

(3-III.)

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. 847875

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

Name and rank of claimant.

ELI FISHER

Rank, PRIVATE

Company C, 30th Reg't U.S.C.T.

BAITIMORE, MD.

State,

[Post-office address of the Board.]

Claimant's post-office address.

APRIL 14th,

189 /

[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

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 for ORIGINAL

[Original, increase, restoration, &c.]

Claims to have rupture of the right side which interferes with the performance of manual labor.

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

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 18; temperature, N; height, 5 feet 8 inches; weight, 197 pounds; age, 45 years. General physical condition good.

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

Left indirect inguinal hernia, complete, entering the upper portion of the scrotum. Tumor is five inches long by two inches in diameter, reducible and can be retained by the proper truss. External ring is patulous admitting the ends of two fingers.

Heart, Lungs and Abdominal organs 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 Left ing. Hernia or that caused by \_\_\_\_\_, and \_\_\_\_\_ for that caused by \_\_\_\_\_

A. A. White, Pres. Esoulym, Sec'y. Geo R. Sab, Treas.

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