

(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, &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. Original Army Pension Claim No. 635,308
[State above whether for original increase, or restoration.]

Name and rank of claimant. Peter Mitchell, Rank, Sergeant

Company B, 9 Reg't U.S. Inf Baltimore Md State, Md
[Post office address of the Board.]

Claimant's post-office address. 105 N. York St. Balto Md. April 3, 189 4
[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: Deafness of both ears - and affection of eyes.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of \$12.00 dollars per month.

Here give the claimant's statement as briefly and as compactly as possible. He makes the following statement upon which he bases his claim for Original
[Original increase, restoration, &c.]
That ears and eyes began to give trouble in service

Upon examination we find the following objective conditions: Pulse rate, 63; respiration, 17; temperature, 97; height, 5 feet 11 inches; weight, 170 pounds; age, 50 years.

Here give a full description of the disabilities, in accordance with Book of Instructions. Deafness of both ears: - Each ear carefully tested - there is positively no deafness to any noticeable degree - with either ear - claimant recognizes ordinary conversation at 6 feet.

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. Affection of eyes: - Horn - cornea clear - pupils of natural size and respond normally to light and shade - conjunctiva normal - vision good - claimant with glasses reads no 5 with facility at 18 inches.

Claimant is a sound, able man with not a pensionable disability that we can discover.

The req order is written up "original" claimant says he is receiving a pension of \$12.00.

No other disability found no other alleged

Rate for EACH cause of disability. He is, in our opinion, entitled to a
 rating for the disability caused by _____ for that caused by _____
 by _____ and _____ for that caused by _____

Robt Cassin, Pres. E. W. Gilliam, Sec'y. J. D. Morris, Treas.

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