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, &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 [State above whether for original, increase, or restoration.] Pension Claim No. 768399

Name and rank of claimant. WILLIAM BALLARD, Rank, CORPORAL

Company E, 39th Reg't U.S.C.T. | BALTIMORE MD. [Post-office address of the Board.] State,

Claimant's post-office address. #610 CIDER ALLEY. BALTO.MD. | JANUARY 15th. [Date of examination.], 1891.

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: 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.

Suffers with Rheumatiam in both shoulders and knees.
Has severe pain in the head. Totally blind in both eyes and deaf in right ear.

Upon examination we find the following objective conditions: Pulse rate, 92; respiration, 20; temperature, N; height, 5 feet 7 inches; weight, 185 pounds; age, 44 years. General physical condition is good.

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

There is no crepitation, deformity of joints, pain on motion or other evidence of Rheumatism. States that he has none at present but is subject to it at times.
~~Heart: Apex to the left. Action rapid, irregular and intermits at times. Valves are normal.~~
Eyes: Conjunctivae and cornea clear. Pupils dilated and do not respond to light.
Ophthalmoscope shows total atrophy of discs. Totally blind.
~~Ears. Membranes are normal., Hearing: Right, 6-40. Left, 10-40.~~
No other disability.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a specific rating for the disability caused by Blind ... both eyes for that caused by ____, and ____ for ~~that~~ caused by ____

A. B. White, Pr. S. Coulyn Sec'y. Leo R. Graham, Treas.

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