

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.

Original

Pension Claim No. 861.314

Name and rank of claimant.

John N. Murphy

Rank, Sergt

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

Baltimore Md

State,

Claimant's post-office address.

1336 N Carey St

[Post-office address of the Board.]

June 8th

, 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 in the service, viz: Rheumatism, deafness, bronchitis and disease of throat and lungs

Cause of disability.

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

and that he receives a pension of _____ 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.

Have pains all over me. Left knee was dislocated several years ago by kick of horse, unable to do much work.

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

Upon examination we find the following objective conditions: Pulse rate, 76; respiration, 16; temperature, 98; height, 5 feet 4 1/2 inches; weight, 128 pounds; age, 56 years. General physical condition fair. Muscles well developed, palms soft. Left leg has a slight outward curvature, caused by a former dislocation at knee joint, function of joint not impaired. Except this has no deformity or limitation of joints bones or tendons. Has crepitation in left knee, both ankles and both shoulders with pain on motion, Has also a general muscular soreness. No atrophy of muscles. Heart normal in position, area, action and sounds - Rheumatism. Rating 8/18

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

No evidence of deafness, can hear with each ear, ordinary conversation at greater distance than six feet

No rating

No evidence of bronchitis, or disease of throat or lungs. Chest measurement Rest 33 Expiration 32 1/2 Inspiration 35 1/2

No rating

No other disability found

No evidence of vicious habits.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

A. White, Pres. Geo R. Latham, Sec'y. John A. ... Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.