

Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used when it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc. 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.

Orig. Pension Claim No. 40574
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

John W. Smith, Rank, _____
 Company U.S. Reg't Navy. Washington D.C. State, _____

Claimant's post-office address.

1015 Race St., Balto., Md. Feb 2, 1897.
[Post office address of the Board.] [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 in the service, viz:

Cause of disability.

Dis. of head; vertigo; neuralgia; bronchitis; asthma; heart dis.; general debility.

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 _____

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

Vertigo; rheumatism in right arm Shoulder; asthma; neuralgia.
[Original, increase, restoration, &c.]

Upon examination we find the following objective conditions: Pulse rate, 78-86; respiration, 24; temperature, Normal; height, 5 feet 3 1/4 inches; weight, 170 pounds; age, 51 years.

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

Heart: Apex 1 1/8 in. below & 1/2 in. right of left nipple. Area of dullness somewhat increased. Rhythm regular. Strength good. Obscure mitral regurgitant murmur. Pulse rate after walking 124. Moderate dyspnoea. No edema or ascites. Rate 6/18.

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.

Rheumatism: Right shoulder and elbow are sensitive to pressure & painful on motion. There is considerable sensitiveness about shoulder. That joint is somewhat swollen and the movements of shoulder are limited by reason of pain. The shoulder also crepitates. Arm cannot be abducted beyond 60 degrees without considerable pain. No atrophy or contraction of tendons. Rate 10/18.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

Neuralgia: Temporal, infraorbital and supra-orbital regions are sensitive to pressure apparently due to neuralgia. Expression indicates pain. Rate 6/18.

No evidence of bronchitis or asthma. No general debility. No evidence of dis. of head, other than neuralgia noted. Vertigo alleged probably due to heart disease. No other disabilities. No evidence of vicious habits.

C. A. Galt Pres. Herling Ruffin Sec'y. D. V. Doan

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. If sufficient space is not afforded for the necessary statements called for, additional paper should be neatly attached.