

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. 790568

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

Name and rank of claimant.

CHARLES GRADDISON

Rank, PRIVATE

Company H, 39th Reg't U.S.C.T.

BALTIMORE MD.

State,

[Post-office address of the Board.]

Claimant's post-office address.

#423 PINE ST. BALTO. MD.

MARCH 11th.

1891.

[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: Disease of Heart: Shortness of breath: Vertigo: Severe pains in Stomach and Back.

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.]

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

Claims to suffer with chronic Rheumatism.

Confined almost constantly to bed and is unable to move about without aid. Requires constant aid and attention the greater part of the time. Very severe pain through the sides and abdomen, much worse at night and preventing sleep. Pains in region of Heart with shortness of breath. Pains in the legs are not so constant and are much worse in damp weather.

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 20; temperature, N; height, 5 feet 9 inches; weight, 100? pounds; age, 66 years. General physical condition is very bad. Extreme emaciation and has very feeble appearance.

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

Skin loose, wrinkled and in folds. Muscles wasted and soft.

Characteristic appearance of debility of old age.

Rheumatism: Slight crackling in the shoulders but there is little pain on motion. Extreme sensitiveness of the muscles over the right side of chest and to less degree over the left side and over the abdomen. Even the pressure of hand causes much pain and all motions of the body are painful.

There is also tenderness in the lumbar regions with pain on stooping. Cannot sit perfectly erect on account of the Lumbago. Evidently suffers severely with chronic Rheumatism principally muscular, which is worse in bad weather.

Heart: Apex in the fifth interspace and slightly to the left of the nipple line. Area of cardiac dulness is increased to the left. Marked mitral regurgitant murmur.

There is some thickening about the aortic orifice causing slight systolic murmur but not amounting to a stenosis.

Action is fairly good but there is occasional intermission.

Hypertrophy is compensatory to the valvular trouble.

Lungs and abdominal organs are in fair condition.

He complains of vertigo when rising but this result of weakness. No evidence of nervous disease.

Claimant is in a state of extreme general debility as result of old age and disabilities described above. He is confined to bed at present but can move across the room when assisted.

During bad weather he is unable to rise. Could not perform any manual labor. Disability permanent.

Rate for EACH cause of disability.

No other disability exists. He is, in our opinion, entitled to a 12/18 rating for the disability caused by Ch. Rheumatism for that caused by Disease of Heart and 2 1/2 grade for that caused by General Debility

Pres. E. S. [Signature]

Pres.