

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. *722401*

Name and rank of claimant. *Noah Jackson*, Rank, *Private*

Company *E 4th Reg't U.S.C.T.* *Baltimore* State, *Md*

Claimant's post office address. *1504 Williams St Baltimore Md* (Post office address of the Board.)
December 18, 1889 (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:

Cause of disability. *Rheumatism and paralysis of right side of face and body*

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of *0* dollars per month.

Pulse rate per minute, *110*; respiration, *24*; temperature, *98*; height, *5* feet *7* inches; weight, *159* pounds; age, *46* years.

He makes the following statement upon which he bases his claim for *Original* *Claim* to be unable to perform manual labor on account of *rheumatism of upper and lower extremities - unable to hold objection hand - Claimant to have had paralysis of right side while in the service - numbness and twitching of face.*

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

Upon examination we find the following objective conditions *General physical condition fair.*

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant. *Crepitation well marked in all large joints. No deformity of joints. Complaint of pain in joints during examination. Heart apex carried to left in line with nipple. Action of heart is rapid and weak. Systolic blowing murmurs heard over both mitral and aortic valves. Evidently suffers with rheumatism of which heart trouble is probably a result. No evidence of paralysis of right side of face or body.*

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as to total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, *probable* that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a *10/18*

Rate for each cause of disability. *0* rating for the disability caused by *rheumatism and swelling* for that caused by *disease of heart* and *0* caused by *paralysis of right side of face or body.*

If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

* See the back.
 † Here state whether for original, increase, restoration, or renewal, or for a re-rating.
A. A. White, Pres. E. S. Clouy, Sec'y. Geo. R. Baker, Treas.

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