

(3-111.)

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.

Name and rank of claimant.

Claimant's post office address.

Pension Claim No.

Rank,

Company G, 7th Reg't U.S. Inf Westchester Co. State,

1435 Ward St. Balt. Md. (Post office address of the Board.) Mich 5th, 1881.

(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:

Cause of disability.

Partial Paralysis of right side deafness and affection of right eye

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

and that he receives a pension of _____ dollars per month.

Pulse rate per minute, 76; respiration, 18; temperature, 98.4; height, 5 feet 5 inches; weight, 130 pounds; age, 50 years.

He makes the following statement upon which he bases his claim for

Orig

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

My legs are weak they give way in walking I must catch myself to keep from falling can't see to read with right eye

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the present condition of the claimant.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as 1/4, total, &c., through the grades, without any regard to dollars and cents, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Upon examination we find the following objective conditions:

Tenderness over 3rd dorsal Vertebra and lower dorsal and Lumb. Vertebra. Eyes field of vision contracted Beginning of Atrophy of Right Optic Nerve. Gait hesitating falls and is unconvincing for the time saw him have one is not epileptic. Eyes protrude from head, passive bloody urine, passed no urine for 30 hours, feeling of a band of constriction; no sensation in right Urine tumor A Case of Locomotor Ataxia; absence of reflexes. All other organs normal The proportionate degree of disability Total requires aid and assistance of a 2nd person

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, _____ probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a \$5000 rating for the disability caused by _____, _____ for that caused by _____, and _____ caused by _____

Rate for each cause of disability. If prolonged by vicious habits, the word not should be erased and the reason for the erasure given.

* See the back.

† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

M. D. B. to, Pres. Luther Kemp, Sec'y. S. N. G. to, Treas.

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