(3—111

☞ 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. 578419
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

JEREMIAH JOBES, Rank, PRIVATE

Company K, 30th Reg't U.S.C.T. | BALTIMORE MD State,

Claimant's post-Office address.

#1317 BAYARD ST. BALTO.MD. | DECEMBER 19th. 1890.
[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: Malaria: Diarrhoea: Fistula: Injury of Wrist: Erysipelas: Deafness: 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.

Has an attack of Ague every Summer lasting about two weeks.
Attacks of Diarrhoea at intervals. Has impaired hearing.
Rheumatism in back shoulders arms and legs.
~~Makes no claim as to other disabilities above.~~

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 17; temperature, N; height, 5 feet 6 inches; weight, 150 pounds; age, 61 years. General physical condition is below par.
Debility the result of old age.

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

Eyes have yellow tinge. Tongue coated thick yellow and deeply fissured.
~~Area of hepatic dulness is much increased with tenderness over~~ the hepatic, splenic and lower abdominal regions.
Rectum congested with enlarged hemorrhoidal veins but no Hemorrhoids. No Fistula.
~~No evidence of injury to wrist of~~Erysipelas.
Hearing is good.
Rheumatism: Crepitation in the large joints with pain on motion.
No deformity. Chronic Rheumatism.
~~Heart: Apex in fifth interspace and to left of nipple line.~~
Action is weak. Slight mitral regurgitant murmur.
No other disability.

Rate for *EACH* cause of disability.

He is, in our opinion, entitled to a 6/18 rating for the disability caused by Ch. Diarrhoea 8/18 for that caused by Rheumatism and disease of Heart for that caused by _____

A. H. White, Pres. E. Corbyn, Sec'y. Geo R Lahee, Treas.

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

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