

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.

Increase

Pension Claim No. *168224*

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

Name and rank of claimant.

James Jones

Rank, *Pvt*

Company *H 4 Reg't U S C Infy*

Elkton Md State,

Claimant's post-office address.

529 Orchard St, Balto. Md.

[Post office address of the Board]

April 4th, 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 in the service, viz: *Gunshot wound, left thigh*

Cause of disability.

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

and that he receives a pension of *four* dollars per month.

He makes the following statement upon which he bases his claim for *Increase*

[Original, increase, restoration, &c.]

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

My wounded thigh hurts me especially in cloudy weather. My thigh swells and the leg below the knee breaks out in sores. hurts me to walk -

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

Upon examination we find the following objective conditions: Pulse rate, *90* respiration, *20*; temperature, *98*; height, *5* feet *11 1/2* inches; weight, *178* pounds; age, *49* years. *Find Cicatrix of l.s.w. left thigh - pt. of Entrance Anterior aspect of thigh at union of upper and middle third - size of silver quarter, depressed. pt. of Exit on a line with pt. of entrance, on outer aspect, Cicatrix depressed, and tender. (See diagram) Left leg is swollen, with cellular infiltration extending from upper third to the ankle, skin dry and scaly. And shows numerous marks of ulceration, one ulcer two inches in diameter, on outer aspect of ankle - discharging pus. Walks with pain.*

No other disability found except as above

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *4/16* rating for the disability caused by *l.s.w of left thigh* for that caused by *Ulcers of left leg*, and _____ for that caused by _____

Theo. A. Morrall, Pres. *J. W. H. H. H. H.*, Sec'y. *S. J. Roman*, Treas.