

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. 1,114,706

Name and rank of claimant.

Gustave Holland

Rank, Private

Company B 28 Reg't U.S. Inf. Baltimore Md. State,

Claimant's post-office address.

105 Tyson St.

Post-office address of the Board. December 28

[Date of examination.] 1895

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 - piles - dyspepsia - disease of kidneys - head - back - chest - partial paralysis

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

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

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

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

Claimant states he is waiter and averages \$4.50 per week and board.

General appearance and physique good.

Upon examination we find the following objective conditions: Pulse rate, 80; respiration, 18; temperature, 98; height, 5 feet 9 inches; weight, 165 pounds; age, 60 years.

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

Rheumatism: - Muscles - joints and tendons normal in size and action - stoops and recovers with ease. No Rating.

Piles: - Gut explored with no evidence of piles & no rectal congestion. No Rating.

Disease of kidneys: - Urine examined with negative results - reaction acid - specific gravity 1.025. No Rating.

The actual or probable origin of every existing disability must be fully set forth.

Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Disease of head - back and chest: - No affection of the head & no neuralgia - not material. No Rating.

Disease of back: - No lines of tenderness along the spine or over back. No Rating.

Disease of chest: - Chest symmetrical - measurements are inspiration 36 - expiration 33 - not material. No Rating.

Partial paralysis: - There was a partial paralysis of left side of face - which occurred in 1866 - does not extend to lower extremities - not material. No Rating.

No other disability found no other alleged

J. S. Morris, Pres. Robert Cassin, Sec'y. John Boyd, Treas.

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