Adjourned Meeting

(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. 998580
[State above whether for original, increase, or restoration.]

Name and rank of claimant. Robert Moxley, Rank, Band Leader

Company L, Brig. Reg't U S A

Claimant's post-office address. Detroit

Detroit Mich State,
[Post-office address of the Board.]

June 4, 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: Impaired Vision and Chronic Rheumatism

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. Vision has been failing & last five years Rheumatism Came on five years ago

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 18; temperature, 98; height, 5 feet 8 1/4 inches; weight, 160 pounds; age, 65 years. Has Commencing Cataract in both Eyes Vision both Eyes 8/120

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889 Both Shoulders Stiffened 1/8 Slight pain on pressure over the Articulations - In rotating Arms above head Suffers Slightly The right Elbow is Stiffened 1/4 tender on pressure over the Articulations Can not flex the fore-arm Completely The right Knee Stiffened 1/4 tender through the Joint Joints not Mentioned normal no Swellings atrophies or Contractions Heart Normal no other disabilities Exist-

Rate for EACH cause of disability. He is, in our opinion, entitled to a 8/18 rating for the disability caused by Impaired Vision, 4/18 for that caused by Rheumatism, and _____ for that caused by _____

R. C. Olin, Pres. H W Webber, Sec'y. Ray P Brooks, Treas.

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

(3504—300,000.) 6—552