

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 Army Pension Claim No. 38.116

Name and rank of claimant.

George H. Tasker, Rank, Landman

Claimant's post-office address.

Company, U. S. Reg't Army Baltimore Md State, 28 Acton Lane Annapolis Md. June 5, 1894

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:

Cause of disability.

Rheumatism - asthma - neuralgia and affection of lungs

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

and that he receives a pension of _____ 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 That rheumatism is of service origin and that he is unable to earn a fair living

Upon examination we find the following objective conditions: Pulse rate, 65; respiration, 18; temperature, 98; height, 5 feet 6 inches; weight, 135 pounds; age, 52 years.

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

Rheumatism: - Of this examination muscles, joints and tendons appear normal in size and action - action and area of heart normal.

Asthma and affection of lungs: - We find no diseased conditions whatever - thorax symmetrical - expansion on full inspiration 2 1/4 inches - no rales, dry or moist large or small - sounds vesicular and normal over both lungs - no areas of dullness.

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.

Neuralgia: - Now and then attacks, from decayed teeth. No evidences of vicious habits.

Claimant is a laborer - hands show work - physique an average - he is able we think to earn a living by manual labor.

No other disability found no other alleged. The neuralgia alleged is facial. There is

Rate for EACH cause of disability.

He is, in our opinion, entitled to a rating for the disability caused by _____ for that caused by _____ and _____ for that caused by _____

None now - No tenderness to pressure along any of Robt Casie, Pres. E. W. Gilliam, Sec'y. D. Morris, Treas.

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

no facial nerves - no localized spots of pain.