

Attention is invited to the lines 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, 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. Increase Pension Claim No. Cert. 25 668
[State above whether for original, increase, or restoration.]
 Name and rank of claimant. John W. Smith, Rank, Landsamm
 Company, Reg't Navy, Baltimore, Md. State,
 Claimant's post-office address. #1015 Race St., Balto. Md. July 2nd., 1898.
[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: Rheumatism, Neuralgia, Vertigo, Debility, Disease of Head, Bronchitis, Asthma, General debility & Headache, Disease of Heart. and that he receives a pension of Six dollars per month.

Cause of disability.

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

He makes the following statement upon which he bases his claim for Increase Pension. "Not able to work on account of disabilities."
[Original, increase, restoration, &c.]

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

Suffer a great deal with rheumatism."

Rest	78
Standing	84
Exercise	96

Upon examination we find the following objective conditions: Pulse rate, 20; respiration, 20; temperature, 98; height, 5 feet 4 inches; weight, 163 pounds; age, 53 years.

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

Rheumatism and Heart. Has marked crepitation in all large joints with pain on motion; walks with a shuffling gait as though it were an effort to do so. No limitation of motion of joints. Muscles of back and thighs are sore to touch and painful in stooping and rising. No other muscles affected. Heart normal in size, position and function. No hypertrophy or dilatation. No dyspnea, cyanosis or oedema. Severe Rheumatism. Rating 8/18.

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.

Neuralgia, Vertigo, Headache and Disease of Head. Complains of neuralgic pains over both eyes and also much headache. No impairment of mental, spinal or nervous functions. No chronic meningitis. No vertigo, spasms, convulsions or nausea. No arcus senilis. No paralysis, local or general. Breathing regular. No difficulty swallowing. No impairment of coordination of movements. No muscular tremor. He probably has neuralgia. Rating 2/18.

Bronchitis. No cough. No dullness on percussion. Respiratory sounds clear. Chest measures, expiration 37, rest 38, inspiration 40. No Bronchitis. No rating.

No symptoms of Asthma. No rating.

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."

No symptoms of general debility or debility. No rating.

Except the above, all organs normal. Urine pale. S. G. 1020.

No evidence of vicious habits.

A. A. White, Pres. Geo R. Kahon, Sec'y. G. Lane Danvers, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.