) "Muttering"

☞ 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.

Act of June 27. 1890

Original Pension Claim No. 486889

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

Name and rank of claimant.

Osborn Duckett, Rank, Private

Company D, 30th Reg't U.S.C.T. | Pittsburgh Pa State,

[Post-office address of the Board.]

Claimant's post-office address.

110 Crawford St. Pittsburgh Pa | March 26, 1891.

[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: Injury of both ankles.

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

and that he receives a pension of _____ dollars per month.

He makes the following statement upon which he bases his claim for Original

[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

My ankles swell at times and pain. The pain is worse when ankles swell and the swelling is greatest when I walk far or stand long.

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 17; temperature, Normal height, 5 feet 5 inches; weight, 120 pounds; age, 75 years. Injury of both ankles There is no swelling deformity, creaking, stiffness or pain on motion in either ankle - All the motions of ankles free and unimpaired - Tibia, fibula and Tarsal bones regular and without any evidence of previous injury - No relaxation of ligaments and no arthritic deposit.

Tongue pale, pasty and transversely fissured. Conjunctivae injected and yellowish as is usual with his race. Skin dry and leathery - Teeth nearly all four or badly decayed - Body spare of flesh, muscles soft and small, palms soft - Abdomen Tympanitic and tender over epigastrium - Liver and spleen normal - Heart, pleura and lungs healthy - Digestive functions very imperfectly performed - This man has gastric dyspepsia.

No history or evidence of syphilis -

No other disabilities except gastric dyspepsia.

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

Rate for *EACH* cause of disability.

_____. He is, in our opinion, entitled to a No rating for the disability caused by Injury of both ankles, 8/18 for that caused by Gastric dyspepsia, and _____ for that caused by _____

J. V. Wilson, Pres. Joseph A. Phillips, Sec'y. Geo. Gladden, Treas.

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

(3504—300,000.) 6—552