(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. Orig. Pension Claim No. 336.881

Name and rank of claimant. Edward Parker, Rank, Private

Company F, 39 Reg't U.S.C. Inf. | Westminster (Post office address of the Board.) State,

Claimant's post office address. 943 Penna. Ave. Balto | March 10. (Date of examination.), 1881.

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. G.S.W.R.Arm. G.S.W.Neck. G.S.W.L.Eye Rupture - Rheumatism - Disease of Eyes

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, 86; respiration, 18; temperature, 98½; height, 5 feet 5 inches; weight, 164 pounds; age, 54 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. Rt. Arm very painful in bad weather
Rupture very painful and sore.
Have rheumatism in left leg.
Cant read or see at night

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. Upon examination we find the following objective conditions:
G.S.W.R.Arm - cicatrix inch above olecranon process - tender - not adherent - said to weaken arm - no atrophy - contraction or limitation.
G.S.W. Neck - cicatrix ½ inch in diameter under angle of right jaw, slightly depressed, adherent, tender - suppuration from wound has caused loss of Molars on right side. G.S.W.L. Eye - no claim
Rupture - right inguinal - complete, direct, size 3 × 2 × 1 - ring 1 × ½ - can be retained by truss. Rheumatism L-Leg - crep under Patella - no swelling, limitation, contraction or atrophy. Ankle - slightly swollen tender, no limitation of motion - pain on motion. Eyes - conjunctiva inflamed - vision D - 30 ft 20/f - Heart and all other organs normal
Proportionate degree of disability - 3/4

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 ¼, ½, 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.

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 No rating rating for the disability caused by G.S.W.R.Arm, 2/8 for that caused by G.S.W.Neck, and 4/8 caused by Rupture good 4/8 Rheumatism and 2/8 for Dis Eyes

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.

Not Voted, Pres. Luther Camp, Sec'y. S.N. Gorsuch, Treas.

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

(15762—100,000.) 6—427

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