

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. Restoration Pension Claim No. 635308  
 [State above whether for original, increase, or restoration.]  
 Name and rank of claimant. Peter Mitchell, Rank, Private  
 Company H. 9 Reg't U. S. C. Vol. Baltimore Md State,  
 Claimant's post-office address. 105 N. York St. [Post-office address of the Board.]  
May. 16, 1896 [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 - rheumatism disease of heart - and eyes - vertigo - and injury to left wrist  
catarrh of head.  
 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 Restoration  
 [Original, increase, restoration, &c.]  
 Here give the claimant's statement as briefly and as compactly as possible.  
claimant states he performs odd jobs of a light character and averages 1 to 2\$ per week.

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 18; temperature, 98; height, 5 feet 10 1/2 inches; weight, 170 pounds; age, 32 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.  
Deafness of both ears: - Both ears tested separately with either ear cannot hear ordinary conversation at 6 feet - with either ear can only hear loud conversation at 2 feet. Rating 8/18  
Rheumatism: - Muscles, joints and tendons normal in size and action - stoops and recovers with ease. No Rating.  
Disease of heart: - Area and action of heart normal - apex beat in 5th intercostal space no hypertrophy. No Rating.  
Disease of eyes: - conjunctiva and adnuxia normal right and left vision 20/40 No Rating.  
Vertigo: - No fullness of vessels of face or head & no pain complained of - not material. No Rating.  
Injury to left wrist: - No evidence of any injury to wrist - no scars - no swelling - the motion of joint unimpaired. No Rating.  
Catarrh of head: - Both nostrils free and unobstructed no post-nasal congestion - not material. No Rating.

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.

Each disability must be rated separately, the act of Congress of Mar. 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

J. D. Morris, Pres. Robert Casin, Sec'y. John Boyd, Treas.

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