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. Orig. Pension Claim No. 902279.
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Alexander Chaney, Rank, Pri

Company H, 6 Reg't USC Inf Dover Del State,
[Post-office address of the Board.]

Claimant's post-office address. Chestertown Md May 7, 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: Disease of eyes back & breast act June 1880

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 Orig.
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. The disease of eyes came on Summer 1866 with inflammation of lids & acute Choriza lasting 10 days to two weeks and after the he has impaired vision & has been subject to about 3 attacks each year since, and about the same year the pain in back & breast came on lasting 6 or 8 day & ever since during damp weather he suffers from attacks. lost 1/3 of his time

Upon examination we find the following objective conditions: Pulse rate, 86; respiration, 18; temperature, 98 2/5; height, 5 feet 7 inches; weight, 136 pounds; age, 52 years. Tongue furred skin is pitted

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889 or marked by small pox. — Chr. Granular Pharyngitis — simple conjunctivitis con reo'd Snellen 10/20 but no blepharitis ectropion or entropion — Hearing normal. Should have said that as result of Scurvy he has lost 4 molars both above & below also two bicuspids on upper jaw on right side. The gums are spongy bleed on pressure — Stomach tender, bowels liver spleen and rectum normal — The heart apex beat in fifth inter costal space also in median line but no abnormal, no increase in area of Percussion dullness — The respiration is clear distinct & resonant throughout both lungs expansion 3 1/4 inches Rheumatism in both shoulders & right knee but no swelling or enlargement all other joints normal; the lumbago well marked which is the cause of the alleged dis of back & breast all other organs normal — disabled half his time. He is in our opinion, entitled to a 6/18

Rate for EACH cause of disability. rating for the disability caused by dis. of eyes & effects 4/18 for that caused by Scurvy effects and 6/18 for that caused by Chr. Rheumatism & lumbago; 8 and 4/18 by Chr. Pharyngitis

J. H. Bringa, Pres. J. H. Wilson, Sec'y. W. F. Davis, Treas.

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

(3504—300,000.) 6—552