

ADJOURNED MEETING. 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.

Name and rank of claimant.

Claimant's post-office address.

Cause of disability.

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:

816087 Piles, Rheumatism, Disease of Back, Kidneys and Eyes, Vertigo and General Debility.

and that he receives a pension of \_\_\_\_\_ dollars per month.

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

He makes the following statement upon which he bases his claim for ORIGINAL [Original, increase, restoration, &c.]

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

Has rheumatism in shoulders and legs, which causes much pain and loss of time from work. Suffers with much pain across the back in the region of the kidneys.

Has impaired vision in both eyes. Has vertigo at times. Claims to be in state of general debility.

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 18; temperature, N; height, 5 feet 8 inches; weight, 128 pounds; age, 55 years. General physical condition below par. Badly nourished and has run down debilitated appearance.

Here give a full description of the disability, in accordance with paragraphs 6, 6.01, 6.02, etc., of Book of Instructions for 1889

Rectum: No hemorrhoids. X Rheumatism: Crepitation in the knees and in the left shoulder

with pain on motion. No deformity of the joints. Has sensitiveness of muscles in the lumbar regions and about the hip joints with pain on stooping and when walking. Has difficulty in rising from sitting position. Heart and Lungs are normal. No disease of the kidneys. Urine is normal. Eyes are normal in appearance. Vision is good for age. No evidence of Vertigo or disease of the nervous system. Claimant's debilitated condition would interfere with the performance of regular manual labor. No other disability exists.

He is, in our opinion, entitled to a rating for the disability caused by \_\_\_\_\_, and \_\_\_\_\_ for that caused by \_\_\_\_\_

Rate for EACH cause of disability.

by \_\_\_\_\_, Pres. \_\_\_\_\_ Sec'y. \_\_\_\_\_

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. (3504-300,000.) 6-552

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