(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. 763146
[State above whether for original, increase, or restoration.]

Name and rank of claimant. EDWARD DURHAM, Rank, PRIVATE

Company A, 7th. Reg't U.S.C.T. | BALTIMORE MD. State,
[Post-office address of the Board.]

Claimant's post-office address. #210 RICHMOND ST. BALTO.MD. | JANUARY 9th., 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: Injury of Left Ankle and results.

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. Sprained his ankle while in the service. As result swelling of the ankle with pain on walking.
Also claims Bronchitis.

Upon examination we find the following objective conditions: Pulse rate, 76; respiration, 18; temperature, N; height, 5 feet 7 inches; weight, 171 pounds; age, 43 years. ~~General physical condition is fair.~~
Well nourished.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889
Left ankle has been dislocated, the foot being turned outward. The astragalus has been displaced downward. Hollow of instep ~~is flattened~~ and rests upon the ground. ~~Inner malleolus is very prominent. Motion of ankle is slightly impaired and joint is~~ weakened. Walking is somewhat paiful and he has limp.
Foot is slightly enlarged.
Constant cough with profuse yellow expectoration
~~Respiratory sounds are harsh and exaggerated. Voice is husky.~~
~~No dulness on percussion or rales.~~
Has chronic Bronchitis.
Heart is normal.
No other disability.

Rate for *EACH* cause of disability. He is, in our opinion, entitled to a 8/18 rating for the disability caused by Injury Left Ankle for that caused by and 4/18 for that caused by Disease of Lungs

A H White, Pres. E S Ashley, Sec'y. Geo R Graham, Treas.

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

(632— M.) 6—552

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