(3—III.)

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. ORIGINAL [State above whether for original, increase, or restoration.] Pension Claim No. 983436

Name and rank of claimant. JAMES JORDAN, Rank, PRIVATE

Company G, 30th Reg't U.S.C.T. | BALTIMORE, MD. State,
[Post-office address of the Board.]

Claimant's post-office address. 1403 PARRISH ALLEY, BALTO. MD. | JUNE 29th, 1891.
[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: Rheumatism, Heart Disease, Kidney, Disease, Vertigo.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of 0 dollars per month.

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. Claims to suffer with rheumatism in the back and legs, changing from place to place. Has much pain and stiffness in joints. Loses about half time from work. Has sharp pains about the heart. Occasional attacks of Vertigo. Claims that right hand was injured by an accident and is useless.

Upon examination we find the following objective conditions: Pulse rate, 84; respiration, 19; temperature, Nn; height, 5 feet 6 inches; weight, 160 pounds; age, 44 years. General physical condition good.

Here give a full description of the disabilities, in accordance with Book of Instructions. Rheumatism: No crepitation or deformity of the joints. Has pain on manipulation of both legs. Lumbago: Sensitiveness of muscles in the lumbar regions and about the hips with great pain and stiffness when stooping. Heart and Lungs are normal. No disease of the kidneys. Urine is normal. No evidence of vertigo or disease of the nervous system. The right hand has been crushed. The whole dorsum of the hand is covered by scars. Ring finger and fourth metacarpal bone have been amputated. The motions of the metacarpo-phalangeal joints of the other fingers are limited. The metacarpo-phalangeal joint of the middle finger is much enlarged. There is scar over the first metacarpo-phalangeal joint and motion is much limited. Thumb cannot be closed into the palm. Use of hand must be considerably impaired. There has been compound fracture of the right femur about the centre. Position is marked by mass of callus. The scar through which the bone protruded, is on the outer aspect of the thigh about one inch in diameter, depressed, adherent, dragging, and sensitive. There is shortening of 1/2 inch. There is no apparent disability from this cause, nor does he claim any. No other disability exists.

Rate for *EACH* cause of disability. He is, in our opinion, entitled to a 6/18 rating for the disability caused by Rheumatism for that caused by ____, and 8/18 for that caused by ____ Surg. R. Hand Bro.

H B White, Pres. E S Coulbourn, Sec'y. Geo R Salter, Treas.

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

6—552

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