(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, 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. Orig Pension Claim No. 898.446

Name and rank of claimant. William Butler, Rank, Pri

Company G, 7th Reg't U.S.L. Inf, Westminster Md State,

Claimant's post office address. 1435 Ward St Balto. Md (Post office address of the Board.) March 5th, 1881.
(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:

Cause of disability. Partial Paralysis of right side deafness and affection of right Eye

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of ..... dollars per month.

Pulse rate per minute, 76; respiration, 18; temperature, 98⅘; height, 5 feet 5 inches; weight, 130 pounds; age, 52 years.

He makes the following statement upon which he bases his claim for† Arrey

Here give the claimant's statement as briefly and as compactly as possible. My legs are weak they give way on walking I must catch myself to keep from falling can't see to read with right Eye

Upon examination we find the following objective conditions:

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant. Tenderness over 3rd Dorsal Vertebra and lower Dorsal and Lumbar Vertebra, Eyes Field of Vision Contracted Beginning of Atrophy of Right Optic Nerve, Gait Unsteady Staggering Falls and is Unconscious for that time saw him have one is not Epileptic, Eyes protrude from head, passes bloody urine, passed no urine for 36 hours, Pulse of a bounding Constriction, no sensation in right Ulnar Nerve a Case of Locomotor Ataxia, absence of reflexes

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating. All other organs Normal The proportionate degree of Disability Total requires aid and assistance of a 2nd person

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, ... probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a $30.00 rating for the disability caused by ....., ... for that caused by ....., and ..... caused by .....

Rate for *each* cause of disability. If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

M. D. Bond, Pres. Luther Kemp, Sec'y. S. N. Gorsuch, Treas.

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

(15762—100,000.) 6—427

SC 4126 - 414-1