

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

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

Pension Claim No. 978010

Name and rank of claimant.

WILLIAM T. RICHARDSON

, Rank, PRIVATE

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

BALTIMORE, MD.

State,

Claimant's post-office address.

1116 PARRISH ALLEY, BALTO. MD.

[Post-office address of the Board.]

DECEMBER 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 Back and Kidneys, Catarrh, Rheumatism and Piles.

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

and that he receives a pension of No dollars per month.

He makes the following statement upon which he bases his claim for ORIGINAL

[Original, increase, restoration, &c.]

Claims to suffer with pains across the back and also in the left hip with pain when walking and on motions of body.

Rheumatism in the left elbow.

Makes no claim for disease of kidneys or catarrh.

Piles, which protrude, bleed and cause much pain.

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

Upon examination we find the following objective conditions: Pulse rate, 72; respiration, 18; temperature, N; height, 5 feet 5 inches; weight, 130 pounds; age, 43 years. General physical condition good.

Rheumatism: No crepitation or deformity of the joints

Pain on manipulation in the left elbow, which he states is much worse when attempting to lift any weight. Is frequently obliged to stop work on account of the severe pains in the joint.

No sensitiveness of muscles in the lumbar regions or over the hips. States that he suffers mostly in damp weather and at this time often has difficulty in getting about.

No deformity of the joints or atrophy of the muscles.

Probably suffers with rheumatism, for which we recommend a rating of six dollars per month.

Heart, Lungs and abdominal organs are normal.

No disease of the kidneys. Urine is normal.

Slight catarrhal condition of the nose, but not sufficient to cause any disability.

Rectum: Speculum fails to show any evidence whatever of hem-

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

Rate for EACH cause of disability.

He is, in our opinion, entitled to a 6/18 rating for the disability caused by Rheumatism for that caused by _____, and _____ for that caused by _____

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

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