(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, Pension Claim No. 1027633
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

HORACE GIBSON, Rank, PRIVATE

Company B, 7th Reg't U.S.C.T. | BALTIMORE, MD. State,

Claimant's post-office address.

TUNIS MILLS, MD. | [Post-office address of the Board.] OCTOBER 2nd, 189 1.
[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: Hernia of Right Side, Rheumatism, Severe Pains in Head, Lumbago, and Failing Eyesight.

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 have rupture of right side and obliged to wear truss
Rheumatism of muscles about the right shoulder and side of neck
Pain when moving the head and arm.
~~Suffers with pains across back with difficulty in stooping.~~
Eyesight is much impaired.
Unable to perform regular manual labor.

Upon examination we find the following objective conditions: Pulse rate, 88; respiration, 19; temperature, N; height, 5 feet 8 inches; weight, 140 pounds; age, 40 years. General physical condition fair.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Right inguinal hernia, complete, prolapsed into the scrotum.
Tumor is five inches long by four in diameter, reducible.
It would be difficult to retain on account of the extremely
~~patulous condition of the external ring, which admits the~~
~~ends of four fingers.~~ Claims to suffer with much pain and
dragging in the parts.
Rheumatism: No crepitation or deformity of the joints.
Claims to have pain on manipulation of the right shoulder extending to the ~~neck and side of head.~~
~~Sensitiveness of muscles about the shoulder and over the~~
scapula and side of neck, especially marked in the trapezius.
Claims to have pain when using the arm and rotating the head.
Also complains of pain when stooping and moving the body.
~~No sensitiveness of muscles in the lumbar regions.~~
~~Suffers with muscular rheumatism.~~
Eyes normal in appearance. Vision 20-60 which glass corrects.
Heart: Apex about in normal position. Action is accelerated
~~but fairly strong. No valvular lesion.~~
~~Lungs and abdominal organs are normal.~~
No other disability exists.

Rate for *EACH* cause of disability.

He is, in our opinion, entitled to a Specific rating for the disability caused by Rheumatism, for that caused by ____ and Hernia 4/18, for that caused by Rheumatism.

A B White, Pres. [illegible], Sec'y. Geo R Hale, ~~Treas.~~

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

6—552

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