

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.

INCREASE

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

Pension Claim No. 610,041

Name and rank of claimant.

JOSEPH WEST

Rank, PRIVATE

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

BALTIMORE, MD.

State,

[Post-office address of the Board.]

Claimant's post-office address.

#509 BLOOM ST. BALTO. MD.

MAY 12th.

189 3

[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: Piles: Vertigo.

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

and that he receives a pension of \$6.00 dollars per month.

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

[Original, increase, restoration, &c.]

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

Claims to suffer with rheumatism in legs, hips and back and in arms at times. Sometimes suffers much in shoulders. Condition is worse in cold and damp weather. Suffers with dry piles and also has dizziness at times. Unable to perform hard manual labor.

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

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 19; temperature, N; height, 5 feet 5 inches; weight, 148 pounds; age, 47 years. General physical condition is fair.

Rheumatism: Slight crackling in both knees with pain and stiffness on manipulation in both knees and ankles. Complains of pain in walking and limps slightly. Right elbow is painful on motion. Shoulders not affected at present.

No enlargement or other deformity of joints or limitation of motion. Sensitiveness of muscles in the lumbar regions and about the hips with pain and stiffness on stooping and all motions of body. Difficulty in rising from stooping position. Suffers with chronic rheumatism which must interfere with the performance of manual labor and we recommend rating of eight eighteenths for rheumatism and results.

Heart, lungs and abdominal organs are in healthy condition.

No hemorrhoids. Rectum in healthy condition.

No evidence of vertigo or affection of nervous system.

No other disability exists.

Rate for EACH cause of disability.

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

Pres. Sec'y. Treas.

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