

(3-III.)

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.

(State above whether for original, increase, or restoration.)

Pension Claim No. 328330

Name and rank of claimant.

James J. Benson

Rank, Private

Company H. 19

Reg't U.S.C.T.

Baltimore

State and

Claimant's post-office address.

4492 Monument St. Baltimore Md

[Post-office address of the Board.]

[Date of examination.]

April 16, 1890.

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: Chronic disease of stomach

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

and that he receives a pension of 8 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 have pain in stomach with rising of water into the mouth. Food does not digest.

Claims that as result he has had paralysis of left side. Memory bad. Has epileptic fits. Cannot perform any manual labor.

Upon examination we find the following objective conditions: Pulse rate, 72;

respiration, 17; temperature, 99; height, 5 feet 6 inches; weight, 140 pounds; age, 50 years.

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

General physical condition bad. Tubercular appearance. Muscles are wasted. Ribs prominent. Tongue white furred dry and fissured.

Epigastrium is retracted with great tenderness on pressure. No increase in area of hepatic dullness.

Rectum slightly congested. No hemorrhoids. General intelligence is unimpaired.

Memory is deficient. Has difficulty in remembering occurrences and names of people and things. Face has rather vacant look.

Slightly drawn to left. Slight dribbling of saliva. Speech slow. Thick but intelligible.

Tongue protruded straight but is tremulous. Root apex slightly to left. Action weak and somewhat irregular.

Valvular sounds normal. Special senses are in fairly good condition.

Stellar reflexes somewhat diminished. No irritation along spinal column.

Scit somewhat unsteady. With eyes closed. His course is deflected towards left.

He is, in our opinion, entitled to a

8/8

Rate for EACH cause of disability.

rating for the disability caused by Disease of stomach for that caused over

by 3" grade and Disease of nervous system for that caused by

A. A. White, Pres.

Escobedo, Secy.

Geo R. Lachman, Pres.

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