

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. 397.273
[State above whether for original, increase, or restoration.]
 Name and rank of claimant. James W. Prickney, Rank, Private
 Company B, 19 Reg't U.S.C. Inf Westminster Md State,
 Claimant's post-office address. 323 Forest St - Balto Md March 14, 1897.
[Post-office address of the Board.]
[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: Dis. of Head & Back. Results of Typhoid Fever. Partial Paralysis L. Arm, Hip & side

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

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

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

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 18; temperature, 99; height, 5 feet 4 inches; weight, 146 pounds; age, 70 years. Dis. of Head - pain in back part of head and tenderness in suboccipital region

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

Dis. of Back - pain and weakness and tenderness in spine (no objective evidence)

Results of Typhoid fever - tongue furred red at edge - liver and spleen enlarged constipation - eyes yellow

Partial Paralysis of Left Arm Hip and side (hemiplegia) - L. Arm weak - grasp feeble - atrophied 1/2 inch - Left Hip - weak L. Leg - weak - atrophied 1/2 inch - gait impaired - dragging motion on L. side

Eyes - arcus senilis - failure of sight due to age.

Heart - normal, but weak - all other organs normal except R. inguinal hernia direct - complete - size 1 1/2 x 1 1/2 size of ring 3/8 x 3/4 - truss would keep it up. Claimant did not know the nature of the lump

Proportionate degree of disability - Total 4/18

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 4/18 rating for the disability caused by Dis. of Head, 4/18 for that caused by Dis. of back, and 2/18 for that caused by Typhoid Fever and results and 1/18 for Part. Par. L. S. A. arm

M. L. Scott, Pres. Luther Kemp, Sec'y. S. N. Gordon, Treas.

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