

ADJOURNED MEETING.

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.

ORIGINAL

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

Pension Claim No.

827358

Name and rank of claimant.

ELBEY ROSIER

, Rank,

PRIVATE

Company H, 9th Reg't U.S.C.T.

BALTIMORE, MD.

State,

[Post-office address of the Board.]

Claimant's post-office address.

536 OXFORD ST., BALTO. MD.

APRIL 6th,

, 189 1

[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: Rheumatism, Affection of Head, from Sun Heat, Affection of Lungs, Piles, Dyspepsia, and Disease of Eyes.

Cause of disability.

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

and that he receives a pension of 0 dollars per month.

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

[Original, increase, restoration, &c.]

Claims to suffer with rheumatism through the back and breast with pain when stooping and walking.

Suffers with pain through the head which he claims as result of sun stroke.

Vision is impaired in both eyes.

Makes no claim for disease of the Lungs or Piles.

Suffers with Dyspepsia. Cannot eat salt meat or other heavy food.

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

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 19; temperature, N; height, 5 feet 8 inches; weight, 147 pounds; age, 45 years. General physical condition good.

Well nourished.

Rheumatism: No crepitation or deformity of the joints.

Sensitiveness in the lumbar regions with pain when stooping and moving the body. Has difficulty in picking objects from the floor. Lumbar regions covered with large plaster.

Tenderness of the pectoral muscles. Has pain on manipulation in the left ankle.

Heart: Apex in normal position. First sound of the heart muffled but otherwise valvular sounds are normal.

No evidence of disease of head or results of sun stroke.

No hemorrhoids.

Liver is normal in size and slightly sensitive. Tongue clean.

No evidence of dyspepsia.

Eyes normal in appearance. Vision 20-20

No other disability exists.

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

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 6/18 rating for the disability caused by Rheumatism for that caused by _____, and _____ for that caused by _____

A. H. White, Pres. C. S. Gailen, Sec'y. Geo. R. Halstead

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