Insert character and number of claim. Increase Pension Claim No. 931,458.

Name of claimant. Perry Moxley,

[Rank.] Co. B, 1st Brigade Band, U.S.V. Vol Inf.

Hagerstown Md.

March 2 1900, 189

[Date of examination.]

EXAMINATION—Continued.

Of another person & is totally disabled Rating 1/8
I am unable to state any single debility
that confines him to bed, He is a general
debility.
His attendant informs me & from my examination
I believe her statement, that he is unable to
move either leg.
At the time of my visit I was unable to
procure urine for examination, I left bottle
& claimant sent bottle to my office the
following morning.
No other disability found to exist
His condition is not due to or aggra-
vated by vicious habits.

_____, Pres. W. B. Monason Sec'y. _____, Treas.

6—552

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon.