

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.

Inc

Pension Claim No. *✓*

Name and rank of claimant.

Freeman Howard, Rank, *Priv*
Company *G, 19th Reg't U.S. 6 Inf Westm. Md* State,

Claimant's post-office address.

955. Druid Hill av. Baltimore Md. Feb. 31st, 189*1*.

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: *Throat Disease and Asthma*

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

and that he receives a pension of *(Twelve)* dollars per month.

He makes the following statement upon which he bases his claim for *Inc*
[Original, increase, restoration, &c.]

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

Disabilities Increasing

Upon examination we find the following objective conditions: Pulse rate, *102*; respiration, *20*; temperature, *98 3/10*; height, *5* feet *8 1/2* inches; weight, *140* pounds; age, *52* years.

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

Throat Disease, dry pharyngeal inflammation with enlarged tonsils, swelling in throat. Asthma. - Mucous rales. - There is no emphysema, or particular evidence of Asthma. The condition is Spasmodic most probably.

Heart. - Apex beat normal. Dulness increased. Sounds weak. - Condition most probably hypertrophy

No other disabilities

Degree of disability 3/4

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *3/8* rating for the disability caused by *Pharyngeal Catarrh* *1/8* for that caused by *Asthma*, and *1/4* for that caused by *Heart Hypertrophy*

M. S. Both, Pres. *Luther Seaup*, Sec'y. *J. W. Donnell*, Treas.

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