

Insert character
and number of
claim.*Increase*

Pension Claim No.

*931 458.*Name of claim-
ant.*Perry Moxley,
St. Bernard Band, U.S.C. 2nd Inf.
[Rank.] Hagerstown Md.**March 2 1900*, 189

[Date of examination.]

EXAMINATION—Continued.

*I another person & is totally disabled Rating 17/8
I am unable to state any single debility
that confines him to bed, ~~It~~ is a general
debility.*

*His attendant informs me & from my examination
I believe her statement, that he is unable to
move either leg.*

*At the time of my visit I was unable to
procure urine for examination, I left bottle
& claimant sent bottle to my office, the
following morning.*

*no other disability found to exist
His condition is not due to ~~or aggravated~~
~~rated~~ by vicious habits.*

, Pres.

W. B. Morrison

Sec'y.

, Treas.

6-552