

(3-III.)

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. 80880

Name and rank of claimant.

Mathias Price, Rank, Private

Company I-9th Regt U.S.C.T. Baltimore Md

Claimant's post-office address.

811 Mc Donogh St. Balto. October 1st, 1890.

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: G.S.W. of left hand with loss of index and second fingers. Rheumatism of left arm caused by cold affecting shoulder & arm. \$8.00 dollars per month.

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

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

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

Has lost left index and second fingers. Pain running up arm to shoulder. Suffers severely in cold weather. Remaining fingers of hand are stiff and use much impaired.

Upon examination we find the following objective conditions: Pulse rate, 68; respiration, 17; temperature, n; height, 5 feet 6 inches; weight, 140 pounds; age, 46 years. General physical condition below par.

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

Index and middle fingers of left hand have been amputated at base of middle phalanx. Stumps rounded and good. But sensitive. There is contraction of tendons in remaining fingers. Ring finger can be flexed to within 1 1/2 inches of palm and little finger to within 1/2 inch. Grasp of hand is necessarily weak and use is greatly impaired. Complaints of pains running from hand up the arm to shoulder. There is no crepitation or other evidence of rheumatism. The pain in the arm is result of wound. No other disability.

Date for EACH cause of disability.

He is in our opinion, entitled to a 12/18 rating for the disability caused by G.S.W. left hand & result for that caused by _____, and _____ for that caused by _____

A. A. White, Pres. E. S. Conroy, Sec'y. Geo R. Saban, Treas.

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