

Wm Murray
W.B. 11716
Baltimore
Oct 6/94

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.

Revision

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

Pension Claim No. *11.716*

Name and rank of claimant.

William Murray

Rank, *Seaman*

Company *U.S. Reg. "Allegheny"*

Baltimore Md

State,

Claimant's post-office address.

1138 Kirk St. Balto Md.

[Post-office address of the Board.]

October 6

[Date of examination.]

, 189 *4*

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: *Rheumatism - asthma - disease of heart*

Cause of disability.

Eyes - Back - urinary - and respiratory organs

and that he receives a pension of *\$6.00*

dollars per month.

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

He makes the following statement upon which he bases his claim: