

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. *722,476*

Name and rank of claimant.

Charles W. Fulman, Rank, *Private*

Claimant's post-office address.

Company *B, 7*, Reg't *W. B. Inf't*, *Baltimore Md.* State, *507 Oxford St. City.* [Post-office address of the Board.] *November 10*, 1896. [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 back and breast-eyes & stomach rupture right side & results of typhoid malarial fever*

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

and that he receives a pension of _____ dollars per month.

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

He makes the following statement upon which he bases his claim for *Original* [Original, increase, restoration, &c.] *Claimant states he performs odd job of a light character and averages 35¢ per week. Appearance and physique good*
3rd Examination.

Upon examination we find the following objective conditions: Pulse rate, *78*; respiration, *18*; temperature, *98*; height, *5* feet *8* inches; weight, *150* pounds; age, *36* years.

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

Disease of back: No evidence of disease of back at this examination - not material. No Rating.

Disease of breast: No objective evidence of disease of breast - chest symmetrical - not material. No Rating.

Disease of eyes: Conjunctiva and adjacent normal & right and left vision 20/70. 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: Deep pressure over stomach reveals no evidence of tenderness no emaciation - tongue clean. No Rating.

Rupture of right side: No evidence of rupture of right side & no impulse on pressure when coughing. 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."

Results of Typhoid malarial fever: No evidence whatever of typho-malarial fever at this examination & no results shown that would be the result of same. No Rating.

No signs of vicious habits.

J. D. Morris, Pres. *Robert Casin*, Sec'y. *John Boyd*, 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.

108