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3—111.

☞ 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, etc.

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. 778471
[State above whether for original, increase, or restoration.]

Name and rank of claimant. John W. Davis, Rank, Private,

Company H, 9 Reg't U.S.C.I. | Baltimore, Md. State,
[Post-office address of the Board.]

Claimant's post-office address. 813 E. Madison Street, | August 17th, 189 8.
[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 heart,kidneys,stomach and eyes,dyspepsia,vertigo,rheumatism,affec.of back,malarial poisoning,sun stroke & results and injury of leg.

If a pensioner, fill in the amount; if not, erase the whole line. ~~and that he receives a pension of _____ 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. He has disease of heart and kidneys, dyspepsia,rheumatism,malarial poisoning, had sun stroke at Brownsville, Texas.

Upon examination we find the following objective conditions: Pulse rate, 76; respiration, N; temperature, N; height, 5 feet 7 1/2 inches; weight, 170 pounds; age, 59 years. Nutrition and muscular development good.

Here give a full description of the disabilities, in accordance with Book of Instructions. Disease of heart: Apex beat normal and evident upon palpation.Auscultation reveals normal heart sounds and absence of murmurs-no dilatation,hypertrophy,dyspnoea or oedema--heart's action at rest 76, standing 78,after exercise 80--Rate 0/18.

~~Disease of kidneys: Urinalysis reveals a specific gravity of 1020,~~ acid reaction, amber color and absence of albumen, sugar or other abnormal deposits--Rate 0/18.

Disease of stomach: There is slight sensitiveness over the epigastric region without enlargement of abdominal organs-the tongue is furred ~~skin dry and bowels constipated--Rate 4/18.~~

Disease of eyes: Vision both eyes 20/30,right eye 20/30,left eye 20/40-lids healthy,cornea transparent,pupils of natural size and respond to light and shade--Rate 0/18.

The actual or probable origin of every existing disability must be fully set forth. Dyspepsia: Described above under disease of stomach--Rate 0/18.

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. ~~Vertigo: No objective evidence of vertigo--Rate 0/18.~~

Rheumatism: No objective evidence of rheumatism--all joints and muscles are normal--Rate 0/18.

Affection of back: No objective evidence of affection of back--Rate ~~0/18.~~

Malarial poisoning: There is no chill or fever present,the abdominal organs are normal--Rate 0 /18.

Sun stroke and results: No evidence of brain or spinal symptoms, nor of chronic meningitis-no impairment of mental faculties-no ~~evidence of headache nor intolerance of heat--Rate 0/18.~~

Injury of leg: No scar present or other evidence of injury to leg-Rate 0/18.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to." No other disability found to exist.

No evidence of vicious habits.

A B Saxton, Pres. H H Jarrett, Sec'y. D. C. Leland, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

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