

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. 555350  
Name and rank of claimant. James D Brookes, Rank, Corp  
Company B, 9 Reg't U. S. C. S. | Baltimore Md State,  
Claimant's post-office address. 115 Welcome Alley | July 3, 1897.  
[State above whether for original, increase, or restoration.]  
[Post-office address of the Board.]  
[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 heart disease disease of eyes and head, affection of left side and debility.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Six 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. Suffers severely with rheumatism, am unable to do much work.

Upon examination we find the following objective conditions: Pulse rate, 82; respiration, 19; temperature, 98; height, 5 feet 6 inches; weight, 128 pounds; age, 57 years. Rheumatism, affection of left side and debility. All these affections are blended in the following. There is a tenderness on pressure above the left hip, movements of the body causes pain at that point. He has crepitation in the left shoulder with pain on motion. The muscles of the shoulder are atrophied markedly, there being 1 1/2 inches difference in the size of the two shoulders. He elevates the left arm with difficulty owing to the contraction of the tendons at the shoulder. The lumbar muscles are atrophied 20% and are painful on pressure and in bending over and rising up. No other joints or muscles involved. Heart normal in position, action and sounds, and area. Severe Rheumatism Rating 8/18

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

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.

No disease of the eyes Vision each eye 20/30 No rating.  
No evidence of disease of head. No rating.  
No other disability found. No evidence of vicious habits.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

J. White, Pres. Geo R. Haham, Secy. G. Lane Daugherty, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.