SURGEON'S CERTIFICATE.

Insert character and number of claim.	Iln		Pension	Claim No.	28.778	•
Name of claim-	Henry	morre	L	Address 5	Done	P. O.
	Company	2" Reg't4./		Board. (- DEL.	State.
Claimant's post-office address.	Questesta	m, Kut e	v. mel	_ /na	[Date of examination.]	, 190 2
Cause of disa-	18herr	aline, 1	mynny of	ngle s	ill & hups,	genil
bility.	county,	aus, of	near		/ //	
Here give the	He makes th	a following state			is disabilities and date	
claimant's statement (as briefly and as	discovered b	y him: Lust	Examed to	Drug Bu	15 alsabilities and date	Themas.
compactly as possible) in regard to the date	in hip	Lbuck an	unse, Fr	squitty s	Card up wil	Li.
cause of his dis- abilities and	amuel	at atur	in Had ?	to grine ry	Carding will Card up will Air pit as s 3 of his ties to	mester,
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The outling of a disease of	nes of the human or injury, the en	n skeleton and figure itrance and exit of a	upon the back of this missile, an amputation	is certificate should lon, etc.	be used to indicate precisely	the location
	Birthpla	ice, Kurco	· mil	; age, <u>6</u> 5	years; height, 🗲	. 8.;
	weight,_/	5-7 pounds	; complexion,	with;	color of eyes,; permanent i	;
						narks and
		than those describ				
					ring objective condition temperature,	
Here give a full description of	"Rhin	[Sitting, standing, after	r exercise.]	[Sitting, standing, a	temperature,	
in accordance with Book of	mutun	in both	should	is, buth	hips of the	
l	with n	whensel ,	metra	in sight	hig + lys	/hue,
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Facts within the knowledge of the Board, or	in sto	fine &	in to	richt A	will this	10
		_ //	,		injung. all	-
disability	Strand	during si	mer in	canjin.	along to Endel	matiens,
CHILLY IS SULLY II					in lite of	
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the board must be stated.	Aprix no	upuse o	- 6" Ap	ace 7 2	nechin -	
to such habits this fact must be stated.	ance.	of duce	- 2 Ext	melene,	1/2 house	and
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dence the strongest rea-	m	fried to	trus the	aggin	fate person	unes
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1	1 HA	Ble Bres	Free	Sec'y.	Es. Conv	Treas.
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N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (old No. 3—156 old No. 3—111 g.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be mad 6—552