

(-III.)

ADJOURNED MEETING.

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.

796727

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

Name and rank of claimant.

JOHN W. SMITH

, Rank,

PRIVATE

Company E, 19th Reg't U.S.C.T.

BALTIMORE, MD.

State,

[Post-office address of the Board.]

Claimant's post-office address.

1015 PACA ST., BALTO. MD.

MARCH 16th,

189 1

[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: Misery in Head.

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.

Claims to have had the nose broken by being struck with a log. Since then has suffered with Neuralgia in the face and Misery in the head. Unable to read without glasses.

Upon examination we find the following objective conditions: Pulse rate, 68; respiration, 17; temperature, N; height, 5 feet 4 inches; weight, 154 pounds; age, 45 years. General physical condition fair.

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

No evidence of injury to the face or fracture of the Nose. He claims to have some sensitiveness over the distribution of the upper branches of the fifth pair, but otherwise there is no evidence of Neuralgia. He may suffer with Neuralgia as claimed but we are obliged to refuse rating on the ground of insufficient evidence. Heart, Lungs and Abdominal organs are normal. Eyes are normal in appearance. Vision is good. No other disability exists.

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 0 rating for the disability caused by \_\_\_\_\_, \_\_\_\_\_ for that caused by \_\_\_\_\_, and \_\_\_\_\_ for that caused by \_\_\_\_\_

A. D. White, Pres. E. S. Gulyan, Sec'y. Leo R. Phalan, Treas.

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