

Attention is invited to the outline 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. 766113

Name and rank of claimant.

JACOB HEATH.

, Rank, SERGEANT

Claimant's post-office address.

Company C, 19th Reg't U.S.C.T.

BALTIMORE MD.

State,

[Post-office address of the Board.]

#1122 S. WARNER ST. BALTO.MD.

JANUARY 16th.

, 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: Piles and Loss of Right Fore Finger.

Cause of disability.

If 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.]

Claims to suffer with fistula. Has lost the tip of middle finger of right hand.

Rheumatism in the right side from the shoulder to the feet.

Has also failure of vision.

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

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 18; temperature, N; height, 5 feet 8 inches; weight, 175 pounds; age, 48 years. General physical condition is good.

Rectum: Has fringe of external hemorrhoids surrounding the anus. Speculum shows one internal hemorrhoid 1/2 inch in diameter/ sensitive, ulcerated and bleeding freely.

Has fistula in ano, opening to the left and one inch behind posterior border of anus. Sinus discharges a thin watery fluid.

Has lost the fleshy end of right middle finger with portion of the nail. No disability.

Rheumatism: Crepitation in both knees and right shoulder with pain on motion. No deformity of joints.

Heart and Lungs are normal.

No disease of the eyes. Vision normal.

No other disability.

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

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 8/18 rating for the disability caused by Disease of Rectum for that caused by Rheumatism, and 2/18 for that caused by \_\_\_\_\_

A. B. White, Pres. Esouly, Sec'y. Geo R. Graham, Treas.

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