REPRODUCED AT THE NATIONAL ARCHIVES

(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. [State above whother for original, increase, or restoration.] Name and rank of claimant. Claimant's post-office address. 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 disa- in the service, viz: If a pensioner, fill and that he receives a pension of dollars per month. in the amount; if not, erase the whole line. He makes the following statement upon which he bases his claim for Original, increase, restoration, &c.X at Deep Bottom Jan Shringd, Here give the anneal asticulation plassfing directly making its Exit on donalourflee dicatrix is ex tender dragging depressed-lass of tissue or injury to some Left hand over seat of injury is slightly smaller than right hand at same boint, Lest agon is abrophied one inch bath above and below Elbow. Buralque Hending whileft-arm from seat-of injury. Rheumatism Left worist Crepitant stiff swallen with impragred mation Both shoulders - Both hips and both knees exepitant but no swelling stiffness contraction in flammation or impaired Ohronie granulas pharmailis with alongation of une Stein april complimation monnge. Storhach Bours Rechum Liver & Spleen normal Jungs monnal. Heart Rate for EACH cause of disarating for the disability caused by bility.

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

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