☞ 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, 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. Of 683990
[State above whether for original, increase, or restoration.]

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

Company A, 6 Reg't U.S.C.V Inf | Dover Dee State,
[Post-office address of the Board.]

Claimant's post-office address. Chesterton Md | July 28th, 1897.
[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: Pharyngitis, lesion of eyes, Wound to Stomach Lumbago & Rheumatism

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of $8.00 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. Last examined by Dover board 6 years ago. Became worse in head, legs, back & arms. 2 years ago Can't stand the sun rays Has had 3 attacks upon average each year for six years lasting ten days at a time Other disabilities about the same Disqualified for the performance of manual labor by reason of all disabilities 2/3 of his time

Upon examination we find the following objective conditions: Pulse rate, 60 Sit 72; Stand respiration, 18; temperature, 99; height, 5 feet 6 inches; weight, 134½ pounds; age, 60 years. Rheumatism crepitation, stiffness with slightly impaired motion in right shoulder crepitation in both hips and both knees but no swelling

Here give a full description of the disabilities. Alexander Chaney July 28th 1897 No 683990

Here give a full description of the disabilities, in accordance with Book of Instructions. Impairment of food & fermentation of fluids of stomach Regurgitation of food Gaseous distention of stomach, Chronic disease of stomach at times dollars per month

- Heart normal Apex impulse in 5th intercostal space in a line with nipple No extra pulsation, regurgitation murmurs or valvular lesions

Lungs normal Respiration clear distinct and resonant Abdominal viscera upon percussion Liver extension four inches No evidence that this disabilities are due to vicious habits Bowels Rectum Liver & Spleen Kidneys & bladder normal No other disabilities exist Disqualified for the performance of manual labor by reason of existing disabilities 2/3 of his time

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.

Thos. Moore, Pres. J. H. Wilson, Sec'y. L. B. Carroll, Treas.

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

6—552

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