

(3-111)

ADJOURNED MEETING.

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.

Name and rank of claimant.

Claimant's post-office address.

Cause of disability.

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

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

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

INCREASE Pension Claim No. 502835
PHILIP STEPNY, Rank, PRIVATE
Company I, 30th Regt U.S.C.T., BALTIMORE, MD.
155 HAMBURG ST., BALTO. MD.
[Post-office address of the Board.]
JUNE 22nd, 1891. [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: Bayonet wound of right leg.

and that he receives a pension of \$2.00 dollars per month.
He makes the following statement upon which he bases his claim for INCREASE [Original, increase, restoration, etc.]
Claims to have received a bayonet wound in right leg while in the service. States that abscess formed a result.
Leg pains him very much in damp weather.
Suffers with rheumatic pains through the right leg and knee.
Has total blindness of left eye result of injury from piece of gun shot cap.

Upon examination we find the following objective conditions: Pulse rate, 68; respiration, 19; temperature, 98.5; height, 5 feet 8 inches; weight, 150 pounds; age, 59 years.
Scar on anterior aspect of right leg over crest of tibia five inches above the ankle, one inch in diameter, slightly depressed, adherent and dragging, non-sensitive. Several small scars scattered over the anterior aspect of the leg, averaging 1/2 inch in diameter, which is due to ulceration during the healing of the wound.
No limitation of motion in the leg.
Claims that it burns and pains after walking for any distance.
Left eye: Totally blind. Ball very prominent. Complete opacity of the cornea. Central portion is dead white. There was evidently ulceration at this point. Several reddish tortuous vessels scattered over the surface.
Right eye normal in appearance. Claims that it is very weak and waters when looking intently at any object. Vision 20-30.
Heart and lungs are normal.
No other disability exists.

He is, in our opinion, entitled to a rating for the disability caused by Bayonet wound of right leg, for that caused by total blindness of left eye, and total blindness of right eye, for that caused by total blindness of right eye.

Rate for EACH cause of disability.

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