☞ 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, etc.

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. C.D. 1058

Name and rank of claimant. Alvin Scott, Rank, Pr.

Company E, 3 Reg't U.S. Cav. Balto. State,

Claimant's post office address. 703 Mulberry St. Balto. Md. (Post office address of the Board.) May 15th (Date of examination.), 1889.

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 in the service, viz:

Cause of disability. G.S.W. of right hip.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of 6 dollars per month.

Pulse rate per minute, 72; respiration, 18; temperature, 98½; height, 5 feet 7½ inches; weight, 174 pounds; age, 45 years.

He makes the following statement upon which he bases his claim for† Inc. that he was wounded.

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

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant.

Upon examination we find the following objective conditions: General appearance healthy. Thoracic and abdominal organs sound. At dispensary cup-shaped ulcer size of 50¢ piece adherent to bone, edges thin, undermined ½ in. below & ½ in. back from center, inferior angle of right illium. There has been loss of bone at site of ulcer. Another cup-shaped scar, size of 25¢ piece, adherent to bone situated on posterior aspect of right illium 2 in. to right of sacral vertebra. There has been abscess of bone at site of scar. Movements of right hip joint unrestricted.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the existing condition and the history of this claimant, as stated by himself, it is, in our judgment, probable that the disability was incurred in the service as he claims, and that it has not been prolonged or aggravated by vicious habits. He is, in our opinion, entitled to a ¼ rating for the disability caused by G.S.W. of right hip, for that caused by ....., and ..... caused by .....

Rate for *each* cause of disability.
If prolonged by vicious habits, the word *not* should be erased and the reason for the erasure given.

* See the back.
† Here state whether for original, increase, restoration, or renewal, or for a re-rating.

L.E. Hoffman, Pres. Geo. Reynolds, Sec'y. O.K. Merrick, Treas.

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

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