

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

Pension Claim No. *903046*

Name and rank of claimant.

Henry Storrall

Rank, *privt*

Claimant's post-office address.

Company, *1st Reg't*

1st Reg't State, *MD*

[Post-office address of the Board.]

Chesterton Md

[Date of examination.]

May 7th, 189*1*

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 to back to left hip and heart disease*

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.

Injury to back and hip occurred Aug 1864 by carrying logs to build breast-works off duty and treated in camp 2 days not disabled since until Fall of 1890 when it recurred disabling him 2 days Claimant does not allege heart disease mistake of attorney last

Last 1/3 of his time

On examination we find the following objective conditions: Pulse rate, *78*;

respiration, *18*; temperature, *98.7*; height, *5 feet 9 inches*; weight, *180*

pounds; age, *54* years. Tongue furred Simple

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

pharyngitis skin and conjunctiv normal sight and hearing normal All abdominal viscera namely stomach bowels Rectum Liver and spleen normal Heart apex beat in 5th intercostal space in a line with nipple No hypertrophy or extension in area of thorax no dullness No intermission regurgitation murmurs or valvular lesions Lungs normal Respiration clear distinct and resonant No dullness upon percussion Lung expansion 3 1/4 in Rheumatism crepitation in both shoulders and both hips but right knee is stiff crepitant swollen painful and inflamed Right leg or rather right knee is 1 1/4 in larger than left knee Spinal cord normal All enumerated organs joints muscles and tendons health

He is, in our opinion, entitled to a *8/8*

Rate for EACH cause of disability.

rating for the disability caused by *rheumatism* for that caused

by _____, and _____ for that caused by _____

A. A. Dillman, Pres. *J. H. Wilson* Sec'y. *W. J. Davis*, Treas.

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