(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. 842,929
[State above whether for original, increase, or restoration.]

Name and rank of claimant.

Moxley Perry, Rank, Private

Company 1st Brig Band U.S.C. Inf, Hagerstown Md State,
[Post-office address of the Board.]

Claimant's post-Office address.

Hagerstown Md | March 19th, 1891.
[Date of examination.]

Ad journed Meeting

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: fract of Right leg at ancle and Rheumatism

If a pensioner, fill in the amount; If not, erase the whole line.

and that he receives a pension of ~~~ 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.

Act of 1890

Upon examination we find the following objective conditions: Pulse rate, 70; respiration, 18; temperature, 98½; height, 5 feet 11½ inches; weight, 174 pounds; age, 60 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889

Right leg shows a fracture at lower third, slight deformity, no shortening no disability, function of ancle joint unimpaired.
Heart normal, Muscles joints and tendons normal and no evidence of Rheumatism present.

No other disability exists.

Rate for *EACH* cause of disability.

. He is, in our opinion, entitled to a X rating for the disability caused by fract Right leg, X for that caused by Rheumatism, and ~~~ for that caused by ~~~

J. McP. Scott, Pres. A. Shanks, Sec'y A. W. Rogers, Treas.

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

(632- M.) 6—552