

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. 886458

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

Name and rank of claimant.

BENJAMIN REDDICK

, Rank, PRIVATE

Company G, 30th Reg't U.S.C.T.

BALTIMORE, MD.

State,

[Post-office address of the Board.]

Claimant's post-office address.

608 COMB ALLEY, BALTO. MD.

APRIL 15th,

1897.

[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: Hernia, Lame Back, Disease of Lungs, eyes and 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.

Claims to have rupture of the right side. Does not wear a truss because he is too poor to buy one.

Claims to have rheumatism in the arms, legs, back and body.

Pains are very severe at times.

Suffers with cough at times.

Eyesight is failing.

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 19; temperature, N; height, 5 feet 3 inches; weight, 120 pounds; age, 50 years. General physical condition fair.

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

Left inguinal hernia, complete, prolapsed to the bottom of the scrotum. Tumor is 5 1/2 inches long by three in diameter, reducible and could be retained by proper truss. External ring is patulous admitting the ends of two fingers.

Rheumatism: Crepitation in the shoulders with pain on manipulation in the shoulders and knees. No deformity of joints. Has much stiffness in the knees.

Severe Lumbago: Much sensitiveness in the lumbar regions with great pain on stooping and all motions of the body.

Has difficulty in picking objects from the floor.

Heart is normal.

Auscultation and percussion show the Lungs to be healthy

No disease of the eyes. Vision good for age.

No other disability exists.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a specific rating for the disability caused by Left ing. Hernia for that caused by Rheumatism, and 8/18 for that caused by

A. A. White, Pres. E. S. Phillips, Sec'y. Geo. R. Leet

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