

ADJOURNED MEETING

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.

ORIGINAL

Pension Claim No.

786,379

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

ROBERT KINZEE

Rank,

PRIVATE

Name and rank of claimant.

Company B, 19th Reg't U.S.C.T.

BALTIMORE MD.

State,

[Post-office address of the Board.]

Claimant's post-office address.

#1032 STERLING ST. BALTO. MD.

MARCH 24th.

, 189 1

[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: Rupture of right groin and weak back.

Cause of disability.

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

and that he receives a pension of 0 dollars per month.

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

[Original, increase, restoration, &c.]

Rupture of the right side and is obliged to wear a truss.

Pain across the small of back with pain when stooping and moving about.

Suffers with Diarrhoea at times.

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

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 20; temperature, N; height, 5 feet 7 inches; weight, 149 pounds; age, 49 years. General physical condition is fair.
Well nourished.

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

Right inguinal hernia, complete, entering the upper portion of scrotum. Tumor is oval, 3 1/2 inches in diameter, reducible and can be retained by the proper truss. External ring is patulous.

No evidence of Diarrhoea. Liver and Spleen are normal.

No Hemorrhoids.

Slight sensitiveness in the lumbar regions with pain when stooping and moving the body. Has difficulty in resuming erect position after bending over.

Suffers with slight Lumbago.

Heart and Lungs are normal.

No other disability exists.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a specific rating for the disability caused by R. ing. Hernia for that caused by Lumbago, and 2/18 for that caused by Lumbago

A. A. White, Pres. Esoulin, Sec'y. Geo R. Hale, Treas.

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

(3504-300,000.) 6-552