

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

Pension Claim No. 968232

[State above whether for original, increase, or restoration.]

Name and rank of claimant.

JOHN MOALS

, Rank, CORPORAL

Claimant's post-office address.

Company B, 39th Reg't U.S.C.T.

BALTIMORE, MD.

State,

LAURAVILLE, MD.

[Post-office address of the Board.]

JUNE 2nd

, 189 1.

[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

Cause of disability.

in the service, viz: Weak Back, with pains, Rheumatism, Lamé Leg, Blood disorder, Scrofula, Catarrh, of throat and head, Weak eyes, Disease of kidneys and bladder and other disabilities.

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

and that he receives a pension of 0 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 ORIGINAL

[Original, increase, restoration, &c.]

Claims to suffer with pains all over the body, which cause much loss of time from work.

Cannot hold his water for any length of time.

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 19; temperature, N; height, 5 feet 8 inches; weight, 156 pounds; age, 53 years. General physical condition good.

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

Well nourished.

Rheumatism: Slight crepitation in the right knee and ankle with pain on manipulation. No deformity of the joints.

Much sensitiveness of muscles in the lumbar regions with pain and difficulty in stooping and lifting. Complains of much pain and dull aching in the back.

Evidently suffers with rheumatism.

Heart and Lungs are normal.

The "Lame Leg" claimed is due to rheumatism.

No evidence of "Blood Disorder" or of Scrofula.

No evidence of catarrh of the head or throat.

Eyes normal in appearance. Vision 20-20, which glasses correct.

No disease of the kidneys. Urine is normal.

Some enlargement of the prostate gland with irritability of the neck of the bladder. Has frequent desire to urinate. This probably causes considerable annoyance.

No other disability exists.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 8/18 rating for the disability caused by Rheumatism for that caused by _____, and 2/18 for that caused by _____

Dis. Urinary Organs.

A. J. White, Pres. E. Stanley, Sec'y. Geo R. Salton, Treas.

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

SC-4126-483-011