

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

Pension Claim No. 305134

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

Name and rank of claimant.

JOSEPH WEST

Rank, PRIVATE

Claimant's post-office address.

Company H 39th. Reg't U.S.C.T.

BALTIMORE MD.

State,

#509 BLOOM ST. BALTO. MD.

[Post-office address of the Board.]

MARCH 21st.

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

Cause of disability.

in the service, viz: Rheumatism.

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.]

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

Suffers with Rheumatism in the legs and arms and about the waist. Pains are very severe in damp weather. Interferes with the performance of manual labor.

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

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 20; temperature, N; height, 5 feet 6 inches; weight, 148 pounds; age, 46 years. General physical condition is fair.

Rheumatism: Slight crepitation in both knees with some pain on motion. No deformity of joints. Sensitiveness of muscles in the lumbar regions with pain on motion of the body and on stooping. Difficulty in picking objects from the floor and when rising. Heart, Lungs and Abdominal organs are healthy. No other disability exists.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 6/8 rating for the disability caused by Rheumatism for that caused by _____, and _____ for that caused by _____

H. B. White, Pres. E. S. Conroy, Sec'y. Geo R. E. [Signature]

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