

(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, &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.

Name and rank of claimant.

Claimant's post-office address.

*Increase* Pension Claim No. *364.780*  
*Jesse Fry*, Rank, *Private*  
 Company *4* Reg't *U. S. C. T.* *Baltimore Md.* State,  
*1345 Calhoun St. Balto.* [Post-office address of the Board.]  
*Md.* [Date of examination.] *July 16*, 189*2*

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: *Injury of left wrist and epilepsy resulting affection of head, stomach and bladder.*

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

and that he receives a pension of *\$12.00* dollars per month

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

He makes the following statement upon which he bases his claim for *Increase*  
*Injury of left wrist from being thrown from a scaffold in 1864 alleges having fits 3 or 4 times a week and frequent pain in the head and stomach*  
*Sometimes passes water 6 or 7 times during the night*

Upon examination we find the following objective conditions: Pulse rate, *72*; respiration, *19*; temperature, *97*; height, *5* feet *5* inches; weight, *150* pounds; age, *49* years.

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

*Injury of left wrist:- By this fall the left wrist was sprained and injured - by reason of inflammatory infiltration - there resulted adhesions and ligamentous ankylosis and partial paralysis of the extensor muscle of this fore arm - extension and prehensile power of this left hand is impaired 50 percent.*

*Epilepsy:- Skin clammy - answers questions slowly - does not comprehend questions readily - face cyanosed - intellect dull - alleges having had a fit last night - alleges headache and often absent minded and has vertigo - we find no abnormal action of stomach or bladder - urine saffron color - specific gravity 1030 - acid reaction - no albumen - no sugar - we are compelled to rate for epilepsy mainly from his allegations*

*Amputation of index and middle finger of right hand* [Not in order] *At meta-carpus articulation.*

*Amputation of ring finger:- [Not in order] At second*

Rate for EACH cause of disability.

He is, in our opinion, entitled to a *6/8* rating for the disability caused by *Injury of left wrist* *6/8* for that caused *over* by *Epilepsy* *8/8* and *7/8* for that caused by *amputation of index and middle finger* *7/8* *Amputation of ring finger*

*W. Jones*, Pres. *L. N. Thomas*, Sec'y. *G. Lane* *Tam* *W. Hill*

N. B. - Always forward a certificate of examination whether a disability is four not.