

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. Increase Pension Claim No. Cert. 624 582
 [State above whether for original, increase, or restoration.]
 Name and rank of claimant. Elby Rosier, Rank, Private
 Company H, 9th Reg't U.S.C.Vol.Inf. Baltimore, Md. State,
 Claimant's post-office address. # 1309 Division St. Balto.Md. April 23rd. [Post-office address of the Board.]
 [Date of examination.] 1898.

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: Disease of Lungs, lameness of left Ankle, Rheumatism, Sunstroke, disease of Head, and Breast, Piles, Failure of sight, general debility.
 and that he receives a pension of _____ dollars per month.

If a pensioner, fill in the amount; if not, erase the whole line.
 Here give the claimant's statement as briefly and as compactly as possible.
 He makes the following statement upon which he bases his claim for Increase Pension. "Cannot perform manual labor on account of rheumatism."
 [Original increase, restoration, &c.]

	Rest	72
	Standing	80
	Exercise	88

Upon examination we find the following objective conditions: Pulse rate, _____; respiration, 18; temperature, 98; height, 5 feet 7 inches; weight, 150 pounds; age, 58 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.
Disease of Lungs and Breast. No cough. No dullness on percussion. Respiratory sounds clear. Chest measures, expiration 33, rest 34, inspiration 36. No disease of Lungs or Breast. No rating.

Rheumatism and lameness of Ankle. Has pain in all his large joints and crepitation in left ankle; claims that it causes lameness in damp weather. His right lumbar muscles are atrophied 30%. All his lumbar muscles are sore to touch and painful in stooping and rising. No other joints or muscles affected. Heart normal in size, position and function. No hypertrophy or dilatation. No dyspnea, cyanosis or oedema. Rheumatism. Rating 6/18.

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.
Sunstroke and Head. No impairment of mental, spinal or nervous functions. No chronic meningitis. No vertigo, spasms, convulsions or nausea. No areus senilis. No paralysis, local or general. Breathing regular. No difficulty swallowing. No impairment of coordination of movements. No muscular tremor. No rating.

Piles. Rectal mucous membrane normal. No piles. No fissure, fistula, stricture or prolapse. No rating.

Failure of sight. External and internal structures each eye normal. Vision each eye 20/40. No rating.

No evidence of general debility. No rating.

Except the above, all organs normal. Urine light amber. S. G. 1020. Acid. No albumen or sugar.

No evidence of vicious habits.

17 A. A. White Pres. Geo. R. Graham Sec'y. G. Lane Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.