(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. Increase Pension Claim No. 568338
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Richard Butler, Rank, Pvt.

Company G, 7 Reg't U.S.C. Inf. | P.I. Board—Pacific Building State,
[Post-office address of the Board.]

Claimant's post-office address. Charlotte Hall Md. | Washington, D.C. Jan. 19, 1893
[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: Wound of left ankle, rheumatism; neuralgia; partial loss of use of right arm; affection of eyes; & general debility.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of Six dollars per month.

He makes the following statement upon which he bases his claim for increase.
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. The wound of my ankle causes me and my knees are weak.

Rheumatism affects my neck and back and right arm.

I suffer with neuralgia.

I can scarcely use my right arm.

My eyes are weak and I am generally debilitated.

Upon examination we find the following objective conditions: Pulse rate, 88; respiration, 18; temperature, Nor; height, 5 feet 5 inches; weight, 140 pounds; age, 43 years. Occupation: None at present.

Here give a full description of the disabilities, in accordance with Book of Instructions. Wound of left ankle:

There is a faint nonadherent cicatrix one inch long just below ankle on inner surface of foot. There is considerable bulging and deformity at point of injury; and foot measures 3/4 of an inch more than right at corresponding point. Foot is weak & lame.

Rate four - Eighteenths.

Rheumatism:

There are no signs of rheumatism about any of the muscles, joints or tendons. Back and right arm he says ache and become stiff and painful at times. Heart is normal except a slight mitral systolic roughness. Lungs are normal.

Rate four - Eighteenths.

There are no signs of neuralgia. Eyes appear normal. Media clear; pupils responsive & fundi normal. Vision apparently good but he cannot read from illiteracy.

Rate Nothing.

Has no other disability.

0. He is, in our opinion, entitled to a 4/18

Rate for EACH cause of disability. rating for the disability caused by wound of left ankle, 4/18 for that caused by rheumatism, and 0 for that caused by any other disability.

Jno. L. Rees, Pres. C. T. Caldwell Sec'y. Geo. Tatum Exam.

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

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