

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. 784,208

Name and rank of claimant.

Emmanuel Smith

Rank, Private

Claimant's post-office address.

Company B 7 Reg't U.S. 6 Inf. Baltimore Md. State,

1219 Eting St. City

[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

Cause of disability.

in the service, viz. Disease of throat and chest - left leg - partial emetroke - vertigo - rheumatism - piles - disease of side.

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

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

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

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

Claimant states he performs odd jobs and averages 2# per week hands hard - physique good.

2nd Examination

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 20; temperature, 98; height, 5 feet 6 inches; weight, 135 pounds; age, 50 years.

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

Disease of throat: - There exists a moderate pharyngitis but not material - no evidence of chronic catarrh. No Rating.

Disease of chest: - Chest symmetrical - with no evidence of disease - respiratory murmur clear over both lungs - inspiration 38 - expiration 35. No Rating.

Disease of left leg: - No objective evidence of any disease of left leg - no swelling - no limp - not material. No Rating.

The actual or probable origin of every existing disability must be fully set forth.

Partial emetroke: - No fullness of vessels of face or head - no dizziness - complains of no headaches. No Rating.

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.

Vertigo: - No sense of fullness about the head - does not claim that he suffers from vertigo. No Rating.

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

Rheumatism: - Muscles joints and tendons normal in size and action - stops and recovers with ease. No Rating.

Piles: - Not employed with no evidence of piles - states he does not suffer from same. No Rating.

Disease of side: - No pains or points of tenderness about either side - the respiration full and free - not material - No Rating.

J. D. Morris, Pres. Robert Cassin, Sec'y. John Ayer, Treas.

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

No evidence of vicious habits 4