

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. 890754

Name and rank of claimant.

James A. Reynolds

Rank, Private

Company F, 9 Reg't U.S.C.I.

Baltimore Md State,

Claimant's post-office address.

2233 Division St.

December 21<sup>st</sup>, 1897.

[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: Rheumatism, impaired vision, Scurvy, and disease of Stomach, head, Chest and heart.

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

and that he receives a pension of \_\_\_\_\_ dollars per month.

He makes the following statement upon which he bases his claim for Original [Original, increase, restoration, &c.] Cannot work on acct of my disabilities.

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

Post 76

Standg 80

Exertion 90

Upon examination we find the following objective conditions: Pulse rate, 20; temperature, 98; height, 5 feet 7 inches; weight, 183 pounds; age, 58 years. Rheumatism and heart disease.

Here give a full description of the disabilities, in accordance with Book of Instructions.

All joints and muscles normal in size and function. Heart normal in size, position and function. No hypertrophy or dilatation, No dyspnea, Cyanosis or oedema. No rating.

Impaired vision. Illiterate, can count fingers at 20 feet. Internal and external structure each eye normal. No rating. Scurvy. Has no symptoms of scurvy. No rating.

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Disease of Stomach. All digestive organs normal in size and function. No abdominal soreness, Rectum normal, is in good physical condition, No disease of Stomach. No rating.

Head. No impairment of mental, spinal or nervous functions. No Chronic Meningitis, No Vertigo, spasms or convulsions or nausea. No Arcus Senilis. No paralysis local or general. Breathing regular. No difficulty in swallowing. No impairment of coordination of movements. No muscular tremor. No rating.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Chest. No dullness on percussion. Respiratory sounds clear. Chest measures. Exp 32. Post 33 Insp 37. No rating.

Except the above all organs normal. Urine light amber, S.G. 1020. Acid. No albumen, No sugar.

No evidence of vicious habits.

J. A. White, Pres. Geo R. Kahaw, Sec'y. G. Law Van Dyke, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.