(6287-300,000.) 6-552