(3--111.)

☞ 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. Pvt. Pension Claim No. 14685

Name and rank of claimant. William Murray, Rank, Seaman

Company H, Regt Navy, State, Washington D.C.
(Post office address of the Board.)

Claimant's post office address. 1132 Bienvenu's Alley Balto Md. January 23, 1890.
(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:

Cause of disability. Chron. Rheumatism

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of ~~dollars per month.~~

Pulse rate per minute, 84; respiration, 17; temperature, Normal; height, 5 feet 6 inches; weight, 145 pounds; age, 45 years.

He makes the following statement upon which he bases his claim for† Rheumatism through shoulders knees and chest right side. Had "pox" after quitting the service.

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

Upon examination we find the following objective conditions: No swelling of joint limitation of motion no contraction of tendons indicative of rheumatism. Action of heart normal no evidence of organic lesion. In left groin is a deep large scar the result claimant says of pox since he left the service. Frenum of penis is partly obliterated from old disease. No eruption on skin. No enlargement of post cervical glands or those of epitrochlear space. Inguinal of right side slightly enlarged. Throat injected but no loss of substance. Claimant is emaciated.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a Nothing rating for the disability caused by Rheumatism, for that caused by ——, and —— caused by ——

Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

W. H. Todd, Pres. Jno. C. Posse, Sec'y. J. J. Scanlon, Surgeons.

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

(15762--100,000.) 6—427

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