

3-155 T. W.

CERTIFICATE OF MEDICAL EXAMINATION

Insert character and number of claim.

Name of claimant.

Claimant's post-office address.

Names of disabilities.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

Here give a full description of the disabilities, in accordance with Book of instructions, and make a separate paragraph for each disability.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated.

Act June 5-20, Survivors of Spanish War: Estimate incapacity from all causes not due to vicious habits at one-fourth, one-half, three-fourths, or total.

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.

\$72 Cases: In every instance where aid and attendance is alleged, state (in so many words) whether the regular aid and attendance of another person is or is not required.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

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Pension Claim No. *51 45 735*
Name of claimant *Charles Bennett*
Company *E.* Reg't *7. U. S. C. Inf.*
Address of Board *Baltimore* P. O. *Ind.* State. *Apr 6.* 19 *21*
420 Somerset St
Baltimore Md.
[Date of examination.]

He receives a pension of *\$50.00* dollars per month.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: *Several years ago. Paralyzed. right arm & leg, cannot stand without cane, can only shuffle partially. Has to have help in every thing he does. Staggering & very unsteady gait.*

Birthplace, *Md.*; age, *83* years; height, *5-5*; weight, *142 1/2* pounds; complexion, *dark*; color of eyes, *dark Brown*; color of hair, *gray*; occupation, *Retired*; permanent marks and scars other than those described below, *none*

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, *60 . 62 . 62*; respiration, *24*; temperature, *normal*
[Sitting, standing, after exercise.] [Sitting, standing, after exercise.]

Eye left. 10/40 Right, 10/40. Hydrocele left side. very large. not tapped.

none other than above.

By reason of above statement think he should warrant \$72. pension per month

Except as above. described disability. not due to vicious habits Being so feeble

He requires the regular attendance of some other person in dressing and keeping himself

Wm. C. Blake, Pres. *W. M. Dorton*, Sec'y. *Geo. F. Taylor*, Treas.

Single surgeons will use this blank, changing "we" to read "I."

Marginal entries must never be made.