

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 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.

Restoration

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

Pension Claim No. *11.7/6*

Name and rank of claimant.

Wm Murray

Rank, *Landyman*

Company

U. S. Reg't Army

Baltimore Md

[Post-office address of the Board.]

Claimant's post-office address.

1130 Kirk St. City

January 21, 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: *Rheumatism - disease of heart and chronic diarrhoea and history of syphilis.*

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

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

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

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

Claimant states he performs light work in good weather and averages \$1.00 per week. General appearance and physique good.

Upon examination we find the following objective conditions: Pulse rate, *78*; respiration, *18*; temperature, *98*; height, *5* feet *7* inches; weight, *160* pounds; age, *57* years.

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

Rheumatism: - Muscles, joints and tendons normal in size and action - stoops and recovers with ease.

Disease of Heart: - Area and action of heart normal. Apex beat in 6th intercostal space. Pulse sitting 80 - standing 85 - after exercise 90.

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.

Chronic diarrhoea: - In examination of the gut reveals no evidence of chronic diarrhoea. The gut is pale and non congested - no tenderness over abdomen - claimant states he has not been troubled with diarrhoea for 30 years.

Syphilis: - He discovers a large scar 3 inches long in the right groin. The claimant states he had a large bubo in right groin - claimant has a good shift of hair - no glandular enlargement - the nasal bones are normal in appearance - ~~no~~ nodes over tibia, in fact outside of bubo scar - no evidence of syphilis. There exists no disability independent of the history of syphilis.

No other disability found no other alleged.
J. Morris, Pres. *Robert Cassin*, Sec'y. *Sick*, Treas.

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