(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.

Inv. Pension Claim No. 453,726

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

Name and rank of claimant.

Daniel Price, Rank; Pvt.

Company A, 3d Reg't Md. Def. | Washington D. C. State,

Claimant's post-office address.

15 Washington St, Annapolis, Md. | May 21, 189X.

[Post-office address of the Board.] [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: Rheumatism & resulting disease of heart.

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

and that he receives a pension of twelve dollars per month.

He makes the following statement upon which he bases his claim for [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

Heart disease; Chronic rheumatism in both arms, small of back and both legs. Pleuritic short. Vertigo. Ankles swollen.

Upon examination we find the following objective conditions: Pulse rate, 110-120; respiration, 40; temperature Normal; height, 5 feet 6 inches; weight, 180 pounds; age, 48 years.

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

Rheumatism: Both shoulders, lumbar region, both hips knees and ankles sensitive to pressure and painful upon motion. No atrophy, thickening of tissues, contraction of tendons, or restriction of movements. Moderate limp.

Heart: Apex beat 1 3/4 in below & 1/4 in right of left nipple. Action regular but only fairly strong. Mitral regurg. murmur. Pulse rate after walking, 144. Hypertrophy & probably some dilatation. Marked dyspnoea. Some cyanosis. No oedema at this time, except slight puffiness of face. No other disabilities. No evidence of vicious habits. Claimant generally obese, which condition is evidently burdensome.

This man can do no effective manual labor.

No evidence of disease of kidneys. Urine normal.

_____. He is, in our opinion, entitled to a _____ rating for the disability caused by _____, _____ for that caused by _____, and _____ for that caused by _____

Rate for *EACH* cause of disability.

A. [illegible] Pres. Pers. - R. R. Examiners, Treas.

REPRODUCED AT THE NATIONAL ARCHIVES

N. B.—Always f[illegible] disability is found to exist or not.

(7567—200,000.) 6-

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